ASOSTENUTO

DATE (MM/DD/YYYY) 3/18/2024

CERTIFICATE OF LIABILITY INSURANCE

ACORD'

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		ertificate does not confer rights t				CONT						
PRODUCER JCJ Insurance Agency, LLC							NAME: PHONE (A/C, No, Ext): (321) 445-1117 FAX (A/C, No): (321) 445-1076					
220	8 Hil	licrest Street 5, FL 32803				E-MA	No, Ext): (321) 4 Ess: certs@jo	i-insuranc		(321)	443-1070	
J11 6	uu	, i = 02000				AUUF					NAIC#	
							INSURER(S) AFFORDING COVERAGE INSURER A : Hartford Underwriters Ins. Co.					
INSURED						INSURER B: Hudson Insurance Company					30104 25054	
		Inspire Placemaking Collect	livo I	Inc		INSURER C:						
		4767 New Broad Street	140, 1110.				INSURER D :					
		Orlando, FL 32814					RER E :					
							RER F :					
CO	VER	RAGES CER	TIFIC	CATE	E NUMBER:	•			REVISION NUMBER:			
II C	IDICA ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	REQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF DED I	ANY CONTRAC BY THE POLICI I REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT 1 :	ECT TO	O WHICH THIS	
INSR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			21 SBA AV4H7E		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)		1,000,000	
									MED EXP (Any one person)	\$	10,000	
					•				PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000	
		POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
_		OTHER:		ļ					COMBINED SINGLE LIMIT	\$	1,000,000	
Α	AUTOMOBILE LIABILITY				04.0004.41441000		4/4/0004	414/000	(Ea accident)	\$	1,000,000	
		ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			21 SBA AV4H7E		1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	·-	
	v								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$		
Α	х	UMBRELLA LIAB OCCUR					+		E40H000HDDENOE	\$	5,000,000	
	_	EXCESS LIAB CLAIMS-MADE			21 SBA AV4H7E		1/1/2024	1/1/2025	AGGREGATE	S S	5,000,000	
		DED X RETENTION\$ 10,000	4						AGGREGATE	\$		
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ψ		
			N/A						E.L. EACH ACCIDENT	s		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	s		
									E.L. DISEASE - POLICY LIMIT	\$		
В	Pro	ofessional Llab			PRB 06 19 118024		1/1/2024	1/1/2025	Per Claim		1,000,000	
В					PRB 06 19 118024		1/1/2024	1/1/2025	Aggregate		2,000,000	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ule, may	be attached if mor	re space is requi	red)			
							CONTRA	CT: C24-3	055 CM			
									AKING COLLECTIVE	. INC	C .	
									A COUNTY PLANNII			
							EXPIRES	:12/21/202	24			
CE	RTIF	FICATE HOLDER				CA						
Okaloosa County 302 N. Wilson Street Suite 302 Shalimar, FL 32579						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		Onamnai, i L 323/3				AUTH	ORIZED REPRESE	NTATIVE				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If

	UBROGATION IS WAIVED, subject to ertificate does not confer rights to the			and conditions of the p		ertain polici	es may requ	ire an endorsement. A st	ateme	nt on this	
	DUCER				CONTA NAME:	СТ	Affinity				
Marsh Affinity a division of Marsh USA LLC. PO BOX 14404					PHONE (A/C, No, Ext): 800-743-8130 (A/C, No):						
					F-MAII	o, ⊑xij.	TotalSource@ma				
					ADDRESS: ADPTotalSource@marsh.com INSURER(S) AFFORDING COVERAGE NAIC#						
Des Moines, IA 50306-9686											
INSURED					INSURER A: Illinois National Ins Co INSURER B:					23817	
ADP TotalSource CO XXI, Inc. 5800 Windward Parkway Alpharetta, GA 30005 Alternate Employer: Inspire Placemaking Collective Inc						INSURER C:					
						INSURER D:					
						INSURER E:					
						INSURER F:					
4767 NEW BROAD ST						MOUNTAIN.					
Orlando, FL 328140000											
COVERAGES CERTIFICATE NUMBER:						DEVICION NUMBER.					
					REVISION NUMBER: /E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
- 11	IDICATED. NOTWITHSTANDING ANY REC	UIRE	MENT,	TERM OR CONDITION OF	= ANY	CONTRACT C	R OTHER DO	CUMENT WITH RESPECT	TO WH	IICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F							HEREIN IS SUBJECT TO A	LL TH	E TERMS,	
NSR	TYPEOFINSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 }		
LTR	COMMERCIAL GENERAL LIABILITY	עפאון	1440			((EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X STATUTE OTH-			
^	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	w	WC 034274994 FL		07/01/2023	07/01/2024	E.L. EACH ACCIDENT	\$ 2,000,000		
Α	(Mandatory In NH) If yes, describe under			110 00 12. 100 1 1 2				E.L. DISEASE - EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 2,0	00,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	HIC! F	S (ACO	RD 101. Additional Remarks Sc	hedule	may be attached	if more space	is required)	<u> </u>		
All	worksite employees working for Inspire Placemakin.'s payroll, are covered under the above stated pol	g Colle	ctive In	c paid under ADP TOTALSOURC	E,	,		-			
	rnate employer under this policy.	cy. ms	pii e ria	icemaking collective inc is an							
CERTIFICATE HOLDER						CANCELLATION					
Okaloosa County											
302 N. Wilson Street Suite 302								ESCRIBED POLICIES BE CA			
Crestview, FL 32579						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRE	SENTATIVE	1. 0:11			
						Vo Millips					
ACORD 25 (2016/03)						© 1988-2015 ACORD CORPORATION. All rights reserved.					