

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/22/2021

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 SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										on	
PRODUCER						CONTACT Connie Mormak					
Hunnicutt Insurance, Inc.					PHONE (850) 243-8112 FAX (850) 6					64-5627	
P.O. Box 906					F-MAII	F-MAII connig@iosh.coniguitt.com					
						ADDRESS:					
Fort Walton Beach FL 32549					INSURER A : Alliance of Nonprofits for Insurance					NAIC #	
INSURED					INSURER B:						
Panhandle Animal Welfare Society, Inc., DBA: PAWS						INSURER C:					
752 Lovejoy Rd. NW						INSURER D:					
					INSURER E:						
Fort Walton Beach				FL 32548	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 21-22 MASTER CERT REVISION NUMBER:											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	Į.	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	1	1		<u>\"</u>		,	EACH OCCURRENCE		0,000	
	CLAIMS-MADE OCCUR		Y				11/15/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,	000	
Α								MED EXP (Any one person)	\$ 20,0	00	
				2021-57095	1	11/15/2021		PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	0,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 3,000		
	OTHER:				1			Liquor Liability	\$ 1,00		
	AUTOMOBILE LIABILITY	1		***************************************				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS		Y				11/15/2022	BODILY INJURY (Per person)	\$		
Α				2021-57095	1	11/15/2021		BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							Medical payments	\$ 5,00	0	
	✓ UMBRELLA LIAB ✓ OCCUR			<u> </u>	·			EACH OCCURRENCE	\$ 5,00	0,000	
Α	EXCESS LIAB CLAIMS-MADE			2021-57095-UMB	1	1/15/2021	11/15/2022	AGGREGATE	\$		
	DED RETENTION \$	1							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
								E.L. DISEASE - POLICY LIMIT	\$		
·		 									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The certificate holder below is hereby listed as Additional Insured with respects to the general liability and automobile policies. A waiver of subrogation applies in favor of the certificate holder. A 30-day notice of cancellation applies with the exception of a 10-day notice of cancellation for non-payment.											
CONTRACT # C12-1927-PS											
	PAWS (PANHANDLE ANIMAL WELFARE SOCIETY)										
	OPERATION OF FACILITIES AS PET FRIENDLY SHELTER										
EXPIRES: INDEFINITE*											
CERTIFICATE HOLDER CANCELLA											
SHOULD A										1	
Okaloosa County Board of County Commissioners 5479A Old Bethel Rd.						ACCORDANCE WITH THE POLICY PROVISIONS.					
Crestview FL 32536						Connie Mounal					