ACORD CER	<b>FIFI</b>	CATE OF L	IABIL	TY IN	SURA	NCE		MM/DD/YYYY) i/29/2022			
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	MATTE IVELY URANG	ER OF INFORMATION C OR NEGATIVELY AME CE DOES NOT CONST	ONLY AND ( ND, EXTEN ITUTE A CO	DONFERS NO	D RIGHTS L R THE COV	IPON THE CERTIFICA	BY THE	POLICIES			
IMPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject to certificate does not confer rights to th	the t	terms and conditions of	the policy,	certain polici	ADDITIONA	L INSURED provision lire an endorsement.	s or be e A statem	ndorsed. If ient on this			
PRODUCER		······································	CONTAC NAME:		<u> </u>						
Aon Risk Services Northeast, Inc. Columbus OH Office			(A/C. No	PHONE (AVC. No., Ext): (866) 283-7122 FAX (AVC. No.): (800) 363-0105							
445 Hutchinson Avenue Suite 900			E-MAIL ADDRE	SS:							
Columbus OH 43235 USA INSURER(S) AFFORDING COVERAGE								NAIC #			
INSURED	INSUREI	INSURER A: ProAssurance Specialty Insurance Company									
Sarnova, Inc., Bound Tree Medical, 5000 Tuttle Crossing Blvd.	INSURE	яв: Feder	al Insuran	ce Company		20281					
Dublin OH 43016 USA			INSURE								
			INSURE								
			INSURE		······································						
COVERAGES CEI	TIFIC	ATE NUMBER: 5700966			RE	VISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIE INDICATED, NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	EQUIRE PERTA	MENT, TERM OR CONDIT	FION OF ANY	CONTRACT	or other e 5 describei	DOCUMENT WITH RESP D HEREIN IS SUBJECT	PECT TO	WHICH THIS THE TERMS,			
INSR TYPE OF INSURANCE					POLICY EXP (MM/DD/YYYY) 12/01/2023		snown ar MTS	e as requested			
	Y NOD	36073395		12/01/2022	12/01/2023	EACH OCCURRENCE	T	\$1,000,000			
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$1,000,000			
						MED EXP (Any one person)		\$10,000			
						PERSONAL & ADV INJURY		\$1,000,000			
						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$2,000,000 Excluded			
						PRODUCTS - COMP/OP AGG	· · · · · · · · · · · · · · · · · · ·	Excluded			
B AUTOMOBILE LIABILITY		7363-09-65		12/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000			
X ANYAUTO						BODILY INJURY (Per person)	•				
						BODILY INJURY (Per acciden	t)				
AUTOS ONLY AUTOS HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)					
B X UMBRELLA LIAB X OCCUR	- <u>+</u> +	78197881		12/01/2022	12/01/2023	EACH OCCURRENCE		\$10,000,000			
EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$10,000,000			
X DED RETENTION \$10,000						PER STATUTE	ú.				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY DEDIETOR / RATINED / EVECUTIVE Y/	N					E.L. EACH ACCIDENT	<u> </u>				
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mendatory In NH)						E.L. DISEASE-EA EMPLOYEE	:				
I ves, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT		=========================			
A Products Liab	Y	N22OH380021 Claims Made		12/01/2022	12/01/2023	Aggregate Limit Agg Deductible Per Occ Limit		\$10,000,000 \$150,000 \$10,000,000			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHIN For contract ITB PS 19-21 EMS Supp Insured in accordance with the po policies.							as Addit Liabili	ional ity			
						1-3072-PS					
BOUND TREE MEDICAL LLC EMS MEDICAL SUPPLIES &											
CERTIFICATE HOLDER			CANCE			NAGEMENT SO	ETTATA	_=			
			SHOUL EXPIRA POLICY		S: 4/19/20		FIWA				
Okaloosa County BOCC				EPRESENTATIV	£						
Purchasing Department 5479A Old Bethel Rd Crestview FL 32536 USA Ann Plish Services Northeast Inc.											
L					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	nar V I vruttadille	~ 760	•			

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	AGENCY CUSTOMER ID: 570000037575 LOC #:												
40	A	DDI	TIC	NAL REMA	RKS				Page _ of _				
AGENO Aon	Risk Services Northeast	z, Inc			NAMED INSU Sarnova		Bound Tree	Medical, LLC					
POLICY NUMBER See Certificate Number: 570096605651													
CARRI See	<sup>ER</sup> Certificate Number: 57(	09660	5651	NAIC CODE	EFFECTIVE	DATE:							
	DITIONAL REMARKS		2011					······································					
	ADDITIONAL REMARKS FOI M NUMBER: ACORD 25 F												
	INSURER(S) AFF	ORDI	NG C	OVERAGE	NAI	C #							
INSU													
INSU	RER												
INSU	RER												
INSU	RER												
AD	ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.												
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	EF	POLICY EFFECTIVE DATE IM/DD/YYYY)	POLICY EXPIRATION DATE (MM/@D/YYYY)	LIMITS					
	OTHER												
A	Products Liab	Y		N22OH380021 Claims Made	12/	01/2022	12/01/2023	Per Occ Deductible	\$50,000				
		-					-						
		1											
									· · · · · · · · · · · · · · · · · · ·				
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							SA	RNINC-01		IGOLDBERG		
A	CORD	CFF	т	FICATE OF LIA	BII	ITY INS	URAN	E		MM/DD/YYYY)		
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.												
l 1	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).											
	ODUCER omoson Elanadan Evocutiva I	Liability Grou	n			T Daniel R		FAX				
626	ompson Flanagan Executive 6 W. Jackson Blvd. 5th Floor	Liability Grou	μ		(A/C, No, Ext): (312) 239-2890 (A/C, No): (312) 263-1551							
Ch	icago, IL 60661				E-MAIL ADDREss: dgunter@thompsonflanagan.com							
					INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Travelers Property Casualty Co. of America 25674							
INS	SURED				INSURER B :							
	Sarnova, Inc. Bour 5000 Tuttle Crossi		al, LL	c	INSURE							
	P.O. Box 8023	ig Divd.			INSURE							
	Dublin, OH 43016				INSURE					·····		
	OVERAGES	CEDTIEI	CAT	E NUMBER:	INSURE	KF:		REVISION NUMBER:		I		
	THIS IS TO CERTIFY THAT TH INDICATED. NOTWITHSTANDIN CERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITIONS	IE POLICIES C IG ANY REQU	F INS	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA	TO THE INSUR CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR T	CT TO	WHICH THIS		
			SUBR		:	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIAN							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	<u>s</u>			
								MED EXP (Any one person)	\$			
			1					PERSONAL & ADV INJURY	\$			
		1						GENERAL AGGREGATE	\$			
1		LOC						PRODUCTS - COMP/OP AGG	\$ \$			
	OTHER:							COMBINED SINGLE LIMIT (Ea accident)	э 5			
	ANY AUTO							BODILY INJURY (Per person)	\$			
		DULED S						BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTO	SYNED						PROPERTY DAMAGE (Per accident)	\$ \$			
	UMBRELLA LIAB 0	CCUR						EACH OCCURRENCE	\$			
		AIMS-MADE						AGGREGATE	\$			
Â	DED RETENTION \$		-	χ UB 3P279151		12/1/2022	12/1/2023	X PER OTH- STATUTE ER	\$			
[ ]	AND EMPLOYERS' LIABILITY							STATUTE   ER     E.L. EACH ACCIDENT	s	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. DISEASE - EA EMPLOYEE		1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS be	ow					ļ	E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) For contract ITB PS 19-21 EMS Supplies and Inventory Management Software A waiver of subrogation is in favor of Okaloosa County with respect to Workers Compensation where required by written contract with the named insured.												
	ERTIFICATE HOLDER				CAN	CELLATION						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Okaloosa County BOCC Purchasing Department 5479A Old Bethel Road (Crestview, FL 32536						AUTHORIZED REPRESENTATIVE						

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