ACORD				CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 5/10/2023	
	CER ⁻ BELC	TIFICATE DOES N DW. THIS CERTI	NOT AFFIRMAT	rivei Sur	LY O ANCI	R OF INFORMATION OI R NEGATIVELY AMEND E DOES NOT CONSTITU CERTIFICATE HOLDER.). EXT	END OR AL	TER THE C	OVERAGE AFFORDED	BY	THE POLICIES	
	f SU	BROGATION IS	WAIVED, subje	ct to	o the	DDITIONAL INSURED, the terms and conditions of tificate holder in lieu of s	f the po	olicy, certain	policies ma	ONAL INSURED provisi y require an endorsem	ons or ent. A	be endorsed. statement on	
PR	ODUCI	ER						Nely Lu					
75	22 Fr	Brown Bottrell Insi ont Beach Road, 2 a City Beach, FL 33	nd Floor				PHONE (A/C, N E-MAIL ADDRE	[≣] lo, Ext): (850) ≣ _{SS:} nIuna@	785-7407 fbbins.com		_{s):} (601) 208-8391	
										RDING COVERAGE		NAIC #	
						INSURER A : Great Northern Insurance Company					20303		
INSURED Southern National Banks Inc							INSURER B : Federal Insurance Company				20303		
FNBT Bank PO Drawer 1327							INSURER C : INSURER D :						
Fort Walton Beach, FL 3254							INSURER E :						
							INSUR	ER F :					
I C E	HIS NDIC, CERTI	ATED. NOTWITHS IFICATE MAY BE IS	IAT THE POLICI TANDING ANY F SSUED OR MAY	ES C REQU PER POLI	F INS IREM TAIN, CIES.	<u>E NUMBER:</u> SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHE	R DOCUMENT WITH RESI BED HEREIN IS SUBJECT S.	DECTT		
		TYPE OF INSU			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS		
A	X	COMMERCIAL GENER	X OCCUR			36048034		5/10/2023	5/10/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 1,000,000	
										MED EXP (Any one person)	\$	5,000	
	GEN	IAGGREGATE LIMIT A								PERSONAL & ADV INJURY	\$	1,000,000 2,000,000	
			LOC							GENERAL AGGREGATE	\$	2,000,000	
В	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
						73609118		5/10/2023	5/10/2024	BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)			
			AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
			CLAIMS-MADE							AGGREGATE	\$		
	WOR	DED RETENTIO	JN \$							PER OTH-	\$		
		PROPRIETOR/PARTNER								E.L. EACH ACCIDENT	\$		
	OFFI (Man	PROPRIETOR/PARTNER CER/MEMBER EXCLUDE datory in NH)	D?	N/A						E.L. DISEASE - EA EMPLOYE			
	DES(, describe under CRIPTION OF OPERATIC	ONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPT	ION OF OPERATIONS / L Certificate. Certific	OCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is requir	red)			
Gen	erary		ate noider is ad	aitio	nai in	surea.							
							С	ONTRAC	CT C03-0	923- TDD			
CE	CERTIFICATE HOLDER							FNBT.COM BANK					
							CONFERENCE CENTER ATM						
Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview, FL 32536						EXPIRES: INDEFINITE							
						AUTHORIZED REPRESENTATIVE							
								Rob	t C. M	Junden			
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