



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/6/2022

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 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).

PRODUCER Madril Insurance P. O. Box 617 Cantonment FL 32533	CONTACT NAME: Wanda Nodhturft PHONE (A/C, No, Ext): (850) 476-2733 FAX (A/C, No): (850) 476-2753 E-MAIL ADDRESS: wanda@madrilinsurance.com														
INSURED Gulf Coast Environmental Contractors Inc 1765 E Nine Mile Rd Ste 1 # 11 Pensacola FL 32514-5480	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Southern-Owners Insurance Company</td> <td style="text-align: center;">10190</td> </tr> <tr> <td>INSURER B: Auto-Owners Insurance Co</td> <td style="text-align: center;">18988</td> </tr> <tr> <td>INSURER C: Markel Insurance</td> <td style="text-align: center;">38970F</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Southern-Owners Insurance Company	10190	INSURER B: Auto-Owners Insurance Co	18988	INSURER C: Markel Insurance	38970F	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: CL229611414 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			78670969	3/13/2022	3/13/2023	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000					
		MED EXP (Any one person) \$ 10,000					
		PERSONAL & ADV INJURY \$ 1,000,000					
		GENERAL AGGREGATE \$ 2,000,000					
		PRODUCTS - COMP/OP AGG \$ 2,000,000					
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			5167096900	3/13/2022	3/13/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		BODILY INJURY (Per person) \$					
		BODILY INJURY (Per accident) \$					
		PROPERTY DAMAGE (Per accident) \$					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			5167096902	3/13/2022	3/13/2023	EACH OCCURRENCE \$ 4,000,000
		AGGREGATE \$ 4,000,000					
		Following Form \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	MWC0014382-12	10/5/2022	10/5/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
		E.L. EACH ACCIDENT \$ 1,000,000					
		E.L. DISEASE - EA EMPLOYEE \$ 1,000,000					
A	Contractors Equipment			78670969	3/13/2022	3/13/2023	Leased/Rented Equipment 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contract # C22-3131-WS Blanket Additional Insured with Products and Completed Operations and Blanket Waiver of Subrogation applies when required by written contract with respects to General Liability. Blanket Designated Insured and Blanket Waiver of Subrogation applies when required by written contract with respects to Auto. General Liability & Auto are Primary and Non-Contributory. Blanket Waiver of Subrogation applies if required by written contract with respects to Work Comp. Umbrella policy is following form.

CONTRACT#: C22-3131-WS
 GULF COAST ENVIRONMENTAL CONTRACTORS, INC
 LANDSCAPE MANAGEMENT SERVICES
 EXPIRES: 11/15/2022 W/4 1 YR RENEWALS

CERTIFICATE HOLDER

dmason@myokaloosa.com

Ocalaosa County: Attn: Purchasing Dept
 5479-A Old Bethel Road
 Crestview, FL 32536

AUTHORIZED REPRESENTATIVE

W Nodhturft/NODHTU