



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
05/03/2021

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Columbia Center II 101 West Big Beaver Road 14th Floor/Suite 1444 Troy MI 48084 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. EXT): (866) 283-7122      FAX (A/C. No.): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b> 	
<b>INSURED</b> The Hertz Corporation 8501 Williams Road Estero FL 33928 USA	<b>INSURER A:</b> Liberty Surplus Insurance Corporation      10725	
	<b>INSURER B:</b> Ironshore Specialty Insurance Company      25445	
	<b>INSURER C:</b> ACE American Insurance Company      22667	
	<b>INSURER D:</b> ACE Fire Underwriters Insurance Co.      20702	
	<b>INSURER E:</b> Indemnity Insurance Co of North America      43575	
	<b>INSURER F:</b>	

Holder Identifier :

COVERAGES      CERTIFICATE NUMBER: 570087201074      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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<b>COMMERCIAL GENERAL LIABILITY</b> <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:			HDOG7156695A	01/01/2021	01/01/2022	EACH OCCURRENCE      \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$1,000,000 MED EXP (Any one person)      \$10,000 PERSONAL & ADV INJURY      \$5,000,000 GENERAL AGGREGATE      \$6,000,000 PRODUCTS - COMPIOP AGG      \$5,000,000
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25310524 AOS ISAH25310184 NY	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)      \$60,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION						EACH OCCURRENCE AGGREGATE
E	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N <input checked="" type="checkbox"/> Y      N/A			WLRC67817400 AOS WLRC67817448 AZ CA MA	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT      \$5,000,000 E.L. DISEASE-EA EMPLOYEE      \$5,000,000 E.L. DISEASE-POLICY LIMIT      \$5,000,000
C	<b>ANY PROPRIETOR / PARTNER / EXECUTIVE/OFFICER/MEMBER (Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below				01/01/2021	01/01/2022	

Certificate No : 570087201074

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

RE: New Agreement - Rental Car Concessions. Okaloosa County, Florida is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Okaloosa County, Florida in accordance with the policy provisions of the Workers' Compensation policy.

<b>CERTIFICATE HOLDER</b>  Okaloosa County, Florida 1250 Eglin Parkway, Suite 100 Shalimar FL 32579 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  <i>Aon Risk Services Central, Inc.</i>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED The Hertz Corporation	
POLICY NUMBER See Certificate Numbe 570087201074			
CARRIER See Certificate Numbe 570087201074	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**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	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
D		N/A		SCFC67817485 WI	01/01/2021	01/01/2022	
	OTHER						
B	Env Site Liab			004425900 Legal Liability	08/15/2020	08/15/2021	BI/PD/Remediz tion \$5,000,000  Deductible \$50,000



AGENCY CUSTOMER ID: 570000083995

LOC #:

## ADDITIONAL REMARKS SCHEDULE

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<b>AGENCY</b> Aon Risk Services Central, Inc.		<b>NAMED INSURED</b> The Hertz Corporation	
<b>POLICY NUMBER</b> See Certificate Numbe 570087201074			
<b>CARRIER</b> See Certificate Numbe 570087201074	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance  
 Addit'l Named Insureds / Auto Liability

Additional Named Insureds:  
 The Hertz Corporation  
 Hertz Vehicles, LLC  
 Hertz Local Edition (HLE)  
 Firefly Rent A Car LLC

Automobile Liability Continued:  
 UMB has an SIR above the state & fronted policies up to the UMB \$10,000,000 limit  
 Hertz Global Holdings, Inc. is self-insured in the following states: AL, AK, AZ, CA, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NC, ND, OH, OK, PA, SC, TN, TX, UT, VT, VA, WA, WV, WY  
 ISA H25310524 (Minimum Financial Responsibility (MFR) Limit per State - AR, CO, HI, IN, MI, MT, NH, NM, OR, RI, SD, WI  
 Ace American Insurance Co.  
 10/01/2020 - 10/01/2021  
 ISA H25310184 (Minimum Financial Responsibility (MFR) limit for NY only)