

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/01/2023

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).

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PRODUCER MARSH USA, LLC.					NAME: PHONE FAX						
TWO ALLIANCE CENTER					(A/C, No, Ext): (A/C, No):						
3560 LENOX ROAD, SUITE 2400					E-MAIL ADDRESS:						
	ATLANTA, GA 30326				INSURER(S) AFFORDING COVERAGE				NAIC#		
CN13	30114897-EO/C-GAWU-23-24				INSURER A: The Charter Oak Fire Insurance Co.				25615		
INSU					INSURER B : Phoenix Ins	25623					
	Superion, LLC, a CentralSquare Company				INSURER C : Travelers P	25674					
	1000 Business Center Drive Lake Mary, FL 32746					19038					
	Lake Mary, 1 L 02140				INSURER D : Travelers Casualty And Surety Company				26883		
					INSURER E : AIG Specialty Insurance Company				20003		
					INSURER F:			·			
CO	VERAGES CE	RTIFIC	CATE	NUMBER:	ATL-005306289-13		REVISION NUMBER: 7				
IN O	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCI	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	' or other i s describei paid claims.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS I		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY	X	1110	H-630-6S758660-COF-23	08/31/2023	08/31/2024	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	1					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
	GLAIIVIS-IVIADE OCCOR						MED EXP (Any one person)	\$	10,000		
		-						\$	1,000,000		
		-					PERSONAL & ADV INJURY		2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$			
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:						A COMPUSED ON OUT A DIST	\$			
В	AUTOMOBILE LIABILITY	X		BA-6S783539-23-I3-G	08/31/2023	08/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
l	ANY AUTO						BODILY INJURY (Per person)	\$			
l	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	·		
l	AUTOS ONLY AUTOS ONLY						(rer accidenty	\$			
C	X UMBRELLA LIAB OCCUR	+	+	CUP-6S801390-23-I3	08/31/2023	08/31/2024	EACH OCCURRENCE	\$	10,000,000		
`	- OCCOR			001 00001000 2010	00/3/12020			\$	10,000,000		
	EXCESS LIAB CLAIMS-MAD	티					AGGREGATE	1			
	DED X RETENTION \$ 10,000		 ,	UB-6S783668-23-I3-G	08/31/2023	08/31/2024	X PER OTH-	\$			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y//	.	X	UD-03/03000-23-13-G	00/01/2020	00/01/2024	X PER OTH- STATUTE ER		4 000 000		
٫ ا	ANYPROPRIETOR/PARTNER/EXECUTIVE N	NIA					E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)	٠,,,	Ï				E.L. DISEASE ; EA EMPLOYEE	\$	1,000,000		
1	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
Е	E&O/Cyber			01-424-27-66	08/31/2023	08/31/2024	Limit		5,000,000		
l	,						SIR		1,000,000		
							l out		-,,		
Okal	Locarions of Operations / Locations / Veh loosa County Water & Sewer is included as addition forker's Compensation where required by written co	al insure	ACORI ed wher	D 101, Additional Remarks Schedu e required by written contract with re	ale, may be attached if more respect to General Liability,	re space is require Auto Liability and	I red) Umbrella Liability: Waiver of Subro	ogation is	waived with respect		
					CONTRACT: C89-0067-WS SUPERION, LLC SOFTWARE LIC/SERVICE MOD 810/V5R2						
<u> </u>								יו ס כ	U, V JIZ		
CE	RTIFICATE HOLDER				CAN EXPI	RES:11/3	0/2024				
1	Okaloosa County				enc	CHE					
	Attr: Water & Sewer 1804 Lewis Turner Blvd Suite 300 Ft. Walton Beach, FL 32547				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
					of Marsh USA LLC						
					John Whittle						
1					1		<i></i>				

AGENCY CUSTOMER ID: CN130114897

LOC #: Atlanta



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

MARSH USA, LLC. POLICY NUMBER		NAMED INSURED Superion, LLC, a CentralSquare Company 1000 Business Center Drive Lake Mary, FL 32746				
CARRIER	NAIC CODE	EFFECTIVE DATE:				
ADDITIONAL DEMARKS		EFFECTIVE DATE:				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess E&O/Cyber:

Carrier: Indian Harbor Insurance Company Policy Number; MTE9043949 02 Effective Date: 08/31/2023 Expiration Date: 08/31/2024 Limit: \$5M x \$5M

ACORD 101 (2008/01)

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