

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2022

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).

	certificate holder in lieu of such endorsement(s).						.9				
PRO	ODUCER Florida Sheriffs Risk Management Fund	CONT NAME	CONTACT Wendy Ross								
	2090 Summit Lake Drive	PHON (A/C.	PHONE (A/C, No, Ext): 850-320-6908 FAX (A/C, No): 850-320-6939								
	Tallahassee, FL 32317	I E-MAI	E-MAIL ADDRESS: Wendy.Ross@fsrmf.org								
			INSURER(S) AFFORDING COVERAGE								
		INSUF	RERA: SHEF	RIFF'S AUTOM	DBILE RISK PROGF	RAM (SHARP)					
INSU	SURED	INSUF	RER B :								
	Okaloosa County Sheriff's Office	INSUF	RER C:								
	50 2nd Street	INSUF	INSURER D:								
	Shalimar, FL 32579	INSUF	INSURER E:								
	,	INSUF	INSURER F:								
CO	OVERAGES CERTIFICATE NUMBER:				REVISION NUM	IBER:					
IN CI	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BEL NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CON CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MA	ndition of Ai Afforded by	Y CONTRACT	OR OTHER I	DOCUMENT WITH D HEREIN IS SUE	RESPECT TO	WHICH THIS				
INSR LTR	TYPE OF INSURANCE INSUR WVD POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	CY EXP D(YYYY) LIMITS						
-11	GENERAL LIABILITY				EACH OCCURRENC	E s	·				
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTE PREMISES (Ea occu						
	CLAIMS-MADE OCCUR				MED EXP (Any one p						
					PERSONAL & ADV II	NJURY \$					
					GENERAL AGGREG	ATE \$					
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP	OP AGG \$					
	POLICY PRO- JECT LOC					\$					
	AUTOMOBILE LIABILITY				COMBINED SINGLE (Ea accident)	s 500	,000				
	ANY AUTO			40/4/0000	BODILY INJURY (Pe	r person) \$					
	ALL OWNED X SCHEDULED AUTOS 23-FSRM	AF-46	10/01/2022	10/1/2023 5 500	BODILY INJURY (Pe	r accident) \$					
А	HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAG (Per accident)	E \$					
	X PHYSICAL DAMAGE COVERAGE SUBJECT TO DEDUC	CTIBLE COMP & C	CALLISION: \$			\$					
	UMBRELLA LIAB OCCUR				EACH OCCURRENC	E \$					
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$					
	DED RETENTION \$					\$					
	WORKERS COMPENSATION				WC STATU- TORY LIMITS	OTH- ER					
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E,L, EACH ACCIDEN						
	OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)				E.L. DISEASE - EA E	MPLOYEE \$					
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLI	ICY LIMIT \$					
DESC	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional	Remarks Schedu		ህጥ ነን ልጥጥ. 4	C19-284\\-AP	•					
Evid	dence of Auto Coverage				COUNTY SHE		TOR				
Airp	port Contract				AW ENFORC						
				ERATIONS			0				
	EXPIRES: 09/30/2023										
			:								
	and Additional barred.			20 D337 1	VRITTEN NOTI	rar					
	ERTIFICATE HOLDER and Additional Insured:	CAN	ICELLATION	SO DAI	AUTITEN MOTT						
(Okaloosa County Board of County Commissioners	SH	OULD ANY OF	THE ABOVE D	ESCRIBED POLICI	IES BE CANCEL!	LED BEFORE				
į	5479 A. Old Bethel Road	TH	E EXPIRATION	N DATE THE	REOF, NOTICE						
(Crestview, FL 32536	AC	ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE								
		AUTH									

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/17/2022

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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).											ights to the				
PRODUCER Florida Sheriffs Risk Management Fund							CONTACT Apryl Evans, CIC, ARM								
Torida Silerinis Mak management i ana						. I dild	PHONE (A/C, No, Ext): (850) 320-6880 ext. 6903 FAX (A/C, No): 850-320-6939								
2090 Summit Lake Dr. Tallahassee, FL 32317							E-MAIL ADDRESS: Apryl.Evans@fsrmf.org								
		lallallass	-c-,	12 32317				INSURER(S) AFFORDING COVERAGE NAIC #							
								INSURER A: FLORIDA SHERIFFS SELF-INSURANCE PROGRAM							
INSURED Okaloosa County Sheriff's Office						INSURER B :									
50 2nd Street								INSURER C:							
		Shalimar, F	L 3	2579				INSURER D:							
		,						INSURER E:							
								INSURER F:							
		AGES					NUMBER:				REVISION NUMBE				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WICCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									WHICH THIS						
INSR LTR	<u> </u>	TYPE OF IN	ISUR	ANCE	INSR	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	GE	ERAL LIABILITY									EACH OCCURRENCE DAMAGE TO RENTED		\$	***************************************	
		COMMERCIAL GEI	NERA	AL LIABILITY							PREMISES (Ea occurrent	-/	\$		
	CLAIMS-MADE OCCUR									MED EXP (Any one perso		\$			
											PERSONAL & ADV INJUI		\$		
		l <u></u>									GENERAL AGGREGATE		\$		
	GEN	N'L AGGREGATE LIN									PRODUCTS - COMP/OP		\$ \$		
	A 2 17	POLICY PR		LOC							COMBINED SINGLE LIM	, 			
	AUTOMOBILE LIABILITY									(Ea accident) BODILY INJURY (Per per		\$ \$			
		ANY AUTO ALL OWNED		SCHEDULED							BODILY INJURY (Per acc		\$		
		AUTOS		AUTOS NON-OWNED							PROPERTY DAMAGE		\$		
		HIRED AUTOS		AUTOS							(Per accident)		\$		
		UMBRELLA LIAB	一十	OCCUR							EACH OCCURRENCE		\$		
		EXCESS LIAB	H	CLAIMS-MADE							AGGREGATE		\$ \$		
			NTI/		}						71-271-2717-		\$	-	
	WORKERS COMPENSATION			23-FSRMF-46			10/1/2022	10/1/2022	10/1/2023	X WC STATU- TORY LIMITS	OTH-	500,00	00		
	AND EMPLOYERS' LIABILITY ANY PROPRIETORI/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				23 1 01 (1/1)		10/1/2022	10/1/2023	E.L. EACH ACCIDENT		\$				
			N/A						E.L. DISEASE - EA EMPL	.OYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY I	LIMIT	\$			
A	A Law Enforcement Professional Liability									\$5,000,000 each occurrence;					
	including Premises Liability				23-FSRMF-46			10/01/2022	10/1/2023	\$10,000,000 annual aggregate;					
										\$1,000,000 additional insured limit					
DES	CRIPT	TON OF OPERATION	NS/L	OCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space i	s required)	· —		. —		
	Aiu	port Contract													
	AII	port contract	•												
OFFICATE HOLDER								AND							
CERTIFICATE HOLDER							CANCELLATION 10 DAY WRITTEN NOTICE								
and Additional Insured							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
Okaloosa County Board of County Commissioners										EREOF, NOTICE WI CYPROVISIONS.	B	- DE	FIVERED IN		
5479-A Old Bethel Rd															
Crestview, FL 32536							AUTHORIZED REPRESENTATIVE								