



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/27/2023

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).

PRODUCER MARSH USA, LLC. 3031 N. Rocky Point Drive West, Suite 700 Tampa, FL 33607	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
CN142743557--GAWUC-23-24	INSURER A : Everest National Insurance Company	10120
INSURED Republic Parking System, LLC 633 Chestnut Street Suite 2000 Chattanooga, TN 37450	INSURER B : ACE Property & Casualty Insurance Company	20699
	INSURER C : Everest Premier Insurance Company	16045
	INSURER D : Beazley Insurance Company, Inc.	37540
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** ATL-005652953-02 **REVISION NUMBER:** 1

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RM3GL00010-231	10/01/2023	10/01/2024	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
							GEN AGG PER LOC	\$ 20,000,000
A	AUTOMOBILE LIABILITY			RM3CA00012-231 (AOS)	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
A	<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 <input type="checkbox"/>			RM3CA00011-231 (MA)	10/01/2023	10/01/2024	BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XEUG72543117003	10/01/2023	10/01/2024	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			RM3WC00009-231 (AOS)	10/01/2023	10/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
A				RM3WC00008-231 (FL,ME,NJ)	05/01/2023	05/01/2024	E.L. EACH ACCIDENT	\$ 1,000,000
A				RM3WC00007-231 (MA, WI)	10/01/2023	10/01/2024	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Crime			V1FFC1230601	01/01/2023	01/01/2024	Limit	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Okaloosa Regional Airport Public Parking Facilities.
 Okaloosa County Board of County Commissioners is included as Additional Insured where required by written contract with respect to General Liability and Auto Liability
 Contract number C19-2766-AP
 Lease number C19-2766-AP
 Destin-Ft Walton Beach Airport - Okaloosa County RPS-87
 Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions

CONTRACT: C19-2766-AP
REPUBLIC PARKING
MANAGEMENT OF PARKING AT VPS
EXPIRES: 1/2/2024

CERTIFICATE HOLDER

Okaloosa County Board
of County Commissioners
Destin-Fort Walton Beach Airport Administration
1701 State Road
85 N
Eglin AFB, FL 32542

AUTHORIZED REPRESENTATIVE

Marsh USA LLC



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED Republic Parking System, LLC 633 Chestnut Street Suite 2000 Chattanooga, TN 37450	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

Auto Physical Damage and Garagekeepers (AOS) -
 Everest Indemnity Insurance Company
 10/01/2023 - 10/01/2024
 APD# - RM3CA00010-231 GKLL# - RM3CA00022-231
 GKLL Limit - \$1,000,000 per location on an excess basis
 APD - \$50,000 deductible per unit GKLL - \$150,000 SIR per unit

Auto Physical Damage and Garagekeepers (MA) -
 Everest Indemnity Insurance Company
 10/01/2023 - 10/01/2024
 APD# - RM3CA00009-231 GKLL# - RM3CA00023-231
 GKLL Limit - \$1,000,000 per location on an excess basis
 APD - \$50,000 deductible per unit GKLL - \$150,000 SIR per unit