



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/27/2022

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 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> Acentria Insurance - Brown Insurance Services 1418 W 23rd Street, #200 Panama City FL 32405	<b>CONTACT NAME:</b> Cory Chandler <b>PHONE (A/C No. Ext):</b> 850-215-5346 <b>E-MAIL ADDRESS:</b> cory.chandler@acentria.com <b>FAX (A/C No.):</b> 850-215-5360	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> EMERCOA-85 Emerald Coast Striping, LLC 1901 N East Avenue Panama City FL 32405	<b>INSURER A :</b> Southern-Owners Insurance Company <b>INSURER B :</b> Auto-Owners Insurance Company <b>INSURER C :</b> Insurance Company of the West <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	<b>NAIC #</b> 10190 18988 27847

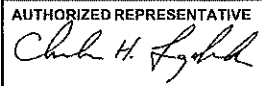
**COVERAGES**                      **CERTIFICATE NUMBER: 1618581812**                      **REVISION NUMBER:**

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	78238326	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			4997153300	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			4998238200	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 5000000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	WFL503128906	9/22/2021	9/22/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Inland Marine			78241236	12/31/2021	12/31/2022	Leased/Rented Physical Damage \$ 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Contract: C21-3095  
 Miscellaneous Road Striping Services/Thermoplastic & Painted Pavement Markings RFB Number: RFB PW 57-17 Certificate holder and their respective agents, consultants, servants and employees when required by written contract are included as additional insured on a primary non-contributory basis in respects to the General Liability & Commercial Auto policies. The General Liability policy includes products and completed operations to the additional insureds. Umbrella policy follows underlying policies scheduled on this certificate. Notice of cancellation 30 days - General Liability & Commercial Auto

CONTRACT#: C21-3095-PW  
 EMERALD COAST STRIPING, LLC  
 MISC ROAD STRIPING SERVICES/  
 THERMOPLASTIC & PAINTED PAVEMENT MARKINGS  
 EXPIRES: 09/30/2024 W/2 1 YR RENEWALS

<b>CERTIFICATE HOLDER</b>  Okaloosa County Board of County Commissioners 5479A Old Bethel Rd Crestview FL 32536	<b>AUTHORIZED REPRESENTATIVE</b> 
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