



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/26/2023

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, Inc. Two Alliance Center 3560 Lenox Road, Suite 2400 Atlanta, GA 30326 Attn: Atlanta.CertRequest@marsh.com / Fax: 212-948-4321 CN102523290-STND-GAWU-23-24 111918 | CONTACT NAME: Brenda Young-Epps PHONE (A/C, No., Ext): (404) 995 3074 FAX (A/C, No.): E-MAIL ADDRESS: brenda.young@marsh.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED L3Harris Technologies, Inc. Attn: Risk Management 1025 W. NASA Blvd. Mailstop: D-11A Melbourne, FL 32919 | INSURER A: The Insurance Company of the State of PA INSURER B: Allstate Insurance Co INSURER C: Berkshire Hathaway Specialty Insurance Company INSURER D: National Union Fire Ins. Co. INSURER E: INSURER F: | NAIC # 19429 19399 22276 19445 |

COVERAGES **CERTIFICATE NUMBER:** ATL-005356702-11 **REVISION NUMBER:** 4

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 | ADULT INSURED | SUBR VWD | 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 <input checked="" type="checkbox"/> Contractual Liability applies. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 3328839 | 02/01/2023 | 02/01/2024 | EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COM/PROP AGG \$ 6,000,000 |
| D | AUTOMOBILE LIABILITY | | | 7281136 (AOS) | 02/01/2023 | 02/01/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 |
| B | <input checked="" type="checkbox"/> ANY AUTO | | | 7281139 (MA) | 02/01/2023 | 02/01/2024 | BODILY INJURY (Per person) \$ |
| D | <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 | | | 7281140 (VA) | 02/01/2023 | 02/01/2024 | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000 | | | 47-UMO-100146-10 | 02/01/2023 | 02/01/2024 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 15824793 (AOS) | 02/01/2023 | 02/01/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |
| B | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | 15824794 (CA) | 02/01/2023 | 02/01/2024 | E.L. EACH ACCIDENT \$ 1,000,000 |
| B | If yes, describe under DESCRIPTION OF OPERATIONS below | | | 15824795 (WI) | 02/01/2023 | 02/01/2024 | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| D | | | | 1647386 (OH) | 02/01/2023 | 02/01/2024 | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Leased Property, Crestview FL 32539

Okaloosa County is included as Additional Insured (except Workers' Compensation) where required by written contract.

CERTIFICATE HOLDER

Okaloosa County
5479A Old Bethel Road
Crestview, FL 32536

CONTRACT# C03-0901-GM
L3 HARRIS-CRESTVIEW AEROSPACE
GRANT PARTICIPATING PARTY
EXPIRES: INDEFINITE

AUTHORIZED REPRESENTATIVE
Marsh USA Inc.