

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/6/2022

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).

PRODUCER Fitts Agency Inc. 1806 6th Street Tuscaloosa, AL 35401		CONTACT Stephanie Estes, CIC, CISR				
		PHONE (A/C, No, Ext): (205) 342-3523 FAX (A/C, No): (205)	5) 342-3467			
		E-MAIL ADDRESS: sestes@fittsagency.com				
		INSURER(S) AFFORDING COVERAGE				
		INSURER A : Phoenix Insurance Co	25623			
INSURED		INSURER B: Travelers Ind Company of America	25666			
J&P Construction Co Inc		INSURER C: Travelers Property Casualty Co of America				
DBA Jamise PO Drawer :	on Construction Co	INSURER D : Gray Surplus Lines Insurance Company	15889			
Tuscaloosa	• • • •	INSURER E: Tokio Marine Specialty Ins Co	23850			
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER 1.000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 CLAIMS-MADE X OCCUR DT-CO-9H140481-PHX-22 1/1/2022 1/1/2023

10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POLICY X JECT LOC PRODUCTS - COMP/OP AGG OTHER: When Req by Contract COMBINED SINGLE LIMIT (Ea accident) 1,000,000 В AUTOMOBILE LIABILITY Х 1/1/2022 1/1/2023 ANY AUTO 810-2L931753-22-26-G BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY 5,000,000 C Х UMBRELLA LIAB X OCCUR EACH OCCURRENCE \$ 5.000.000 1/1/2022 1/1/2023 CUP-9H365589-22-26 EXCESS LIAB CLAIMS-MADE \$ AGGREGATE 10,000 DED X RETENTION \$ X PER STATUTE C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 1/1/2022 1/1/2023 UB-9H358550-22-26-G ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A N 1,000,000 F.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT 5,000,000 GSL100694 6/7/2022 1/1/2023 Each Occ/Aggregate Excess Liab (x5M) PUB817847 6/7/2022 1/1/2023 Per Occ/Aggregate 4,000,000 Excess Liab (x10M)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REPLACES PREVIOUS CERTIFICATE ISSUED ON 4/22/22

Work Comp Coverage provided by the above policy is for the following states: AL, FL, MS, GA

Project: Arbennie Pritchett WRF - Solids Handling Expansion Design Criteria Package

Okaloosa County Board of Commissioners (Owner), Ardurra Group, Inc. (Owner's Representative) and their respective agents, consultants, servants and employees are Additional Insureds on a primary and non-contributory basis with respects to General Liability (including Completed Operations), Auto Liability, Umbrella Liability and Excess Liability coverages when required by written contract. A Waiver of Subrogation is provided for Okaloosa County Board

C

A

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, FL 32536

CONTRACT # C22-3180-WS
J&P CONSTRUCTION CO., INC/DBA
JAMISON CONSTRUCTION COMPANY
REPLACEMENT OF OKALOOSA ISLAND
WATER BOOSTER STATION

EXPIRES: 440 DAYS FROM NTP

1 put gato

GENCY CUSTOMER ID:	J&PCONS-01
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LOC #: 1



# **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Fitts Agency Inc.		NAMED INSURED J&P Construction Co Inc DBA Jamison Construction Co PO Drawer 3147 Tuscaloosa, AL 35403				
POLICY NUMBER SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				

### ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles: of Commissioners (Owner) and Ardurra Group, Inc. (Owner's Representative) with respects to General Liability, Auto Liability, Umbrella Liability, Excess Liability and Workers Compensation coverages when required by written contract. 30 Day Notice of Cancellation applies.



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(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY PRO-JECT LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE **RETENTION \$** WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1/1/2023 5,000,000 Pollution & CPP2016846-16 1/1/2022 Each Occurrence Pollution Liability CPP2016846-16 1/1/2022 1/1/2023 Aggregate 5,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REPLACES PREVIOUS CERTIFICATE ISSUED ON 4/22/22 Work Comp Coverage provided by the above policy is for the following states: AL, FL, MS, GA Project: Arbennie Pritchett WRF - Solids Handling Expansion Design Criteria Package Okaloosa County Board of Commissioners (Owner), Ardurra Group, Inc. (Owner's Representative) and their respective agents, consultants, servants and employees are Additional Insureds on a primary and non-contributory basis with respects to Pollution Liability coverages when required by written contract. 30 Day Notice of Cancellation applies. **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, FL 32536 AUTHORIZED REPRESENTATIVE



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PRO	DUCER						e Estes, Cl	C, CISR		,,,,	
Fitts Agency Inc. 1806 6th Street					PHONE (A/C, No, Ext): (205) 342-3523 FAX (A/C, No):(2				205)	205) 342-3467	
	caloosa, AL 35401				E-MAIL ADDRESS: sestes@fittsagency.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURE	RA:Mid-Cor	ntinent Cas	ualty Compa	ny		23418
INSURED					INSURER B:						
	Okaloosa County Board of C	omm	issic	oners	INSURER C:						
	1250 N Eglin Pkwy Ste 100				INSURER D:						
Shalimar, FL 32579						INSURER E:					
					INSURE	₹F:					
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NU	MBER:		
IN C	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLIC	REME AIN, IES.	INT, TERM OR CONDITION THE INSURANCE AFFORD	OF A	NY CONTRAC THE POLICI EDUCED BY F	CT OR OTHER ES DESCRIBI PAID CLAIMS.	DOCUMENT W	ITH RESPE	CLIO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL:	SUBR WVD	POLICY NUMBER		POLICY EFF (MWDD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	COMMERCIAL GENERAL LIABILITY							EACH OCCURRE		\$	5,000,000
	CLAIMS-MADE OCCUR			04OCP002003168		6/7/2022	6/7/2024	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	
	X Owner's & Contractor					ŀ		MED EXP (Any one	e person)	\$	
								PERSONAL & AD\	/ INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	EGATE	\$	5,000,000
	POLICY PRO-							PRODUCTS - COM	MP/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGS (Ea accident)	LE LIMIT	\$	
	ANY AUTO							BODILY INJURY (	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM/ (Per accident)	4GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE					•		AGGREGATE		\$	
	DED RETENTION\$								0.71	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTH- ER		
ANY PROPRIETOR PARTNER/EXECUTIVE								E.L. EACH ACCID	ENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - E/	A EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - PO	DLICY LIMIT	\$	
DES Proj	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ect: Arbennie Pritchett WRF - Solids Ha	LES (A Indlin	CORE	o 101, Additional Remarks Schedul pansion Project	le, may b	e attached if mor	e space is requir	ed)			
L											
CE	RTIFICATE HOLDER				CANC	ELLATION					
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						AUTHORIZED REPRESENTATIVE  A FALLO  A F					
ACOPD 26 (2016/03)						@19	88-2015 AC	ORD CORPO	RATION.	All ric	nhts reserved.



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Project: Arbennie Pritchett WRF - Solids Handling Expansion Project CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, FL 32536 AUTHORIZED REPRESENTATIVE