

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/16/2023

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).

~~~	CONTACT Fig C Wagner											
NAME: Elic G. Wallell												
StateFarm E. G. Warren, Agent					(A/C, No, Ext): 220-004-2000 (A/C, No): 4				228-86	3-8732		
State Farm Insurance					E-MAIL ADDRESS: eric.warren.lygi@statefarm.com							
1301 Pass Road						INSURER(S) AFFORDING COVERAGE					NAIC#	
		Gulfport	MS 39501-5158			INSURER A : State Farm Mutual Automobile Insurance Company				ıy	25178	
INSURE	ED .						INSURER B:					
	Ba	y Pest Control Company, I	nc			INSURER C:						
		20 Washington Avenue										
*		D Box 1612				INSURER D:				T		
		cean Springs			MS 39566-1612	INSURER E:				<b>T</b>		
000	<del></del>		·····			INSURER F:				الشكسا		
	ERAGES	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	TIFICATE NUMBER:			REVISION NUMBER:				rur pol	IOV DEDICE	
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INSR LTR	TY	PE OF INSURANCE	ADD	SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S		
		CIAL GENERAL LIABILITY			······································				EACH OCCURRENCE	ś		
F	<del></del>	MS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s		
	- CLAI	wie ware [] occor							MED EXP (Any one person)	\$		
-										i		
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-	SEN'L AGGRE	GATE LIMIT APPLIES PER: .							GENERAL AGGREGATE	\$		
-	POLICY	JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								COMBINED SINGLE LIMIT	\$		
A	AUTOMOBILE								(Ea accident)	\$		
L	ANY AUTO OWNED SCHEDULED AUTOS				337 3025-A05-24		01/05/2023	01/05/2024	BODILY INJURY (Per person)	\$ 1,00	0,000	
A			YY			0110012020	O HOULDE.	BODILÝ INJURÝ (Per accident)	\$ 1,001	0,000		
	AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ 1,000	0,000	
Γ					w					s		
	UMBRELI	A LIAB OCCUR							EACH OCCURRENCE	s		
	EXCESS								AGGREGATE	s		
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V		MPENSATION							PER OTH-	\$		
A	NO EMPLOYE	ERS' LIABILITY FOR/PARTNER/EXECUTIVE Y/N							STATUTE ER	s		
OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT				
l li	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	l		
<u> </u>	DESCRIPTION	OF OPERATIONS below	<del> </del>	-					E.L. DISEASE - POLICY LIMIT	\$		
			<u> </u>	<u> </u>						<u> </u>		
DESCR	IPTION OF OF	ERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requi	red)			
Re: 0	Contract#(	C21-3032-WS										
							ONTE	PACT: (	C21-3032-W	S		
Okalo	osa Count	y BCC as additional insure	d whe	en rec	quired by written contract.					O		
							•		of Florida, Inc.			
							Pest Control Services					
CERTIFICATE HOLDER EXPIRES:01/12/2024 w/2 1 yr renewals												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE												
						THE	EXPIRATION	V DATE TH	EREOF. NOTICE WILL			
					ACC	ACCORDANCE WITH THE POLICY PROVISIONS.						
Okaloosa County BCC						AUTHORIZED REPRESENTATIVE						
5479A Old Bethel Road						NOTIONAL DISCONTINUE AND						
Crestview FL 32536							11 m	~ // / m		<u> </u> -		

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Select Insurance Agency, Inc. 676A White Plains Rd. Scarsdale N Y 1068.3  Lioensef: 8R-849711  Lioensef: 8R-84971		certificate does not confer rights t							equire an endorseme	iii. A 30	atement on	
Select Insurance Agency, Inc. Scarsdale NY 10583    Licenset: 88-48921   Bester A. Imperium Insurance Company   35408					NAME: Certificate Department							
Scarsdale NY 10583    Control Company   Inc.   South	Select Insurance Agency, Inc.											
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NOMES CONTROL Company, Inc. PO Box 1612 Ocean Springs MS 39566  COVERAGES CERTIFICATE NUMBER: 2010/255020 NUMBER 1: NUMBER: NU	Courc									NAIC#		
INSURED BAY PEST CONTROL COMPANY, Inc. PO Box 1612 Ocean Springs MS 39566  CERTIFICATE NUMBER: 1. INSURED 1: I					License#: BP-8/07/1							
Bay Pest Control Company, Inc. PO Box 1467.  Ocean Springs MS 39566  ***RSUMER C: NAUMER C: NAUMER MSUMER D: NEUMER F: NEUMER	INSURED	l										
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nit) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: contract # C21-3032-V/S BAY PEST CONTROL OF FLORIDA, INC. PEST SERVICES EXPIRES: W/2 1YR RENEWALS  Okaloosa County BCC as additional insured when required by written contract.	Х										•	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTINERYEXECUTIVE OFFICER/MEMBER EXCLUDED? (IMANdatory in Nt.) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: contract # C21-3032-WS BAY PEST CONTROL OF FLORIDA, INC. PEST SERVICES EXPIRES: W/2 1YR RENEWALS  Okaloosa County BCC as additional insured when required by written contract.  CERTIFICATE HOLDER  CANCELLATION    PER STATUTE   OTH   FR   STATUTE   STAT		DED RETENTION\$								\$		
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5479A Old Bethel Road	5479A Old Bethel Road											

USA