CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) 06/26/2023	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMAT HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRO	OR NEGATIVELY	AMEND, EX	TEND OR ALTER TH	E COVERAGE	
IMPORTANT: If the certificate holder is an ADDITIONAL INSUR subject to the terms and conditions of the policy, certain policie not confer rights to the certificate holder in lieu of such endorser	ED, the policy(ies) es may require an	must be end	orsed. If SUBROGATI	ONIS WAIVED, certificate does	
PRODUCER CONTACT NAME					
PAYCHEX INSURANCE AGENCY INC	800) 472-0072	00) 472-0072 FAX			
/6210/55 (A/C, No, Ext):	000, 112 0012	(A/C, No):			
225 KENNETH DR STE 110	S:				
ROCHESTER NY 14623	INSURER(S)	NAIC#			
	INSURER A: Hartford Fire and Its P&C Affiliates				
	the second se				
	INSURER B :				
R T R FINANCIAL SERVICES INC	INSURER C :				
ELEPORT DR STE 302					
STATEN ISLAND NY 10311-1004					
INSURER F :					
COVERAGES CERTIFICATE NUMBER:			SION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED.NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHO	ON OF ANY CONTRA AFFORDED BY THE WN MAY HAVE BEEN	CT OR OTHER POLICIES DES	Document with Respe Cribed Herein IS Sub	ст то which this	
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S	
LTR INSR WYD	(MM/pp/yyyy)	(MM/DD/Y YYY)	EACH OCCURRENCE	1	
			DAMAGE TO RENTED		
			PREMISES (Ea occurrence)		
			MED EXP (Any one person)		
			PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE		
POLICY PRO- JECT LOC			PRODUCTS - COMP/OP AGG		
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT		
			(Ea accident)		
ANY AUTO			BODILY INJURY (Per person)		
ALL OWNED SCHEDULED AUTOS AUTOS			BODILY INJURY (Per accident)		
HIRED NON-OWNED			PROPERTY DAMAGE		
AUTOS			(Per accident)		
			EACH OCCURRENCE		
EXCESS LIAB CLAIMS- MADE			AGGREGATE		
DED RETENTION \$					
WORKERS COMPENSATION			V PER OTH-		
AND EMPLOYERS' LIABILITY			X STATUTE ER		
		06/23/2024	E.L. EACH ACCIDENT	\$1,000,00	
A PROPRIETOR/PARTNER/EXECUTIVE N/A X 76 WBG ATONC	G 06/23/2023		E.L. DISEASE -EA EMPLOYEE	\$1,000,00	
(Mandatory in NH)					
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	\$1,000,00	
	1				
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remar		CT: C23-3	286-WS		
hose usual to the Insured's Operations. Waiver of Subrogation applies in	, contra		Z80-WS ERVICES, INC.		
others Endorsement WC000313 attached to this policy.	KIK FIN		,	ጥ⊽	
ERTIFICATE HOLDER		COLLECTION OF OKALOOSA COUNTY			
Pkaloosa County BCC		WS DELIQ ACCOUNTS			
479 OLD BETHEL RD	EAPIRE	EXPIRES: 12/31/2025 W/2 1 YR RENEWALS			
RESTVIEW FL 32536					
	AUTHORIZED REP				
	1 Sum +	Sugar S. Castaneda;			
	Jueano.	custan	eda		
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