

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/27/2024

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 this certificate does not confer rights t				ich end	lorsement(s)		uire an endorsement.	A stater	nent on	
PRODUCER					CONTACT NAME: Garrett Fuller					
Fuller Insurance LLC					PHONE (A/C, No, Ext): (850) 622-5283 FAX (A/C, No):					
4821 US Highway 98 Suite 103				E-MAIL ADDRE		fullerinsurance				
							RDING COVERAGE		NAIC#	
Santa Rosa Beach			FL 32459	INSURE	RA: ARCHI				11150	
INSURED					INSURER B:					
Ocean City-Wright Fire Control District					INSURER C:					
233 RACETRACK RD NE					INSURER D:					
					INSURER E:					
FORT WALTON BEACH FL 32547-1885					INSURER F:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PEF EXCLUSIONS AND CONDITIONS OF SUCH F	UIREME RTAIN, T POLICIE	ENT, TI THE IN ES. LIM	ERM OR CONDITION OF A ISURANCE AFFORDED BY	NY CON	NTRACT OR O' DLICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN ID CLAIMS.	ENT WITH RESPECT TO V IS SUBJECT TO ALL THE	VHICH TH	HIS	
INSR LTR TYPE OF INSURANCE	ADDLS INSD \	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
A		1	MEPK07886312		03/01/2024	03/01/2025	PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	10,000,000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	10,000,000	
AUTOMOBILE LIABILITY	$\dagger = \dagger$						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
X ANY AUTO							BODILY INJURY (Per person)	\$,,,,,,,	
OWNED SCHEDULED		٦	MEPK07886312		03/01/2024	03/01/2025	BODILY INJURY (Per accident) \$		
HIRED NON-OWNED					00,02,202.	00/01/2020	PROPERTY DAMAGE (Per accident)	\$	A	
4							(Fer accident)	\$		
X 19 WIMBRELLA LIAB COCCUR	+	-					EACH OCCURRENCE	s	10,000,000	
A EXCESS LIAB CLAIMS-MADE		١,	MEUM07907612		03/01/2024	03/01/2025	AGGREGATE	s	20,000,000	
DED RETENTION\$	1	^			03/01/2021	03/01/2023	AGGILGATE	s	20,000,000	
WORKERS COMPENSATION	+		****				PER OTH-	1		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE			
If yes, describe under DESCRIPTION OF OPERATIONS below		:					E.L. DISEASE - POLICY LIMIT	-+		
DESCRIPTION OF OPERATIONS below	+-+						E.L. DISEASE - POLICY LIMIT	+		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD 1	101. Additional Remarks Scher	iule, may	be a					
	·			, •	CC oci mo		T: C14-2142-F WRIGHT FIRE COI 1/2041	_	L DISTRICT	
CERTIFICATE HOLDER					CANCELLATION					
Okaloosa County Department of Public Safety					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
90 College Blvd East					AUTHORIZED REPRESENTATIVE Garrett: Fuller					

Niceville FL 32578