

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2023

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	VEL) URA	OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEN	ID OR ALTI	ER THE CO	VERAGE AFFORDED BY	THE	E POLICIES	
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	s an to th	ADD e ter	ITIONAL INSURED, the p ms and conditions of th	e polic	y, certain po	olicies may i	IAL INSURED provisions require an endorsement.	or b A si	e endorsed. tatement on	
this certificate does not confer rights t	o the	certi	ficate holder in lieu of su).				
PRODUCER MARSH USA LLC				CONTAC NAME:	CT Marsh	U.S. Operations				
1717 Arch Street			PHONE 866-966-4664 FAX (A/C, No):							
Philadelphia, PA 19103				E-MAIL	Dhilada	elphia.Certs@ma	rsh.com			
Attn: Philadelphia.certs@marsh.com / Fax: (21	2) 948-	0360	,		INS	SURER(S) AFFOR	DING COVERAGE		NAIC #	
CN118025105-Atten-CASPC-23-24			INSURER A : Indian Harbor Insurance Company					36940		
INSURED			INSURER B : Greenwich Insurance Company 22322					22322		
Allied Universal Electronic Monitoring			INSURER C : Indemnity Insurance Company of North America 43575							
U.S, Inc. 1838 Gunn Hwy			INSURER D : XL Insurance America					24554		
Odessa, FL 33556									37885	
				INSURER E : XL Specialty Insurance Company 37885 INSURER F :						
COVERAGES CEF	TIEI		NUMBER:		-007021419-04		REVISION NUMBER: 0		10000	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	of i Equip Pert	NSUF REMEI AIN,	ANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORD	VE BEE OF AN' ED BY	N ISSUED TO Y CONTRACT THE POLICIE	OR OTHER INSURE	D NAMED ABOVE FOR TH	т то	WHICH THIS	
INSR	ADDL	SUBR		DELINI	POLICY EFF	POLICY EXP				
A X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER RES943799403		(MM/DD/YYYY) 04/02/2023	(MM/DD/YYYY) 01/01/2024	LIMITS		20,000,000	
			NE3043735403		0410212023	0110112021	DAMAGE TO RENTED	\$	30,000,000	
CLAIMS-MADE X OCCUR								\$	30,000,000	
								\$	20,000,000	
								\$	30,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	55,000,000	
X POLICY PRO- JECT X LOC								\$	55,000,000	
			RAD943781806		01/01/2022	01/01/0001		\$		
			KAD943781800		01/01/2023	01/01/2024	(Ea accident)	\$	5,000,000	
X ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS								\$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
C UMBRELLA LIAB X OCCUR			XSM G72500027 003		01/01/2023	01/01/2024	EACH OCCURRENCE	\$	10,000,000	
X EXCESS LIAB CLAIMS-MADE			Excess of General Liability,				AGGREGATE	\$	10,000,000	
DED RETENTION \$			Auto Liability, and Workers' Comp)				\$		
D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RWD300120307 (AOS)		01/01/2023	01/01/2024	X PER OTH- STATUTE ER			
U ANYPROPRIETOR/PARTNER/EXECUTIVE			RWR300120407 (WI)		01/01/2023	01/01/2024		\$	1,000,000	
(Mandatory in NH)	N/A		RWE943548207 (CA, OH)		01/01/2023	01/01/2024	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
A Professional Liability			RES943799403		04/02/2023	01/01/2024	Limit		2,000,000	
							SIR		1,750,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Okaloosa County is included as Additional Insured as requ				le, may b	CONT ALLIE PERS	RACT: CO7-1 D UNIVERSA	484-PTS L ELECTRONIC MONITO TORING & RECORDS	RING	i, US, INC.	
CERTIFICATE HOLDER	5			CANC	EL					
Okaloosa County 5479A Old Bethel Road Crestview, FL 32536				THE	EXPIRATION ORDANCE WI	I DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL BE Y PROVISIONS.	NCELI E DE	LED BEFORE LIVERED IN	
A					AUTHORIZED REPRESENTATIVE					
							March USA L	20	3	
			1		© 19					

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AGENCY CUSTOMER ID	: CN118025105
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LOC #: Philadelphia

ACORD

ADDITIONAL REMARKS SCHEDULE

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	U.S, Inc. 1838 Gunn Hwy Odessa, FL 33556					
C CODE	EFFECTIVE DATE:					
FORM,						
y Insurar	nce					