



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2022

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 Marsh USA, Inc. 3031 N. Rocky Point Drive West, Suite 700 Tampa, FL 33607 CN129383541-Globa-GAWU-22-23	CONTACT NAME: Kris Good PHONE (A/C, No, Ext): 954-838-3400 E-MAIL ADDRESS: kristofer.good@marsh.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Republic Parking System, LLC 633 Chestnut Street Suite 2000 Chattanooga, TN 37450	INSURER A : Everest National Insurance Co	10120
	INSURER B : ACE Property & Casualty Insurance Company	20699
	INSURER C : Everest Premier Insurance Company	16045
	INSURER D : Beazley Insurance Company, Inc.	37540
	INSURER E : N/A	N/A
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** ATL-005273464-09 **REVISION NUMBER:** 2

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RM3GL00010-221	09/29/2022	10/01/2023	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ N/A
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
							GEN AGG PER LOC	\$ 20,000,000
A	AUTOMOBILE LIABILITY			RM3CA00012-221 (AOS)	09/29/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			RM3CA00011-221 (MA)	09/29/2022	10/01/2023	BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			XEUG72543117002	09/29/2022	10/01/2023	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RM3WC00009-221 (AOS)	09/29/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	RM3WC00008-221 (FL)	09/29/2022	10/01/2023	E.L. EACH ACCIDENT	\$ 1,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below		N	RM3WC00007-221 (Retro)	09/29/2022	10/01/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
			N/A				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Crime			V1FFC1200401	01/01/2022	01/01/2023	Limit	\$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Okaloosa Regional Airport Public Parking Facilities.
 Okaloosa County Board of County Commissioners is included as Additional Insured where required by written contract with respect to General Liability and Auto Liability
 Contract number C19-2766-AP
 Lease number C19-2766-AP
 Destin-Ft Walton Beach Airport - Okaloosa County RPS-87
 Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions.

CONTRACT#: C19-2766-AP
REPUBLIC PARKING
MANAGEMENT OF PARKING AT VPS
EXPIRES: 01/02/2024 W/1 (5) YR RENEWALS

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin AFB, FL 32542-1498	CA	RE
	SI TI A	IN
	AUTHORIZED REPRESENTATIVE <i>Marsh USA Inc.</i>	



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA, Inc.		NAMED INSURED Republic Parking System, LLC 633 Chestnut Street Suite 2000 Chattanooga, TN 37450	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

Auto Physical Damage and Garagekeepers (AOS) -
 Everest Indemnity Insurance Company
 09/29/2022 - 10/01/2023
 RM3CA00010-221
 ACV or Cost to repair, whichever is less
 \$1,000,000 each occurrence

Auto Physical Damage and Garagekeepers (MA) -
 Everest Indemnity Insurance Company
 09/29/2022 - 10/01/2023
 RM3CA00009-221
 ACV or Cost to repair, whichever is less
 \$1,000,000 each occurrence