

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/28/2022

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						CONTACT NAME: Julie King					
Arthur J. Gallagher Risk Management Services, Inc.						PHONE (A/C, No, Ext): 513-977-3161 FAX (A/C, No):					
201 E. 4th Street, Ste 625 Cincinnati OH 45202						E-MAIL ADDRESS: Julie_king@ajg.com					
						INSURER(S) AFFORDING COVERAGE NAIC#					
						INSURER A : Continental Insurance Company				35289	
INSURED					INSURER B : Transportation Insurance Company					20494	
Landrum & Brown					INSURER c : Valley Forge Insurance Company					20508	
4445 Lake Forest Dr., Suite 700 Cincinnati,, OH 45242					INSURER D:						
Girioanida <sub>n</sub> Gri 40242					INSURER E :						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 2065419622						REVISION NUMBER:					
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.  INSRI											
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3		
В	X COMMERCIAL GENERAL LIABILITY Y 6045740089				1/23/2022	1/23/2023	EACH OCCURRENCE	\$ 1,000,000			
	CLAIMS-MADE X OCCUR			DAMA( PREMI		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000				
							MED EXP (Any one person)	\$ 15,000	0		
								PERSONAL & ADV INJURY	\$1,000,	,000	
	EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,	,000			
	X POLICY PRO-	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,	,000	
	OTHER:							STOP GAP	\$ 1,000,	,000	
С	AUTOMOBILE LIABILITY	LELIABILITY 6045740075		6045740075		1/23/2022	1/23/2023	COMBINED SINGLE LIMIT \$1,000,000 (Ea accident)		,000	
	ANY AUTO								\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY		İ					PROPERTY DAMAGE (Per accident)	\$		
								1	\$		
Α	X UMBRELLALIAB X OCCUR			6045740111		1/23/2022	1/23/2023	EACH OCCURRENCE	\$ 5,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 5,000,	,000	
	DED X RETENTION \$ 10,000								\$		
В	WORKERS COMPENSATION			6045740108		1/23/2022	1/23/2023	X PER OTH- STATUTE ER	Non-N	Monopolistic	
A	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE	l		6045740092		1/23/2022	1/23/2023	E.L. EACH ACCIDENT	\$ 1,000,		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED7 (Mandatory in NH)	N/A				-		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,	.000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	escribe under						E.L. DISEASE - POLICY LIMIT \$ 1,000			
Α	Professional Liability			596759584		1/23/2022	1/23/2023	Limit	\$5,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured and Primary/Non-Contributory coverage applies under General Liability form number CNA75079XX(10/16) Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement when required by written contract or agreement. Waiver of subrogation applies under the General Liability form number CNA74858 XX(1-15) when required by written contract or agreement. Additional Insured coverage applies under Automobile Liability form number SCA23500D (10/11) when required by written contract or agreement. Waiver of Subrogation applies under the Worker's Compensation coverage per forms WC 00 03 13 (04/1984) and G-19160-B (11-1997) when required by written contract or agreement for CO, FL, HI, IL, IA, MN, MO, NY, NC, TN, TX, UT, VA only RE: Fort Walton Beach Airport Certificate holder is named as additional insured as their interest may appear as required by written contract.											
Co								CONTRACT # C20-2875-AP			
CERTIFICATE HOLDER						LANDRUM & BROWN, INC					
					SHO	SHOUL AVIATION BUSINESS & FINANCE					
					THE	E CON	THUR DU	SERVICES			
Okalages County					CONSULTING SERVICES EXPIRES: 10/14/2024 W/1 FIVE YR RENEWAL						
l	Okaloosa County					I EXP	IKES, 10/	T-1/2/2-T 44/1 T T T A T			

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