



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/26/2023

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 Yates, LLC 2800 Century Parkway NE Suite 300 Atlanta GA 30345	CONTACT NAME: PHONE (A/C, No, Ext): 404-633-4321 FAX (A/C, No): 404-633-1312 E-MAIL ADDRESS: certs@yatesins.com
INSURER(S) AFFORDING COVERAGE	
INSURED Williams Power & Signal, LLC 2483 South Highway 16 Carrollton GA 30116	WLLPOW-01 INSURER A : Bridgefield Casualty Insurance Company NAIC # 10335 INSURER B : Selective Way Insurance Company 26301 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER: 780268154** **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.

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			S 2542241	10/28/2023	10/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			S 2542241	10/28/2023	10/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			S 2542241	10/28/2023	10/28/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			196-37846	10/28/2023	10/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Scheduled Equipment			S 2542241	10/28/2023	10/28/2024	Ded \$1,000 **See Below
B	Leased/Rented Equipment			S 2542241	10/28/2023	10/28/2024	Ded \$1,000 \$150,000
B	Installation Floater			S 2542241	10/28/2023	10/28/2024	Ded \$1,000/Special \$1,000,000

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

Hired Physical Damage - \$75,000 - Ded \$1,000

C21-3028-IT

Subject to policy terms, conditions, forms and exclusions, the insurance coverage's afforded by the policies above include the following when required by written contract for the certificate holder and/or entities listed below: Blanket Additional Insured in regards to General Liability for ongoing and completed operations, Leased/Rented Equipment, Automobile Liability and Umbrella Liability; Blanket Primary and Non-Contributory in regards to General Liability and Automobile Liability; Blanket Waiver of Subrogation in regards to General Liability, Automobile Liability, Workers' Compensation and Umbrella Liability; Per Project Aggregate applies to the General Liability.
See Attached...

CERTIFICATE HOLDER Okaloosa Board of County Commissioner 101 East James Lee Blvd, Room 108 Crestview FL 32536	CANCEL SHOULD THE EX ACCORD AUTHORIZE
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CONTRACT: C21-3028-IT
 Williams Power & Signal, LLC
 Telecommunications Maint for Okaloosa County
EXPIRES: 12/14/2023 W/2 1 yr renewals



ADDITIONAL REMARKS SCHEDULE

AGENCY Yates, LLC		NAMED INSURED Williams Power & Signal, LLC 2483 South Highway 16 Carrollton GA 30116	
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**

FORMS:
 CG7300 06/22 – ElitePac General Liability Extension Endorsement
 CG7988 06/22 - Contracting, Installation, Service and Repair General Liability Extension
 CG2503 05/09 – Designated Construction Project(s) Aggregate Limit
 CG2504 05/09 – Designated Location(s) General Aggregate Limit
 CG7945 07/14 – Resulting Damage To Your Work Endorsement
 CA7809 04/23 - ElitePac Commercial Auto Extension Endorsement
 WC000313 04/84 - Waiver Of Our Right To Recover From Others Endorsement
 CX0003 01/99 – Declarations Commercial Umbrella Liability Coverage – Schedule of Underlying Insurance
 CX4 04/03 – Commercial Umbrella Liability Coverage
 CXL449 06/17 – Other Insurance Condition For Additional Insureds – Non-Contributory – Blanket Basis
 CXL456 06/22 – Waiver of Transfer of Rights Of Recovery Against Others To Us – Blanket Basis (Waiver of Subrogation)CXL423 07/14 – Resulting Damage To Your Work Endorsement

Entities: Okaloosa Board of County Commissioner, its officers and employees.