

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/30/2023

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).

this certificate does not conter rights to the certificate holder in field of such endorsement(s).						
PRODUCER		CONTACT NAME: Rebecca Egan				
Greyling Ins Brokerage/EPIC 3780 Mansell Rd. Ste. 370 Alpharetta GA 30022		PHONE (A/C, No. Ext): 770-552-4225	FAX (A/C, No):			
		E-MAIL ADDRESS: greylingcerts@greyling.com				
		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: National Union Fire Ins Co of Pittsbur	rg 19 4 45			
INSURED Halff Associates, Inc. 1201 N. Bowser	HALFF	INSURER B: The Continental Insurance Company	35289			
		INSURER c : New Hampshire Insurance Company	23841			
Richardson TX 75081		INSURER D: Allied World Surplus Lines Insurance	Co 24319			
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 407076966	REVISION NU	MBER: 23-24			

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.

ISR TR		ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5
Α	X COMMERCIAL GENERAL LIABILITY		GL5856923	8/1/2023	8/1/2024	EACH OCCURRENCE	\$ 2,000,000
ļ	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
						MED EXP (Any one person)	\$ 25,000
						PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		CA5717893	8/1/2023	8/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
Ī	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
Ī							\$
3	X UMBRELLA LIAB X OCCUR		7034027549	8/1/2023	8/1/2024	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000,000
ĺ	DED X RETENTION\$ 10,000]		\$
	WORKERS COMPENSATION		WC014195843	8/1/2023	8/1/2024	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
(Mandatory in NH)		K/A	"A			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	1				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
)	Prof Liability Incl. Pollution		03113813	8/1/2023	8/1/2024	Per Claim Aggregate	\$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Okaloosa County, Board of County Commissioners and their respective officials, employees and volunteers are included as additional insured regarding General Liability and Auto Liability if required by written contract. GL and Auto are primary non contributory if required by written contract. Waiver of subrogation applies to same as respects General and Auto Liability & Workers Compensation if required by written contract. 30 Day Notice of Cancellation except 10 Days Non-Payment.

		Iff Associates, Inc.
CERTIFICATE HOLDER	· · · · · · · · · · · · · · · · · · ·	ecialized Telecom Services PIRES:12/31/2023
	-^	FINES. 12/3 1/2023

Okaloosa County; Board of County Commissioners 5479A Old Bethel Road; Crestview FL 32536-0000

AUTHORIZED REPRESENTATIVE

CONTRACT: C18-2655-IT

ACCORDANCE WITH THE POLICY PROVISIONS.

Service Servic

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