



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2023

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 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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Kaleigh Kitchens	
The Sterling Insurance Group		<b>PHONE (A/C, No, Ext):</b> 972-964-4825	<b>FAX (A/C, No):</b> 972-964-4825
3415 Custer Suite 104		<b>E-MAIL ADDRESS:</b> teresa.kitchens@sterlinginsnow.com	
Plano TX 75023		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Sentinel Insurance Co, LTD	<b>NAIC #</b> 11000
<b>INSURED</b>		<b>INSURER B:</b> Hartford Casualty Ins Company	
BuzzClan, LLC		<b>INSURER C:</b> The Hartford Fire	
5757 Alpha Rd		<b>INSURER D:</b>	
Suite #340		<b>INSURER E:</b>	
Dallas TX 75240		<b>INSURER F:</b>	

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

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	46SBAAF5421	12/09/2023	12/09/2024	EACH OCCURRENCE	\$ \$2,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,000,000.00
							MED EXP (Any one person)	\$ \$10,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ \$2,000,000.00
	OTHER:						GENERAL AGGREGATE	\$ \$4,000,000.00
							PRODUCTS - COMP/OP AGG	\$ \$4,000,000.00
							Employment Practices Li	\$ \$10,000.00
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS Employment	Y	Y	46SBA ZJ5555SC	12/09/2023	12/09/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	46SBA ZJ5555SC	12/09/2023	12/09/2024	EACH OCCURRENCE	\$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE	\$ 4,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	76 WEG AV3T6Y	12/14/2023	12/14/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Cyber			46TE0282636	01/07/2023	01/07/2024	Limit: \$5,000,000	
C	Professional Liability			46 TE 0282636-22	01/07/2023	01/07/2024	\$2,000,000 glitch occurrence and aggregate limi	

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

B Crime/Fidelity 46 TP 0291250-23 07/13/2023 07/13/2024 \$1,000,000 Employee Theft at client Premises with \$10,000 deductible

**CONTRACT: C22-3166-HR**

Buzzclan, LLC

Temporary Staffing Services

**EXPIRES: 04/04/2025 W/2 1 YR RENEWALS**

CE

Okaloosa County Board of County Commissioners  
Human Resources Division  
302 S Wilson St, 2nd Fl  
Crestview

FL 32536

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE***Kaleigh Kitchens*

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