



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2022

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).

<b>PRODUCER</b> Yates, LLC 2800 Century Parkway NE Suite 300 Atlanta GA 30345	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): 404-633-4321
	<b>FAX</b> (A/C, No): 404-633-1312
	<b>E-MAIL ADDRESS:</b> certs@yatesins.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>NAIC #</b>
	INSURER A : Old Republic Insurance Company <span style="float: right;">24147</span>
	INSURER B : Cincinnati Insurance Company <span style="float: right;">10677</span>
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

**COVERAGES** **CERTIFICATE NUMBER: 495984036** **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	
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:			EPP0656530	6/11/2022	6/11/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							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			EBA0656530	6/11/2022	6/11/2023	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			EPP0656530	6/11/2022	6/11/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	<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	MWC31634722	1/1/2022	1/1/2023	<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	Installation/Builders Risk			EPP0656530	6/11/2022	6/11/2023	Ded \$5,000/Special Ded \$1,000	\$ 1,000,000
B	Leased/Rented Equipment			EPP0656530	6/11/2022	6/11/2023		\$ 250,000
B	Scheduled Equipment			EPP0656530	6/11/2022	6/11/2023		**See Below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Subject to policy terms, conditions, forms and exclusions, the insurance coverages 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, Lessors of Equipment, Automobile Liability and Umbrella Liability; Blanket Primary and Non-Contributory in regards to General Liability, Automobile Liability and Umbrella; Blanket Waiver of Subrogation in regards to General Liability, Automobile Liability, Workers Compensation and Umbrella Liability; Per Project and Per Location Aggregate applies to the General Liability.

FORMS:  
See Attached...

<b>CERTIFICATE HOLDER</b>  Okaloosa County BCC 5479A Old Bethel Road Crestview FL 32536	<b>CANCELLED</b>  SHOW THE ACC  <b>CONTRACT # C21-3027-IT</b> <b>POWERCOMM USA. LLC</b> <b>TELECOMMUNICATIONS MAINT FOR</b> <b>OKALOOSA COUNTY</b> <b>EXPIRES: 12/14/2023 W/2 YR RENEWALS</b>  AUTHORIZED REPRESENTATIVE 
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## ADDITIONAL REMARKS SCHEDULE

AGENCY Yates, LLC		NAMED INSURED PowerComm USA, LLC 5665 Shirlee Industrial Way Alpharetta GA 30004	
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**

GA101 12/04 – Commercial General Liability Coverage Form  
 GA233 09/17 – Contractors Commercial General Liability Broadened Endorsement  
 GA472 05/20 – Contractors Additional Insured – Automatic Status and Automatic Waiver of Subrogation When Required In Written Contract, Agreement, Permit or Authorization  
 AA288 01/16 - Cincinnati Business Auto Expanded Coverage Plus Endorsement  
 USC513 05/10 – Commercial Umbrella liability Coverage Part Declaration  
 US101UM 12/04 – Commercial Umbrella  
 US3070 08/20 – Contractor's Limitations – Including Excess Wrap-Up and Injury Or Damage To Or Resulting From Your Work And Injury Or Damage Resulting From Your Product  
 US4096 01/21 – Automatic Primary and Non-Contributory Coverage Endorsement – When Required By Written Contract  
 WC000313 - Waiver of Our Right To Recover From Others Endorsement