



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/1/2023

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 Arthur J. Gallagher Risk Management Services, LLC 324 W Wendover Avenue Suite 112 Greensboro NC 27408			CONTACT NAME: Lori Staples PHONE (A/C, No, Ext): 336 217 5767 E-MAIL ADDRESS: gso.bsd.certificates@ajg.com FAX (A/C, No): 336-275-1776		
			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A: Charter Oak Fire Insurance Company		25615
			INSURER B: Travelers Property Casualty Co of America		25674
			INSURER c: Travelers Casualty and Surety Company		19038
			INSURER D: Travelers Indemnity Co of America		25666
			INSURER E:		
			INSURER F:		

INSURED OAKWCOM-04
 Oakwells Commuter Rail LLC
 1035 S Semoran Blvd
 Suite 1011
 Winter Park FL 32792

COVERAGES **CERTIFICATE NUMBER:** 1311830072 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	Y	P6309S460523COF23	1/10/2023	1/10/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	GENERAL AGGREGATE	\$ 2,000,000
		OTHER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
D	<input type="checkbox"/>	AUTOMOBILE LIABILITY	Y	BA9S4597332343G	1/10/2023	1/10/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/>	ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY	<input checked="" type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	CUP9S4651012343	1/10/2023	1/10/2024	EACH OCCURRENCE	\$ 4,000,000
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>				AGGREGATE	\$ 4,000,000
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$				\$
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y	UB9S4588532343G	1/10/2023	1/10/2024	<input checked="" type="checkbox"/> PER STATUTE	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				<input type="checkbox"/> OTH-ER	
		If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.I. EACH ACCIDENT	\$ 1,000,000
							E.I. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.I. DISEASE - POLICY LIMIT	\$ 1,000,000
A	<input type="checkbox"/>	Liquor Liability		P6309S460523COF23	1/10/2023	1/10/2024	Each Common Cause Aggregate	\$1,000,000 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Okaloosa County Board of County Commissioners is included as additional insureds on the Auto Liability as per form CA F2 19 03 21 and General Liability as per form CG D4 67 02 19. In the event of cancellation, 30 days' notice will be given to the certificate holder as respects to general liability and auto liability form AH IL 8590 policies in accordance with the policy forms. Umbrella is follow form over the underlying General Liability and Auto Liability. Waiver of subrogation is applicable in favor of the certificate holder under the Workers Compensation as per form WC 00 03 13.

CERTIFICATE HOLDER
 Okaloosa County Board of County Commissioners
 1701 State Rd 85 N
 Eglin AFB FL 32542
 USA
CONTRACT: L17-0452-AP
OAKWELLS COMMUTER RAIL, LLC
FOOD AND BEVERAGE CONCESSION
EXPIRES: 03/31/2027

AUTHORIZED REPRESENTATIVE