ACORD_{To}

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/21/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

| this certificate does not comer a | my rights to the certificate holder in | | | | | |
|-----------------------------------|--|---|-------|--|--|--|
| PRODUCER | | CONTACT NAME: | | | | |
| USI Insurance Services, LLC | | PHONE (A/C, No, Ext): 813 321-7500 FAX (A/C, No): | | | | |
| 2502 N Rocky Point Drive | | E-Mall ADDRESS: | | | | |
| Suite 400 | | INSURER(S) AFFORDING COVERAGE | NAIC# | | | |
| Tampa, FL 33607 | | INSURER A: Travelers Indemnity Company | 25658 | | | |
| INSURED | | INSURER B: Travelers Property Cas. Co. of America | 25674 | | | |
| DRMP, inc. | | INSURER C: Travelers Indemnity Company of CT | 25682 | | | |
| 941 Lake Baldwin La | ine | INSURER D : Berkley Insurance Company | 32603 | | | |
| Orlando, FL 32814 | | INSURER E: Phoenix Insurance Company | 25623 | | | |
| | | INSURER F ; | | | | |
| COVERAGES | CERTIFICATE MUMBER: | DEVISION NUMBED. | | | | |

| | VERAGES CER | CHILK | AIE | NUMBEK: | | | 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 | | SUBR WVD | | | POLICY EXP (MM/DD/YYYY) | IMS. | re : | | |
| A | X COMMERCIAL GENERAL LIABILITY | INSR | WVD | 1 | | | EACH OCCURRENCE | \$1,000,000 | | |
| ^ | CLAIMS-MADE X OCCUR | ^ | ^ | 00011 107100 | 12,12,202 | IL, IL, LOLL | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 | | |
| | CENTING-WINDE 14 COCON | | | | | | MED EXP (Any one person) | \$10,000 | | |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 | | |
| | POLICY X PRO- | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 | | |
| | OTHER: | | | | | | | \$ | | |
| E | AUTOMOBILE LIABILITY | X | Х | BA2R888359 | 12/12/2021 | 12/12/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | | |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY (NJURY (Per accident) | \$ | | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | ļ | | | | | | \$ | | |
| В | X UMBRELLA LIAB X OCCUR | X | X | CUP7957Y581 | 12/12/2021 | 12/12/2022 | EACH OCCURRENCE | \$5,000,000 | | |
| | EXCESS LIAB CLAIMS-MADE | 1 | | | | | AGGREGATE | \$5,000,000 | | |
| L | DED X RETENTION \$10,000 WORKERS COMPENSATION | - | ļ | | | | - IDEO IOTH. | \$ | | |
| C | AND EMPLOYERS' LIABILITY | | X | UB9J160752 | 01/01/2022 | 12/12/2022 | | 4 000 000 | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. EACH ACCIDENT | \$1,000,000 | | |
| | (Mandatory in NH) If yes, describe under | | | | | | E.L. DISEASE - EA EMPLOYEE | | | |
| <u></u> | DESCRIPTION OF OPERATIONS below | - | | AEC905562103 | 06/20/2022 | กลเวกเวกวร | E.L. DISEASE - POLICY LIMIT \$1,000,000 \$5,000,000 per claim | | | |
| D Professional | | | } | AEC905302103 | 06/20/2022 | 00/20/2023 | \$5,000,000 per clain | | | |
| Liability | | | | | | | ayyood anni agg | 2. | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHI | CLES (| ACORI | 101. Additional Remarks Schedu | ule, may be attached if mo | ore space is requ | lred) | | | |
| | fessional Liability coverage is w | | | | | | , | | | |
| RE | RFQ#PW 51-18, Contract C19-2 | 749-F | W | | | | | | | |
| | lloosa County Board of County (| | | | | | | | | |
| | ility and automobile liability as r | • | | - | - , | | | | | |
| | ancellation or material change e | xcep | t 10 | days for non payment | of premium will I | be aiven on | all policies | | | |
| (Se | e Attached Descriptions) | | | | CONTRAC | РТ. С10 27 | 49-PW | | | |
| CEF | CERTIFICATE HOLDER | | | | | Continue L. Clo Zi io Li | | | | |
| | | | | DRMP, INC. GENERAL ENGINEERING SERVICES FOR PW | | | | | | |
| Okaloosa County Board of County | | | | | | | | | | |
| Commissioners | | | | | EXPIRES: 09/30/2023 | | | | | |
| 1 | 602-C North Pearl Street | | | | | | | | | |
| Crestview, FL 32536 AUTHORIZED REPRESENTATIVE | | | | | | | | | | |
| | 6: M Canl | | | | | | | | | |
| | | | | | 2 /··/ O | | | | | |

| , * · | DESCRIPTIONS (Continued from Page 1) | E. Walter |
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| listed above. | | |
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