ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 12/27/2021	
THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN IMPORTANT: If the certificate holder I IF SUBROGATION IS WAIVED, subject	VELY OF URANCE ID THE C s an ADD to the te	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER. ITIONAL INSURED, the present of the pres	EXTE TE A C colicy(i	ND OR ALTE CONTRACT I es) must hav	ER THE CO BETWEEN T /e ADDITION blictes may i	VERAGE AFFORDED B HE ISSUING INSURER	Y THE (S), AU s or be	POLICIES THORIZED	
this certificate does not confer rights to	o the cert	ificate holder in lieu of si	CONTA					·	
Arthur J. Gallagher Risk Management Services, Inc. 1050 Crown Pointe Pkwy, Suite 600 Atlanta GA 30338				NAME:   Linda Smith     PHONE   FAX     (A/C, No, Exi):   678-393-5228					
				E-MAIL ADDRESS: linda_smith@ajg.com					
			INSURER(S) AFFORDING COVERAGE					NAIC #	
				INSURERA: National Union Fire Insurance Company of Pittsburg					
INSURED Cox Communications, Inc. Cox Communications Arizona, LLC PO Box 105357 Atlanta GA 30348				INSURER B : AIU Insurance Company				19399	
				INSURER C :				· · · · · · · · · ·	
				INSURER E 1					
COVERAGES CERTIFICATE NUMBER: 265515722									
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.									
LTR TYPE OF INSURANCE	ADDLISUBA	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	'\$ 		
		GL3980281		1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$4,500		
CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$4,500	,000	
						MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000	000	
SELF INSURED RET GEN'L AGOREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 30,00		
X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$6,000		
OTHER:					•		\$		
		CA4888803 (AOS)		1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$10,00	0,000	
X ANY AUTO		CA4868804 (VA)		1/1/2022.	1/1/2023	BODILY INJURY (Per person)			
OWNED SCHEDULED AUTOS ONLY AUTOS X HIRED X NON-OWNED		· ·				BODILY INJURY (Per accident)	\$		
X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
		· · · · · ·			·		\$		
UMBRELLA LIAB OCCUR		WC065885934 (AOS) WC065885935 (CA) WC065885936 (NY) WC065885937 (WI)			1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE				1/1/2022		AGGREGATE	\$		
B WORKERS COMPENSATION						X PER OTH	\$	·····	
B AND EMPLOYERS' LIABILITY V/N	N/A			1/1/2022		EL, EACH ACCIDENT			
B ANYPROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBEREXCLUDED?				1/1/2022		EL. DISEASE - EA EMPLOYEE \$1,000,000			
I yes, describe under DESCRIPTION OF OPERATIONS below				i ·		E.L. DISEASE · POLICY LIMIT	\$1,000		
				-					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORI	1 2 101, Additional Remarks Schedu	ile, may b	e allached if mor	e space is requir	L	I		
COX COMMUNICATIONS GULF COAST, LLC CONTRACT # C20-2972-IT COX COMMUNICATIONS COUNTY DIASTER RECOVERY INTERNET SERVICE EXPIRES: 09/21/2025								ERVICE	
		······································	CAN						
CERTIFICATE HOLDER CANCELLATION   OKALOOSA COUNTY BOARD OF SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE   OKALOOSA COUNTY BOARD OF THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS:   OKALOOSA COUNTY BOARD OF AUTHORIZED REPRESENTATIVE									

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