ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY) 3/8/2023

	<u> </u>							I		8/2023				
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(iss) 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).														
CONTACT														
						NAME PHONE FAX IA/C, No. Exil: 407-370-2320 E-MAIL ACORESS: E-MAIL ACORESS:								
Orlando FL 32801					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #									
					INSURER A : Qualified Self Insurer									
INSURED					INSURER B : Safety National Casualty Corporation 15105									
Northwest Florida State College				INSURER C :										
100 College Blvd. Niceville, FL 32578-1347					INSURER D :									
	armay i a vadi vi viti				INSURER E :									
1					INSURER F :									
	VERAGES CER				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 Lta	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICYNUMBER		POLICY EFF (MM/DD/YYYY)		LIMITS						
A	CLAIMS-MADE X CCCUR			RM20230301		3/1/2023	3/1/2024	EACH OCCURRENCE 5 DAMAGE TO RENTED PREMISES (En occurrence) 5	s 200,0 S	00				
								MED EXP (Any one parson)	3					
								PERSONAL & ADV INJURY	\$					
	GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGOREGATE	\$					
									5	 •••				
	ОТНЕЯ;			malaaaaaa		A14 15 3 5 5	A 14 (A A A A A		\$ 300,0	w.				
A				RM20230301		3/1/2023	3/1/2024	COMBINED SINGLE LIMIT (En accident)	5 200,0	<u></u>				
	ANY AUTO							······································	300,0					
	AUTOS ONLY AUTOS							PROPERTY DAMAGE	s includ					
	AUTOS ONLY AUTOS ONLY							[Per accioent]	5					
<u> </u>				-14					, ;	· · · · ·				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE						
	DED AETENTION \$							ADDREDATE						
B	WORKERS COMPENSATION			SP4068114		3/1/2023	3/1/2024	X PER OTH-						
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								2,000	,000				
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	· · · ·					
l	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be atlached if more space is required)														
GL: Self Insured per Florida Statute 768.28 - \$200,000 per Person / \$300,000 per Occurrence Aggregate. WC: Statutory - Excess of \$750,000 Self insured Retention.														
AAA' ATATATATÀ - EVERSE ALALAA'AAA ARII IIISATAA IVRIAILIAIL														
'.	CONTRACT# C06-1418-PS													
							OKALOOSA-WALTON COLLEGE							
	EMERGENCY MEDICAL PARAMEDIC TRAINING													
EXPIRES: INDEFINITE														
Okaloosa County Board of County Commissioners														
320 N Wilson Street														
Crestview FL 32536														
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