## DATE (MM/DD/YYYY) 02/10/2023

## CERTIFICATE OF LIABILITY INSURANCE Acct#: 29

	CERTIFICAT		JL	LIABILITY INS	URAN	ICE	Acct#: 29708	94			
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.											
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	ie tei	ms and conditions of the	e policy, c	certain p	olicies may				
	DUCER				CONTACT						
	CKTON COMPANIES, LLC				NAME: PHONE FAX						
3657 BRIARPARK DR., SUITE 700 HOUSTON, TX 77042					(A/C, No, Ext): 888-828-8365 (A/C, No):						
					E-MAIL ADDRESS: INSPERITYCERTS@LOCKTONAFFINITY.COM						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : Indemnity insurance Co. of North America					43575	
INSURED					INSURER B :						
MISSION CRITICAL PARTNERS, LLC					INSURER C :						
690 GRAYS WOODS BLVD PORT MATILDA, PA 16870-7142					INSURER D :						
				Ī	INSURER E :						
				Ē							
<u></u>	VERAGES CE		CAT	E NUMBER:	INSURER F :			REVISION NUMBER	3.		
TI IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED, NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH	of In Duiri Ert/	ISUR EMEN AIN, T	ANCE LISTED BELOW HAV IT, TERM OR CONDITION C THE INSURANCE AFFORDE	OF ANY CO D BY THE BEEN REE	NTRACT POLICIE DUCED B	OR OTHER DESCRIBE	D NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	E POL	MHICH THIS	
NSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POL (MM/E	LICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<u>^</u>		
								DAMAGE TO RENTED	\$		
	CLAIMS- OCCUR								\$		
		1							\$		
		ł						PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:	ļ						GENERAL AGGREGATE	\$		
		ļ							\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS								\$		
	HIRED NON-OWNED AUTOS ONLY		1					PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1							Ş		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			· · · · · · · · · · · · · · · · · · ·				X PER OTH- STATUTE ER			
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		054067490	12/18/2022	10/01/2023		\$ 1,00	0,000		
	(Mandatory in NH) If yes, describe under			C51867439		2/16/2022	10/01/2023	E.L. DISEASE - EAEMPLOYEE	\$ 1.00	0.000	
	DESCRIPTION OF OPERATIONS below								\$ 1,00		
									\$ 1,00	10,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES					tore space is	redailed}				
WAIV	ER OF SUBROGATION IN FAVOR OF CERTIFICATE HC	DEDER	WHEN	REQUIRED BY WRITTEN CONTRACT	1						
CONTRACT# C21-3077-SO											
MISSON CRITICAL PARTNERS, LLC											
OVERSEE/ADMINISTER CONSTRUCTION											
				OF RADIO SYSTEM							
								OMPLETION OF PR	0.150	ייידי	
CE	RTIFICATE HOLDER								COEL	- ×	
				2970894	au au -	-	-				
Okaloosa County Board of County Commisioners 302 N Wilson St Crestview, FL 32536						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE					
					O-7Kelly						

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workers compensation and Employers Liability Folicy							
Named Insured	Endorsement Number						
MISSION CRITICAL PARTNERS, LLC							
690 GRAYS WOODS BLVD	Policy Number						
PORT MATILDA, PA 16870-7142	Symbol: RWC Number: C51867439						
Policy Period	Effective Date of Endorsement						
12/18/2022 TO 10/01/2023	02/10/2023						
Issued By (Name of Insurance Company)							
Indemnity Insurance Co. of North America							
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.							

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## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

## Schedule

Okaloosa County Board of County Commisioners 302 N Wilson St Crestview, FL 32536

For the states of CA, UT, TX, refer to state specific endorsements. This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.

Patte D. Otamer

Authorized Representative



MISSCRI-01

MBECK

DATE (MM/DD/YYYY) 2/16/2023

CERTIFICATE OF LIABILITY INSURANCE
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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). CONTACT PRODUCER Rupp & Fiore Insurance Management, inc. 504 Pittsburgh St Mars, PA 16046 PHONE (A/C, No, Ext): (724) 625-4600 FAX (A/C, No): (724) 625-4680 E-MAIL ADDRESS: info@ruppfiore.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Cincinnati Insurance Co 10677 INSURED INSURER B : Lloyd's of London **INSURER C: Travelers Insurance Company** 25666 **Mission Critical Partners LLC** 690 Gray's Woods Blvd INSURER D : Port Matilda, PA 16870 INSURER E **INSURER F**: **REVISION NUMBER:** COVERAGES **CERTIFICATE 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 ERTIFICATE 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. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR INSR LTR LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 A X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE ŝ DAMAGE TO RENTED PREMISES (Ea occurrence) 500,000 X EPP 0604769 CLAIMS-MADE X OCCUR 2/16/2023 2/16/2024 Х ŝ 10,000 MED EXP (Any one person) ŝ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: Ş 2,000,000 X POLICY PRO-JECT LOC PRODUCTS - COMP/OP AGG s OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 Α AUTOMOBILE LIABILITY EPP 0604769 2/16/2023 2/16/2024 х ANY AUTO Х Х BODILY INJURY (Per person) s SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ Х NON-OWNED AUTOS ONLY Х HIRED AUTOS ONLY 5,000,000 Α X OCCUR Х UMBRELLA LIAB EACH OCCURRENCE \$ 2/16/2023 2/16/2024 EPP 0604769 EXCESS LIAB CLAIMS-MADE Х X AGGREGATE \$ 5,000,000 Aggregate DEÐ RETENTION \$ ŝ OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below Professional Liabilt E.L. DISEASE - POLICY LIMIT APT1092023 2/16/2023 2/16/2024 & Cyber 5,000,000 R 5,000,000 2/16/2023 2/16/2024 & EPLI **Directors & Officers** 0107048442 C DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Okaloosa County Board of County Commisioners are listed as an additional insured as long as a written contract is in place. A waiver of subrogation is written in favor of the additional insured as long as a written contract is in place. 30 Day Notice of Cancellation is in effect.

CERTIFICATE HOLDER

302 N Wilson St Crestview, FL 32536

**Okaloosa County Board of County Commisioners** 

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REF	RESENTATIVE
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/ when	Kak-

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