

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/14/2023

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.

						ERIFICATE HOLDER.								
If	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								CONTACT NAME: Linda Smith						
Arthur J. Gallagher Risk Management Services, LLC								PHONE (A/C, No, Ext): 678-393-5228 (A/C, No): 678-393-5240						
1050 Crown Pointe Parkway, Suite 600 Atlanta GA 30338								E-MAIL ADDRESS: linda smith@ajg.com						
/ Marita 5/1 00000								INSURER(S) AFFORDING COVERAGE NAIC #						
								INSURER A : National Union Fire Insurance Company of Pittsburg					19445	
INSURED								INSURER B : AIU Insurance Company					19399	
Cox Communications, Inc.														
Cox Communications Florida							INSURER C:							
PO Box 105357 Atlanta GA 30348							INSURER D:							
Atlanta GA 30340								INSURER E :						
ONEDA OFO								INSURER F:						
COVERAGES CERTIFICATE NUMBER: 1328533381 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				ADDLISUBR				POLICY EFF POLICY EXP			LIMITS			
A	х	1	NERAL LIABILITY	INSD Y	SD WVD POLICY NUMBER Y GL3980281			1/1/2024	1/1/2025	EACH OCCURRENCE	1	\$ 4.500	000	
	-	CLAIMS-MADE X OCCUR						17 172024	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DAMAGE TO RENTED		\$4,500		
	х									PREMISES (Ea occurrence) \$4,500 MED EXP (Any one person) \$5,000				
	Х	SELF INSURED R								PERSONAL & ADV IN				
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGA				
	X POLICY PRO- LOC									PRODUCTS - COMP/O				
l	OTHER:									PRODUCTS - COMPA	MP/OP AGG \$ 6,000,000 \$,000	
A AUTOMOBILE LIABILITY			Υ	Y		CA4888803		1/1/2024	1/1/2025	COMBINED SINGLE L			0.000	
Ā	X ANY AUTO					CA4888804	1/1/2024	1/1/2025	(Ea accident)	iccident) \$ 15,555				
J ′′	<u> </u>	OWNED SCHEDULED				CA7281099		1/1/2024	1/1/2025	BODILY INJURY (Per accident) \$				
l	X	AUTOS ONLY HIRED	HIRED							PROPERTY DAMAGE				
	<u>^</u>	AUTOS ONLY								(Per accident) \$		·		
\vdash	-	UMBRELLA LIAB OCCUB								<u> </u>				
	<u> </u>	EXCESS LIAB CLAIMS-MADE								EACH OCCURRENCE \$				
	<u> </u>									AGGREGATE \$				
 -	WOI	DED RETE RKERS COMPENSA	ENTION \$		Y	14/0000770400		4/4/0004	4/4/0005	V PER I		\$		
B	AND	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves. describe under				WC080772120 WC080772121		1/1/2024 1/1/2024 1/1/2024	1/1/2025 1/1/2025 1/1/2025	X PER STATUTE	OTH- ER			
В	OFF					WC080772122				E.L. EACH ACCIDENT				
	(Mai									E.L. DISEASE - EA EN	A EMPLOYEE \$ 1,000,		,000	
_	DÉS	CRIPTION OF OPE	RATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$ 1,000	,000	
				LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)				
Re: Agreement C17-2604-IT Okaloosa County is Additional Insured as respects General Liability, Auto Liability policies, pursuant to and subject to the policy's terms, definitions, conditions														
and exclusions. Waiver of Subrogation applies to Additional Insureds as respects Workers Compensation policy pursuant to and subject to the policy's terms, definitions, conditions and exclusions.														
"="	. nuu	ano, conditions e	and Cadidalonia.											
1								CO	NTRAC	T: C17-260	4-IT			
								_ Cox			. –	.		
CE	RTIF	FICATE HOLD	ER				CAN	<u>cei</u> PRI	I for Inbo	oud/Outbou	ınd F	hor	ie Lines	

COX

CERTIFICATE HOLDER

CANCEI

PRI for Inboud/Outbound Phone Lines

EXPIRES:08/06/2024

THE E.

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Chilpha R. Ward

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ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2024 forms a part of

policy No. GL 398-02-81

issued to COXENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
LIQUOR LIABILITY COVERAGE
FORM MOTOR CARRIER COVERAGE
FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM
RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

COX COMMUNICATIONS, INC.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2024

forms a part of

policy No. CA 488-88-03

issued to COX ENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM BUSINESS AUTO
COVERAGE FORM
LIQUOR LIABILITY COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTSCOMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE
LIABILITY COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

COX COMMUNICATIONS, INC.