



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/11/2023

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(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).

<b>PRODUCER</b> Aon Risk Services South, Inc. Atlanta GA Office 3550 Lenox Road NE Suite 1700 Atlanta GA 30326 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
<b>INSURED</b> JBT AeroTech Corporation 1805 West 2550 South Ogden UT 84401 USA	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: American Zurich Ins Co</td> <td>40142</td> </tr> <tr> <td>INSURER B: Zurich American Ins Co</td> <td>16535</td> </tr> <tr> <td>INSURER C: Allied World Surplus Lines Insurance Co</td> <td>24319</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Zurich Ins Co	40142	INSURER B: Zurich American Ins Co	16535	INSURER C: Allied World Surplus Lines Insurance Co	24319	INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**                                      **CERTIFICATE NUMBER:** 570100781747                                      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits shown are as requested	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION						EACH OCCURRENCE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC017641708 All Other States	07/31/2022	07/31/2023	X PER STATUTE	OTH-ER
B		N		WC017641808 MA, NE, WI	07/31/2022	07/31/2023	E.L. EACH ACCIDENT	\$2,000,000
							E.L. DISEASE-EA EMPLOYEE	\$2,000,000
							E.L. DISEASE-POLICY LIMIT	\$2,000,000
C	E&O - Miscellaneous Professional-Primary			03102628 (Claims Made) SIR applies per policy terms & conditions	07/31/2022	07/31/2023	Each Claim	\$1,000,000
							Aggregate	\$2,000,000
							SIR	\$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: ITB AP 38-23 - VPS Replace Passenger Boarding Bridges, B1, B2, and B3 including new PC Air units, water closets, and associated electrical and architectural improvements at Destin-Fort Walton Beach Airport, FL. The County of Okaloosa, Destin-Fort Walton Beach Airport, FL are included as Additional Insured in accordance with the policy provisions of the Professional Liability policy.

**CERTIFICATE HOLDER**

**CANCELLATION**

Okaloosa County BCC 5479A Old Bethel Road Crestview FL 32536 USA	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  
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Holder Identifier : AeroTech  
Certificate No : 570100781747

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY Willis Towers Watson Midwest, Inc.	NAIC CODE	NAV JBT AeroTech Corporation / John Bean Technologies Corporation / JBT AeroTech, Jetway Systems 1805 West 2550 South Ogden, UT 84401
POLICY NUMBER		
CARRIER		EFFECTIVE DATE: 11/01/22

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

### SECURITY (the "Insurers")

**Insurer**

**Policy Number**

Allianz Global Risks US Insurance Co. through  
Allianz Global Corporate & Specialty®

A1PR000201122AM  
NAIC: 35300

National Union Fire Ins Co of Pittsburgh, PA through AIG

PL007741013-12  
NAIC: 19445

Underwriters At Lloyds London, London and Certain Insurance  
Companies through Willis Limited

22268A22

QBE Insurance Corporation through QBE America

100010221  
NAIC: 39217

Starr Indemnity & Liability Company through  
Starr Companies

1000189341-02  
NAIC: 38318

Old Republic Insurance Group through Old Republic Aerospace

MP 000459 02  
NAIC: 24147

AXA XL, a division of AXA

UA00019286AV22A  
NAIC: 37885

### Several Liability Notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)

In the event of cancellation or adverse material change of the policies by Insurers, Insurers agree that such cancellation or change shall not be effective as to the Additional Insured until thirty (30) days after issuance of notice by the Insurers to the Certificate Holder.