ACORD [®] C			TIF	E [DATE (MM/DD/YYYY) 08/04/2023							
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).												
PRODUCER												
	MARSH USA LLC. 1560 Sawgrass Corporate Pkwy, Suite 300				PHONE FAX (A/C, No, Ext): (A/C, No):							
	Sunrise, FL 33323											
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #		
	V121229260GAWUC-23-24 INSURER A : American Casualty Company Of Reading, Pa						of Reading, Pa		20427			
INSU	Blue Cross and				INSURER B : N/A					N/A 20478		
	Blue Shield of Florida, Inc d/b/a Florida Blue						re Insurance Co C			15105		
	4800 Deerwood Campus Pkwy Risk Management DC1-7					INSURER D : Safety National Casualty Corp.				10100		
	Jacksonville, FL 32246				INSURER F :							
CO	VERAGES CER	TIFIC	CATE	NUMBER:	ATL	-005324512-10		REVISION NUMBER: 14	ŀ			
	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE											
CI	ERTIFICATE MAY BE ISSUED OR MAY	PERT	ain, '	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED					
	(CLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN F	REDUCED BY POLICY EFF	PAID CLAIMS. POLICY EXP					
INSR LTR C	TYPE OF INSURANCE	INSD X	WVD	POLICY NUMBER 7014966382		(MM/DD/YYYY) 07/01/2023	(MM/DD/YYYY) 07/01/2024			1,000,000		
-	CLAIMS-MADE X OCCUR	^		1014500502		0110112020	0110112024	EACH OCCURRENCE DAMAGE TO RENTED	\$\$	1,000,000		
								PREMISES (Ea occurrence) MED EXP (Any one person)	Ψ \$	15,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:			7014066294		07/04/0000	07/04/0004	COMPINED SINGLE LIMIT	\$			
C	AUTOMOBILE LIABILITY	Х.	·	7014966284	~~	07/01/2023	07/01/2024 -	(Ea accident)	**************************************	1,000,000		
	OWNED SCHEDULED								\$ \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$			704 4070 447		07/01/2023	07/01/2024		\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		X	7014970447		01/01/2023	07/01/2024	X PER OTH- STATUTE ER	· · · · · · · ·	1 000 000		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	1,000,000 1,000,000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$\$	1,000,000		
D	Excess Work Comp (FL only)			SP4066715		07/01/2023	07/01/2024	Statutory Limits	¥			
	SIR each accident: \$750,000							Excess Employers Liability		1,000,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC RFP RM 28-20, RM Contract #620-2044-RM/TD#3				le, may be	e attached if mor	e space is require	ed)				
	osa County BOCC is included as additional insured			>	general li	ability and auto lia	ability. Waiver of s	ubrogation is applicable where requ	uired by v	written contract and		
subje	ct to policy terms and conditions with respect to work	ers cor	npensa	llion								
						CONTRACT: C20-2976-RM						
CERTIFICATE HOLDER						Blue Medicare						
	Okaloosa County BOCC				Medicare for Retirees							
101 East James Lee Blvd Room						EXPIRES:09/30/2023 W/21YR RENEWALS						
Crestview, FL 32531												
						AUTHORIZED REPRESENTATIVE						
			20100									
Marsh USA LLC									9			
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	AGEN	CY CUSTOMER ID: CN121229260	
		LOC #: Lauderdale	
ACORD [®] ADDITIONAL F	REMA	RKS SCHEDULE	Page 2 of 2
AGENCY MARSH USA LLC. POLICY NUMBER		NAMED INSURED Blue Cross and Blue Shield of Florida, Inc d/b/a Florida Blue 4800 Deerwood Campus Pkwy	
CARRIER	C CODE	Risk Management DC1-7	
	CCODE	Jacksonville, FL 32246 EFFECTIVE DATE:	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD	FORM,		
FORM NUMBER:25 FORM TITLE: Certificate of Liabilit	ty Insurar	nce	
Crime-Employee Dishonesty:			
Policy Number: 107379777			
Carrier: Travelers Casualty and Surety Company of America			
Effective Date: 02/01/2023			
Expiration Date: 02/01/2024 Limit: \$20,000,000			
Cyber:			
Policy Number: B0509FINPB2350008			
Carrier: Lloyds			
Effective Date: 02/01/2023			
Expiration Date: 02/01/2024 Limit: \$10,000,000			
SIR Value: \$2,500,000			
Network & Privacy Liability Limit-\$10,000,000 Media Liability Limit-\$10,000,000			
Managed Care E&O:			
Manageu Care E&O:			
Policy Number: IH-FFP030C			
Carrier: Ironshore Specialty Insurance Company			
Effective Date: 02/01/2023 Expiration Date: 02/01/2024			
Limit: \$10,000,000			

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