

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/13/2023

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 NCG Insurance Agency, Inc. 25 Greenway Drive SW Leesburg, VA 20175					AMÉ: HONE I/C, No, Ext): (703) 7 MAIL DDRESS: ncg@nc	777-6500 ginsurance	FAX (A/C, No): (7	703) 777-8262
ree	sourg, vA 20175			AI			RDING COVERAGE	NAIC#
				184			al Insurance Company	
					INSURER B : Church Mutual Insurance Company 18767			
					INSURER C:			
					ISURER D :			
Henrico, VA 23228				IN	ISURER E :			
					ISURER F :			
co	VERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES,	ENT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE BE	OF ANY CONTRA ED BY THE POLIC EEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE :	s 1,000,000
	CLAIMS-MADE X OCCUR	х	Х	45MEA0513621	1/1/2023	1/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 1,000,000
	χ BGL58 4.5						MED EXP (Any one person)	_{\$} 10,000
	****						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		1				GENERAL AGGREGATE	s 5,000,000
	X POLICY PRO-							5,000,000
Α	OTHER: AUTOMOBILE LIABILITY	-				1/1/2024	COMBINED SINGLE LIMIT	\$ \$
	ANY AUTO			45MEA0513621	1/1/2023		BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY				essaven.			\$
	X HIRED ONLY X NON-SWILL						1) 51 555155111	\$
							Hired/Non-owned	s 1,000,000
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE :	s 2,000,000
	X EXCESS LIAB CLAIMS-MADE	-l li	45MEA0513621		1/1/2023	1/1/2024	AGGREGATE	\$
	DED X RETENTION \$ 0							s 2,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			0413245 07-383822	4/5/2022	4/5/2023	E.L. EACH ACCIDENT	s 1,000,000
							E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Employment Practices			45MEA0513621	1/1/2023	1/1/2024	Employment Practices	1,000,000
Gen phys Inclu Sex Oka appi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE CALL LIABILITY COVERAGE ON PRIMARY BASIONAL LIABILITY \$1. Full of the conduct Liability \$1. Full of the county Board of County Commissional Liability. Liable to the General Liability. Liver of Subrogation included on Workers	emen s - Ad Villio n Clai sione	t BGI ctual n/\$5 I im/\$6 ers is	L71B Non-Owned (including Cash Valuation up to \$60,000 Million. 00,000 Aggregat Limit listed as an Additional Insur	rented) Automobi 0 (\$120,000 aggree) red with respects CONTR	le Liability cogate) subject to the Genera	overage on excess basis we to \$500 deductible. Il Liability and a waiver of the second secon	subrogation is
CE	RTIFICATE HOLDER			GOOD NEWS JAIL & PRISON MINISTRY				
Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview, FL 32536					JAIL MINISTRY EXPIRES: INDEFINITE AUTHORIZED REPRESENTATIVE			
				(Cunstria L. adams			