Ą	CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 12/27/2021	
CI BI RI	IIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	VELY OF URANCE ND THE C	NEGATIVELY AMEND, I DOES NOT CONSTITUTI ERTIFICATE HOLDER.	EXTEN E A C	ID OR ALTE ONTRACT I	ER THE CON BETWEEN T	ERAGE AFFORDED INSURER	BY THE (S), AU	POLICIES THORIZED
_ If∈	PORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to the te	rms and conditions of the Ificate holder in lieu of suc	, pólic ch enc	y, certain po lorsement(s)	olicies may r	AL INSURED provision equire an endorsemen	t. A sta	endorsed. itement on
	DUCER	O sur da s		CONTAC	^{or} Linda Smit				
Arthur J. Gallagher Risk Management Services, Inc. 1050 Crown Pointe Pkwy, Suite 600 Atlanta GA 30338					PHONE FAX (A/C, No, Ext); 678-393-5228 (A/C, No); 678-393-5				
					ADDRESS: IInda_smith@ajg.com				
		INSURER(S) AFFORDING COVERAGE INSURER A : National Union Fire Insurance Company of Pittsburg					NAIC# 19445		
	RED	INSURER B : AIU Insurance Company					19399		
Cox Communications, Inc. Cox Communications Arizona, LLC PO Box 105357					INSURER C :				
					INSURER D :				
tla	inta GA 30348		INSURER E :						
	/ERAGES CER	TIEICATI	E NUMBER: 265515722	INSURE	RF:		REVISION NUMBER:		
TH	IS IS TO CERTIFY THAT THE POLICIES	OF INSU	BANCE LISTED BELOW HAV	E BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR 1	HE POL	CY PERIOD
IN OF	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH		NT, TERM OR CONDITION C THE INSURANCE AFFORDE	of an' D by	CONTRACT	OR OTHER D	DOCUMENT WITH RESPE	CT TO \	VHICH THIS
SR	TYPE OF INSURANCE	ADDL SUBP	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LiM	TS	
Ň	X COMMERCIAL GENERAL LIABILITY		GL3980281		1/1/2022	1/1/2023	EACH OCOURRENCE	\$4,500	000
	CLAIMS MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$4,500	000
	X xs of \$600,000						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$4,500,000	
							PRODUCTS - COMP/OP AGG	\$30,000,000	
							The bold to common had	\$	
	AUTOMOBILE LIABILITY		CA4888803 (AOS)		1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$10,00	0,000
'	X ANY AUTO				1/1/2022.	1/1/2023	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS HIRED V. NON-OWNED						BODILY INJURY (Per acoldent		
	X HIRED AUTOS ONLY X AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s	
	UMBRELLA LIAB		· · · · · · · · · · · · · · · · · · ·		·	· · · · · ·		+	
	EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$	
	DED RETENTION \$						Additedant	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFHICEF/MEMBEREXCLUDED?		WC065885934 (AOS)		1/1/2022 1/1/2022 1/1/2022 1/1/2022 1/1/2022	1/1/2023 1/1/2023 1/1/2023 1/1/2023 1/1/2023	X PER OTH- STATUTE ER		•
		N/A	WC065885935 (CA) WC065885936 (NY)				E.L. EACH ACCIDENT	\$1,000	,000
1	(Mandatory In NH)		WC065885937 (WI)				E.L. DISEASE - EA EMPLOYE		
	DESCRIPTION OF OPERATIONS below					······································	E.L. DISEASE · POLICY LIMIT	\$1,000	,000
	• •				•				
sc	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	l D 101, Additional Remarks Schedule	e, may b	e attached if mor	e space is requir	L	<u> </u>	· · · · · · · · · · · · · · · · · · ·
:0)	X COMMUNICATIONS GULF COAST,	LLC			COX CON	CT # C15 /MUNIC STARTE : 10/29/20	R		
EF				CAN	ELLATION		<u>.</u>		
	OKALOOSA COUNTY BC COMMISSIONERS 101 E. CHESTVIEW FL 32536 USA		LEE BLVD.	SHC THE ACC AUTHO	ULD ANY OF	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE (SREOF, NOTICE WILL Y PROVISIONS:	SANCELI BE DEI	ED BEFORE IVERED IN

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