

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 01/13/2023

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. CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). 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

The state of the section of the sect	in endorsementaj.						
PRODUCER AOD Risk Services Central Inc	CONTACT NAME;						
PRODUCER AON Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA  INSURED Baggage Airline Guest Services, Inc. 6751 Forum Drive Suite 200, Orlando, FL 32821 USA	PHONE (A/C, No. Ext):						
	E-MAIL ADDRESS:						
		INSURER(S) AFFORDING COVERAGE NAME					
	INSURER A:	Greenwich Insuranc	e Company	22322			
Baggage Airline Guest Services, Inc. 6751 Forum Drive	INSURER B:	AIG Specialty Insu	irance Company	26883			
Suite 200,	INSURER C:	Navigators Specia	ty Insurance Company	36056			
	INSURER D:	Illinois Union Ins	27960				
	INSURER E;	Endurance American	Insurance Company	10641			
	INSURER F:	Allied World Assur	19489				
COVERAGES CERTIFICATE NUMBER:	570097395990	DEV/IS	ION NUMBER:				

CERTIFICATE NUMBER: 570097395990 **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		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	⊔Mits	own are as requested
Α	Х	COMMERCIAL GENERAL LIABILITY	11100	1110	RGE 300120906	01/01/2023	01/01/2024	EACH OCCURRENCE	\$9,000,000
		CLAIMS-MADE X OCCUR			SIR applies per policy te			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
	Х	Contractual Liability Included						MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$9,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER	1					GENERAL AGGREGATE	\$15,000,000
		POLICY PRO- X LOC OTHER:						PRODUCTS - COMP/OP AGG	\$9,000,000
A	AUT	OMOBILE LIABILITY			RAD943782006 AOS	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
1	х	ANY AUTO						BODILY INJURY ( Per person)	
Ī		OWNED SCHEDULED AUTOS					•	BODILY INJURY (Per accident)	
ļ		HIRED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	-u
	Х	GKLL \$5,000 SIR						Garagekeepers Limit	\$3,000,000
В	Х	UMBRELLA LIAB X OCCUR			34543486	01/01/2023		EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB CLAIMS-MADE			SIR applies per policy ter	ms & condi	tions	AGGREGATE	\$10,000,000
- [		DED X RETENTION							2
J	EMF	RKERS COMPENSATION AND PLOYERS' LIABILITY Y/N			RWD300121006 AOS	01/01/2023	01/01/2024	X PER STATUTE OTH	
ı		PROPRIETOR / PARTNER / EXECUTIVE N	N/A		RWR300121106	01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$1,000,000
		ndatory in NH)			RETRO			E.L. DISEASE-EA EMPLOYEE	\$1,000,000
		SCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
<u></u>  .		N OF OPERATIONS / LOCATIONS / VEHICLES (ACO							

Okaloosa County Board of County Commissioners only as required per written contract is included as Additional Insured on the above referenced policies except Workers' Compensation. A Waiver of Subrogation is granted in favor of Okaloosa County on General Liability, Automobile Liability, Umbrella Liability and Workers' Compensation policies. Insurance charges will include all applicable premiums and costs, as well as retained exposure charges established by the Named Insured. 1/1/2023 - 1/1/2024 Crime & Excess Crime Pol #'s SAA50414480700 & XSC50414490700; \$5,000,000 OCCURRENCE. Crime coverage provides first party coverage against business related crime such as robbery & burglary, employee dishonesty, forgery or alteration, computer fraud guest property, money orders and counterfeit currency.

CANCEL
SHOULE EXPIRAT POLICY

BAGGAGE AIRLINE GUEST SERVICES (B.A.G.S.) CONCIERGE SERVICES AT VPS Expires: 3 YEARS W/2 (1) YEAR RENEWALS

Contract:# C22-3170-AP

Okaloosa County AUTHORIZED 5479A Old Bethel Road Crestview FL 32536 USA

Aon Risk Services Central Inc

AGENCY CUSTOMER ID: 570000025472

LOC#:



## ADDITIONAL REMARKS SCHEDULE

Page  $\_$  of  $\_$ 

AGENCY AON Risk Services Central, Inc.	NAMED INSURED Baggage Airline Guest Services, Inc.				
POLICY NUMBER See Certificate Number: 570097395990					
CARRIER See Certificate Number: 570097395990	NAIC CODE	EFFECTIVE DATE:			

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

Certificate of Liability Insurance FORM NUMBER: ACORD 25 FORM TITLE:

		INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER	G:	Everest Indemnity Insurance Company	10851
INSURER	н:	Great American Spirit Ins Co	33723
INSURER	I:	American Guarantee & Liability Ins Co	26247
INSURER	: כ	XL Insurance America Inc	24554

ADDITIONAL POLICIES	If a policy below does not include limit information, refer to the corresponding policy on the ACORD
	certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	ı	AMITS
	EXCESS LIABILITY							
С				CH23RXSZ03X3YIC \$10M xs \$10M	01/01/2023	01/01/2024	Aggregate	\$10,000,000
D	-	-		XANG27921103008 \$15M x \$20M	01/01/2023	01/01/2024	Aggregate	\$15,000,000
E				XSC30000541305 \$15M x \$35M	01/01/2023	01/01/2024	Aggregate	\$15,000,000
F				03126674 \$10M xs \$50M	01/01/2023	01/01/2024	Aggregate	\$10,000,000
G				XC8EX00125231 \$15M xs \$60M	01/01/2023	01/01/2024	Aggregate	\$15,000,000
I				AXF565834103 \$12.5M po \$25M xs \$75M	01/01/2023	01/01/2024	Aggregate	\$12,500,000
Н			i	EXC4691158 \$12.5M po \$25M xs \$75M	01/01/2023	01/01/2024	Aggregate	\$12,500,000
		<u> </u>					Each Occurrence	\$12,500,000
			$\vdash$				-	