

## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/27/2022

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(les) 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	West, Inc.	CONTACT NAME:			
Aon Risk Insurance Services N Los Angeles CA Office 707 Wilshire Boulevard Suite 2600		PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800) 363-01	.05
		E-MAIL ADDRESS:			
INSURED Fort Point Associates, Inc. a Tetra Tech Company 31 State Street, 3rd Floor Boston MA 02109 USA			INSURER(S) AFFORDING	COVERAGE	NAIC #
		INSURER A:	Zurich American Ins Co		16535
		INSURER B:	American Internatio	onal Group UK Ltd	AA1120187
		INSURER C:	Allied World Surpla	ıs Lines Insurance Co	24319
		INSURER D:			
		INSURER E:		***************************************	
		INSURER F:			
COVEDACEC	CEDTICIOATE MILMORD, 6700066000	26	DEVIC	ION NUMBED:	

CERTIFICATE NUMBER: 5/009558982 JOVERAGES

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, EVALUATION OF ANY CONTRACT OR PROPERTY OF THE PROPE

EXCLUSIONS AND CONDITIONS OF SUCH POLICIÉS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  Limits shown are as requested							
INSR TR	TYPE OF INSURANCE	ADDL S INSD V	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		GL0181740604	10/01/2022	10/01/2023	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	X X,C,U Coverage					MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$4,000,000
A	OTHER: AUTOMOBILE LIABILITY		BAP 1857085 04	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	x ANY AUTO					BODILY INJURY ( Per person)	
	OMMED SCHEDULED					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
B			62785232	10/01/2022	10/01/2023	EACH OCCURRENCE	\$5,000,000
	X UMBRELLALIAB X OCCUR			120, 32, 2322		AGGREGATE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE		ļ			AGGREGATE	\$3,000,000
	DED X RETENTION \$100,000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		wc254061604 wc185708704	10/01/2022	10/01/2023	X PER STATUTE OTH-	
^	ANY PROPRIETOR / PARTNER / EXECUTIVE N		WC183708704	10/01/2022	10/01/2023	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)		W-1444			E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$1,000,000
С	Env Contr Prof		03120276 Prof/Poll Liab	, ,	, ,	Each Claim Aggregate	\$5,000,000 \$5,000,000
			SIR applies per polic	y terms & condit	ions		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Contract No. C17-2618-PW, Professional Consulting Services to include, Interest of all entities and their respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by Okaloosa County are included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies as required by written contract. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions as required by written contract. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability, Umbrella Liability and Workers'

accordance in an end porter, providence ev and a	, , , , , , , , , , , , , , , , , , ,		
CERTIFICATE HOLDER	CANCELLATION		
Okaloosa County BCC 5479A Old Bethel Rd. Crestview FL 32536 USA	CONTRACT#: C17-2618-PW  POI TETRA TECH, INC.  AUTHOI EMERGENCY DEBRIS MONITORING SERVICES EXPIRES: 12/31/2022	•	



AGENCY CUSTOMER ID: 570000036654

LOC#:



## **ADDITIONAL REMARKS SCHEDULE**

Page of

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AGENCY		NAMED INSURED	
Aon Risk Insurance Services West, Inc.		Fort Point Associates, Inc.	
See Certificate Number: 570095589825			
CARRIER	NAIC CODE		
See Certificate Number: 570095589825		EFFECTIVE DATE:	

See Certificate Number:	370095389823						
CARRIER See Certificate Number:	570095589825	NAIC CODE	EFFECTIVE DATE:				
ADDITIONAL REMARKS	370033303023		ELECTIVE DATE.				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance							
Additional Description of Operations / Location	ns / Vehicles:		Contractual Liability is included in the General states: OH, ND, WA, WY.				
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