

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 5/19/2009

Contract/Lease Control #: C09-1727-IS

Bid #: N/A

Contract/Lease Type: AGREEMENT

Award To/Lessee: T-MOBILE SOUTH, LLC

Lessor/Owner: OKALOOSA COUNTY

Effective Date: 3/1/09

Expiration/ Term: Indefinite
3/1/2010 Amount: N/A

Description of Contract/Lease: 311 DIALING SERVICE

Department Manager: IS

Department Monitor: VANDERHOEK

Monitor's Telephone #: 651-7570

Monitor's FAX #: 651-7576

Date Closed: _____

Cc: Finance Dept Contracts & Grants Division



CERTIFICATE OF LIABILITY INSURANCE

5/1/2022

DATE (MM/DD/YYYY)
4/28/2021

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 Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500 | CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|------------------------------------------|-------|-----------------------------------------------|-------|----------------------------------------------|-------|-------------|--|-------------|--|-------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER B : The Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER C : Transportation Insurance Company</td> <td>20494</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Continental Casualty Company | 20443 | INSURER B : The Continental Insurance Company | 35289 | INSURER C : Transportation Insurance Company | 20494 | INSURER D : | | INSURER E : | | INSURER F : |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | |
| INSURER A : Continental Casualty Company | 20443 | | | | | | | | | | | | | |
| INSURER B : The Continental Insurance Company | 35289 | | | | | | | | | | | | | |
| INSURER C : Transportation Insurance Company | 20494 | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | |
| INSURED 1358772 T-Mobile US, Inc. Its Subsidiaries and Affiliates 12920 SE 38th Street Bellevue WA 98006 | | | | | | | | | | | | | | |

COVERAGES TMOBI **CERTIFICATE NUMBER:** 12219978 **REVISION NUMBER:** XXXXXXXX

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------------------------------------------------------|----------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: _____ | Y | Y | 7012343900 | 5/1/2021 | 5/1/2022 | EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 20,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | Y | Y | 7012343878 | 5/1/2021 | 5/1/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX |
| B B B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000 | Y | N | CUE 7014886953 SIR applies per policy terms & conditions | 5/1/2021 | 5/1/2022 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX |
| B B C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | 7012343895 (AOS) 7012343881 (CA) 7012447142 (AZ,MA,OR,WI) | 5/1/2021 5/1/2021 5/1/2021 | 5/1/2022 5/1/2022 5/1/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Certificate Holder and other entities defined by written contract, statute, permit application or written agreement are additional insureds on a primary and non-contributory basis under general liability and are additional insured under automobile liability as required by written contract. Waiver of Subrogation applies under general liability and automobile liability as required by written contract. **See Attached Endorsements** 9MT2022A - 1701 State Road

CONTRACT#: C09-1727-IS
T-MOBILE SOUTH, LLC
311 DIALING SERVICE
EXPIRES: INDEFINITE


CERTIFICATE HOLDER

12219978
 Okaloos County Board of County Commissioners
 Northwest Florida Regional Airport
 1701 State Rd 85 North

 Eglin Airforce Base FL 32542

CANCEL!

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE




CERTIFICATE OF LIABILITY INSURANCE

5/1/2019

DATE (MM/DD/YYYY)
4/17/2018

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.

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PRODUCER Lockton Companies
Three City Place Drive, Suite 900
St. Louis MO 63141-7081
(314) 432-0500

RECEIVED
MAY 03 2018
BY: *Purch*

| | |
|-------------------------------------------------|----------------|
| CONTACT NAME: | |
| PHONE (A/C, No, Ext): | FAX (A/C, No): |
| E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | |
| NAIC # | |
| INSURER A: XL Insurance America, Inc. | 24554 |
| INSURER B: Greenwich Insurance Company | 22322 |
| INSURER C: National Union Fire Ins Co Pitts. PA | 19445 |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

INSURED T-Mobile US, Inc.
1358772 Its Subsidiaries and Affiliates
12920 SE 38th Street
Bellevue WA 98006

COVERAGES TMOBI CERTIFICATE NUMBER: 12220042 REVISION NUMBER: XXXXXXXX

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.

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|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-------------------------------------------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | Y | RGD5000259-07 | 5/1/2018 | 5/1/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | RAD5000257-07 | 5/1/2018 | 5/1/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX OTHER: \$ XXXXXXXX |
| C C C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000 | Y | Y | 28189511 SIR applies per policy terms & conditions | 5/1/2018 | 5/1/2019 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 OTHER: \$ XXXXXXXX |
| A A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | RWD5000301-06 AOS RWR5000302-06 WI | 5/1/2018 5/1/2018 | 5/1/2019 5/1/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CO9-1727-15

CERTIFICATE HOLDER**CANCELLATION** See Attachments

12220042
Okaloosa County BCC
Attn: Jack Allen
602C North Pearl Street
Crestview FL 32536

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Amir



Okaloosa County BCCAttn: Jack Allen
602C North Pearl Street
Crestview, FL 32536

To whom it may concern:

In an effort to meet demand for more timely delivery of certificates, Lockton Companies now provides paperless delivery of Certificates of Insurance. Thank you for your patience and willingness to help lessen our environmental footprint.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing the Certificate ID found at the top of this page.

- Email: PCertificate@lockton.com;
- Phone: (866) 728-5657 (toll-free)

Please notify us if this certificate is no longer needed.

Thank you,

Lockton Companies

ENDORSEMENT

This endorsement, effective 12:01 a.m., May 1, 2018, forms a part of
Policy No. RGD5000259-07 issued to T-MOBILE US, INC.
by Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WASHINGTON - CANCELLATION NOTIFICATION
TO OTHERS ENDORSEMENT**

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

| <u>Name of Person(s) or Entity(ies):</u> | <u>Mailing Address:</u> | <u>Number of Days Advanced Notice of Cancellation:</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------|
| Per the most current schedule Of Certificate Holders maintained by Lockton Companies and furnished to XL Insurance on a monthly basis | | 30 |

In the event of cancellation for nonpayment of premium, ten (10) days notice will be given.

All other terms and conditions of the Policy remain unchanged.

ENDORSEMENT

This endorsement, effective 12:01 a.m., May 1, 2018, forms a part of
Policy No. RAD5000257-07 issued to T-MOBILE US, INC.
by Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WASHINGTON - CANCELLATION NOTIFICATION
TO OTHERS ENDORSEMENT**

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(s) according to the notification schedule shown below:

| <u>Name of Person(s) or Entity(ies):</u> | <u>Mailing Address:</u> | <u>Number of Days Advanced Notice of Cancellation:</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------|
| Per the most current schedule Of Certificate Holders maintained by Lockton Companies and furnished to XL Insurance on a monthly basis | | 30 |

In the event of cancellation for nonpayment of premium, ten (10) days notice will be given.

All other terms and conditions of the Policy remain unchanged.



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5/1/2018

DATE (MM/DD/YYYY)
4/19/2017

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| | | |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|
| PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500 | CONTACT NAME | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED 1358772 T-Mobile US, Inc. Its Subsidiaries and Affiliates 12920 SE 38th Street Bellevue WA 98006 | INSURER A: | XL Insurance America, Inc. 24554 |
| | INSURER B: | Greenwich Insurance Company 22322 |
| | INSURER C: | National Union Fire Ins Co Pitts. PA 19445 |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES TMOBI CERTIFICATE NUMBER: 12220042 REVISION NUMBER: XXXXXXXX

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|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-------------------------------------------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | Y | RGD5000259-06 | 5/1/2017 | 5/1/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input checked="" type="checkbox"/> LOC OTHER: | | | | | | |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | RAD5000257-06 | 5/1/2017 | 5/1/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX |
| C C C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$25,000 | Y | Y | 28189156 SIR applies per policy terms & conditions | 5/1/2017 | 5/1/2018 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX |
| A A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N | RWD5000301-05 AOS RWR5000302-05 WI | 5/1/2017 5/1/2017 | 5/1/2018 5/1/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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Contract # C09-1727-IS
T-MOBILE US, INC.
311 DIALING SERVICE
EXPIRES: INDEFINITE

| | |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| CERTIFICATE HOLDER | CANCEL |
| 12220042 Okaloosa County BCC Attn: Jack Allen 602C North Pearl Street Crestview FL 32536 | SHOULD THE EXP ACCORD... AUTHORIZED REPRESENTATIVE |



CERTIFICATE OF LIABILITY INSURANCE

5/1/2017

DATE (MM/DD/YYYY)
4/13/2016

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| PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : XL Insurance America, Inc. | 24554 |
| | INSURER B : Greenwich Insurance Company | 22322 |
| | INSURER C : National Union Fire Ins Co Pitts. PA | 19445 |
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|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-------------------------------------------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | Y | RGD5000259-05 | 5/1/2016 | 5/1/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC | | | | | | |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Y | Y | RAD5000257-05 | 5/1/2016 | 5/1/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX OTHER \$ XXXXXXXX |
| C C C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000 | Y | Y | 19086894 SIR applies per policy terms & conditions | 5/1/2016 | 5/1/2017 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 OTHER \$ XXXXXXXX |
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04-26-16A09:24 RCVD

1727

CERTIFICATE HOLDER

CANCELLATION See Attachments

| | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12220042 Okaloosa County BCC Attn: Jack Allen 602C North Pearl Street Crestview FL 32536 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

ENDORSEMENT

This endorsement, effective 12:01 a.m., May 1, 2016 forms a part of
Policy No. RGD5000259-05 issued to T-MOBILE US, INC.
by Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WASHINGTON - CANCELLATION NOTIFICATION
TO OTHERS ENDORSEMENT**

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

| <u>Name of Person(s) or Entity(ies):</u> | <u>Mailing Address:</u> | <u>Number of Days Advanced Notice of Cancellation:</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------|
| Per the most current schedule Of Certificate Holders maintained by Lockton Companies and furnished to XL Insurance on a monthly basis | | 30 |

In the event of cancellation for nonpayment of premium, ten (10) days notice will be given.

All other terms and conditions of the Policy remain unchanged.

IXI 405-WA 1210

ENDORSEMENT

This endorsement, effective 12:01 a.m., May 1, 2016 forms a part of
Policy No. RAD5000257-05 issued to T-MOBILE US, INC.
by Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WASHINGTON - CANCELLATION NOTIFICATION
TO OTHERS ENDORSEMENT**

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(s) according to the notification schedule shown below:

| <u>Name of Person(s) or Entity(ies):</u> | <u>Mailing Address:</u> | <u>Number of Days Advanced Notice of Cancellation:</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------|
| Per the most current schedule Of Certificate Holders maintained by Lockton Companies and furnished to XL Insurance on a monthly basis | | 30 |

In the event of cancellation for nonpayment of premium, ten (10) days notice will be given.

All other terms and conditions of the Policy remain unchanged.

IXI 405-WA 1210



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/16/2015

5/1/2016

1727

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 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 Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : XL Insurance America, Inc. | 24554 |
| | INSURER B : Greenwich Insurance Company | 22322 |
| | INSURER C : National Union Fire Ins Co Pittsburgh PA | 19445 |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES TMOBI CERTIFICATE NUMBER: 12220042 REVISION NUMBER: XXXXXXXX

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-------------------------------------------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER | Y | Y | RGD5000259-04 | 5/1/2015 | 5/1/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Y | Y | RAD500025704 | 5/1/2015 | 5/1/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX |
| C C C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000 | Y | Y | 19961923 SIR applies per policy terms & conditions | 5/1/2015 | 5/1/2016 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX |
| A A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | RWD5000301-03 AOS RWR5000302-03 WI | 5/1/2015 5/1/2015 | 5/1/2016 5/1/2016 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Certificate Holder and other entities defined are additional insureds on a primary and non-contributory basis under general liability and are additional insured under automobile liability as required by written contract. Waiver of Subrogation applies under general liability and automobile liability as required by written contract. **See Attached Endorsements** SITE ID: 9EF0317B SITE NAME: Winged Foot SITE ADDRESS: 4408T Range Road, Niceville, FL 32578 Site id: 9MT2022A Site name: Okaloosa Airport Site Address: 1701 State Road 85 North Eglin Air Force Base, FL. 32542

CERTIFICATE HOLDER

CANCELLATION See Attachments

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

12220042

Okaloosa County BCC
Attn: Jack Allen
602C North Pearl Street
Crestview FL 32536

ENDORSEMENT # 023

This endorsement, effective 12:01 a.m., May 1, 2015 forms a part of
Policy No. RGD5000259-04 issued to T-MOBILE US, INC.
by Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WASHINGTON - CANCELLATION NOTIFICATION
TO OTHERS ENDORSEMENT**

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below:

| <u>Name of Person(s) or Entity(ies):</u> | <u>Mailing Address:</u> | <u>Number of Days Advanced Notice of Cancellation:</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------|
| Per the most current schedule Of Certificate Holders maintained by Lockton Companies and furnished to XL Insurance on a monthly basis | | 30 |

In the event of cancellation for nonpayment of premium, ten (10) days notice will be given.

All other terms and conditions of the Policy remain unchanged.

IXI 405-WA 1210

ENDORSEMENT # 004

This endorsement, effective 12:01 a.m., May 1, 2015 forms a part of
Policy No. RAD5000257-04 issued to T-MOBILE US, INC.
by Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WASHINGTON - CANCELLATION NOTIFICATION
TO OTHERS ENDORSEMENT**

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(s) according to the notification schedule shown below:

| <u>Name of Person(s) or Entity(ies):</u> | <u>Mailing Address:</u> | <u>Number of Days Advanced Notice of Cancellation:</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------|
| Per the most current schedule Of Certificate Holders maintained by Lockton Companies and furnished to XL Insurance on a monthly basis | | 30 |

In the event of cancellation for nonpayment of premium, ten (10) days notice will be given.

All other terms and conditions of the Policy remain unchanged.

IXI 405-WA 1210

ORIGINAL

**CONTRACT # C09-1727-IS
T-MOBILE SOUTH, LLC.
311 DIALING SERVICE
EXPIRES: INDEFINITE**

COOPERATIVE AGREEMENT
BETWEEN
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS FLORIDA
AND
T-MOBILE SOUTH LLC, D/B/A T-MOBILE

This Cooperative Agreement dated March 1, 2009, shall constitute the terms and conditions under which **T-Mobile South LLC, d/b/a T-Mobile (hereinafter "T-Mobile")**, a Delaware corporation, having its principal place of business at 12920 SE 38th Street, Bellevue, WA 98006, shall provide 311 dialing service to Okaloosa County Board of County Commissioners Florida (the "Requesting Entity").

This Cooperative Agreement governs the relationship between the Requesting Entity and T-Mobile regarding 311 dialing service (the "Agreement"). The following shall constitute the terms and conditions of this Agreement:

Terms and Conditions

1. General Information.

- a. **311 Service Description.** 311 service is a three digit dialing arrangement available in specified areas for delivery of non-emergency police and other government agency information and assistance via voice grade facilities.
- b. **Certification of Requesting Entity.** The Requesting Entity certifies that it provides access to non-emergency police and other government agency information and assistance via voice grade facilities within the areas defined by the Requesting Entity ("designated boundaries"), that it has received any requisite state approval to designated 311 dialing service, and thus is qualified to request the use of 311 Service.

2. Requesting Entity's Obligations.

- a. **Provision of Termination Number.** The Requesting Entity will provide, where technically feasible, T-Mobile with a single local number to which all 311 calls should be translated ("(850-423-4894 "). The Requesting Entity certifies that the Termination Number will allow callers from within the boundary of Okaloosa County, Florida ("designated boundary") to complete calls on a local basis. If the Requesting Entity fails to provide T-Mobile with the Termination Number within 60 days from the date of this Agreement, T-Mobile's offer to provide 311 service to the Requesting Party shall be deemed withdrawn and the terms and conditions of the Agreement shall be null and void.

- b. **Change of Termination Number(s).** The Requesting Entity may change the Termination Number(s), provided, however, that it must give T-Mobile at least 30 days notice of the change of such number(s) so that T-Mobile can make the necessary changes in its network to ensure proper routing. The Requesting Entity must also give T-Mobile 30 days notice of a change in the carrier's providing the Local Termination Number, as this will affect our routing.
- c. **Provision of Non-emergency Police and Other Government Agency Information and Assistance.** No later than 6 months from the date of request (or upon another mutually agreed upon date) the Requesting Entity shall have in place a program for which non-emergency police and other government agency information and assistance will be provided to customers who dial 311. The Requesting Entity agrees to have procured sufficient telecommunications facilities and services and to have adequate staffing levels and hours of service to handle the expected volume of calls.
- d. **Testing.** The Requesting Entity shall participate fully in all testing deemed necessary or appropriate by T-Mobile for implementation of 311 service.

3. T-Mobile's Obligations.

- a. **Implementation.** T-Mobile will translate 311 to the Termination Number(s) and will use its best efforts to route 311 calls it receives from its subscribers and others using the T-Mobile network within the designated boundary to those numbers. Normal airtime charges apply to T-Mobile customers.
- b. **Timing of Implementation.** T-Mobile will provision the Requesting Entity's order within a reasonable time to be mutually agreed upon by the parties, no sooner than six weeks nor later than six months after receiving a request.
- c. **Availability.** T-Mobile will use its best efforts to make the 311 dialing code (as translated to the Termination Number(s)) available to its subscribers within the designated boundaries where T-Mobile owns facilities and provides its wireless mobility services. In those cases where T-Mobile's service area extends beyond the designated boundary, T-Mobile will use its best efforts to correlate its 311 translations within the appropriate boundary. However due the nature of the radio-based service it provides, exact correlation is not possible. Access to the 311 dialing code may be available in locations in Okaloosa County Florida outside of T-Mobile's service area. T-Mobile shall have no obligation to make the 311 dialing code available to any person or entity within the designated boundary but outside T-Mobile's service area or to non-T-Mobile subscribers.

4. **General Provisions.**

- a. **Term.** Subject to section 4.b., the term of this Agreement shall commence on the date of execution of the Agreement by the parties and shall continue for a period of one (1) year. After the conclusion of the one-year term, the Agreement will continue until terminated by either party with thirty (30) days advance written notice.
- b. **Termination.** The Requesting Entity acknowledges that a final decision has not been reached by the FCC as to whether commercial mobile radio service ("CMRS") providers such as T-Mobile are required to provide 311 service. Motions for Reconsideration are currently pending in CC Docket No. 92-105 regarding CMRS carrier participation in certain abbreviated dialing services. Accordingly, T-Mobile may elect to terminate this Agreement upon 60 days notice to the Requesting Entity, if the FCC determines by a final and non-appealable order that (i) CMRS carriers, such as T-Mobile, are not required to provide 311 service; or (ii) the 311 dialing code should no longer be assigned to non emergency police and other governmental agency information and assistance. Either party may terminate this Agreement upon 60 days notice in the event of any emergency or other event outside the reasonable control of the party that impairs or prevents the party from performing its obligations herein. Either party may terminate this Agreement in whole or in part in the event of a default by the other party; provided however, that the non-defaulting party notifies the defaulting party in writing of the alleged default and that the defaulting party does not cure the alleged default within 60 days of receipt of written notice thereof. Default is defined to include (i) a party's insolvency or the initiation of bankruptcy or receivership proceeding by or against the party; or (ii) a party's refusal or failure in any material respect property to perform its material obligations under this Agreement, or the violation of any of the material terms or conditions of this Agreement.
- c. **Transfer.** During the term of this Agreement, the Requesting Entity may not sell or otherwise transfer the 311 number (or the provision of the Okaloosa County Florida non-emergency police and other governmental agency information and assistance) to any person or entity not associated with the Requesting Entity, without notifying T-Mobile.
- d. **Indemnification.**
- (i) Subject to the privileges and protections of Sovereign Immunity pursuant to Chapter 768.28, Florida Statutes, the Requesting Entity shall defend, indemnify, protect and hold T-Mobile harmless against all suits, actions, claims, demands and judgments, and all

of the costs, expenses (including reasonable attorneys' fees and costs) arising out of, or in connection with (directly or indirectly) (a) any breach or default in the performance of any obligation on the Requesting Party's part to be performed under this Agreement, and, (b) with Requesting Entity's provision of Okaloosa County Florida non-emergency police and other governmental agency information and assistance via voice grade facilities. Nothing herein shall be deemed to be a waiver of Sovereign Immunity as provided under Chapter 768.28, Florida Statutes.

(ii) T-Mobile shall defend, indemnify, protect and hold the Requesting Entity harmless against all suits, actions, claims, demands and judgments, and all of the costs, expenses (including reasonable attorneys' fees and costs) arising out of, or in connection with (directly or indirectly) any breach or default in the performance of any obligation on T-Mobile's part to be performed under this Agreement.

e. **Limitation of Liability.** In no event shall T-Mobile be liable for any losses or damages of any kind resulting from the unavailability of its equipment or facilities or for any act, omission or failure of performance by the Requesting Entity, its employees, or agents, in connection with the service requested by the Requesting Entity. T-Mobile shall not be responsible to the Requesting Entity for calls that cannot be completed as a result of repair or maintenance difficulties on T-Mobile facilities and equipment nor on equipment owned or leased by the Requesting Entity. Except as otherwise provided in this Agreement, each party agrees that the other party shall in no event be liable for, and each party expressly waives its right to claim, any indirect, special, collateral, exemplary, incidental or consequential damages (including, but not limited to, lost profits) directly or indirectly arising out of or in connection with performance or nonperformance of the services to be provided under this Agreement. EXCEPT AS OTHERWISE EXPRESSLY PROVIDED IN THIS AGREEMENT, NEITHER T-MOBILE NOR THE REQUESTING ENTITY ASSUMES ANY LIABILITY FOR ANY ACT OR OMISSION OF THE OTHER, BY VIRTUE OF ENTERING INTO THIS AGREEMENT.

f. **Disclaimer of Warranties.** NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, THE PARTIES AGREE THAT NO PARTY HAS MADE, AND THAT THERE DOES NOT EXIST, ANY WARRANTY, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE FOR ANY SERVICE (OR GOOD) PROVIDED UNDER THIS AGREEMENT. T-MOBILE

PROVIDES A SERVICE UNDER THIS AGREEMENT AND NOT
"GOODS" AS DEFINED IN THE UNIFORM COMMERCIAL CODE.

- g. **Contact Information.** All contacts regarding this Agreement shall be provided to T-Mobile in writing (by fax or overnight courier), as follows:

T-Mobile USA, Inc.
1137 Lavender Drive
Brentwood, CA 94513
Attn: 311 Coordinator, Paula Jordan
Fax: 925-634-8097

In WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Cooperative Agreement and to affix their respective corporate seals, all on the date and year first above written.

ATTEST:

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS

Karen Rossi
Title Executive Assistant

By: James D. Curry
James Curry
County Administrator

ATTEST:

Jan Go
Title Jan Go
Executive Assistant
5-6-09

By: Bentley Alexander
Bentley Alexander
Vice President Engineering
T-Mobile
5/6/09