

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2022

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t				uch end	dorsement(s)	١.	require an endorseme	nt. Ast	atement on	
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 1050 Crown Pointe Pkwy, Sulte 600 Atlanta GA 30338						CONTACT Linda Smith					
						PHONE (A/C, No, Ext): 678-393-5228 FAX (A/C, No): 678-393-5240					
						E-MAIL ADDRESS: linda_smith@ajg.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A: National Union Fire Insurance Company of Pittsburg				tsburg	19445	
INSURED					INSURER B: AIU Insurance Company					19399	
Cox Communications, Inc. Cox Communications Florida					INSURER C:						
PO Box 105357					INSURE	RD:					
Atlanta GA 30348					INSURER E:						
					INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 2125989973				REVISION NUMBER:			
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EMEI AIN, CIES,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPI	ECT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
Α	X COMMERCIAL GENERAL LIABILITY	Y		GL3980281		1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 4,500	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 4,500	,000	
	X XS of \$500,000							MED EXP (Any one person)	\$ 5,000)	
	X SELF INSURED RET		***************************************					PERSONAL & ADV INJURY	SONAL & ADV INJURY \$4,500		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 30,00	0,000	
	X POLICY PROLOC							PRODUCTS - COMP/OP AGG	+ -	,000	
	OTHER:	Υ					1/1/2024 1/1/2024 1/1/2024 1/1/2024	COMBINED SINGLE LIMIT	\$		
A A	X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			CA4888803(AOS) CA4888804(VA)		1/1/2023 1/1/2023		(Ea accident)	\$ 10,000,000		
				CA7281099(MA)		1/1/2023		BODILY INJURY (Per person)			
								BODILY INJURY (Per accident	`		
								PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR					1		EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					ļ		AGGREGATE	\$		
	DED RETENTION\$. IDED LOTH	\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		Y	WC080880503 (AOS) WC080880504 (CA)		1/1/2023 1/1/2023	1/1/2024 1/1/2024	X PER OTH- STATUTE ER	ļ		
	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A	1	WC080880505 (WI)		1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000	,000	
	(Mandatory in NH) if yes, describe under							E,L, DISEASE - EA EMPLOYE			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
	The Association of the contract of the contrac										
RE: Lial	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Cox Operation: 1032 - CC FLORIDA oblity policies, pursuant to and subject to rkers Compensation policy, pursuant to	Custo the p	mer (Services Agreement. Okal s terms, definitions, condit	oosa Co ions an initions,	ounty BCC is a d exclusions. i , conditions ar	Additional Ins Waiver of Su nd exclusions	sured as respects Gener brogation applies to Add	al Liabili itional Ir	ty and Auto nsured on	
						CONTRACT# C20-2972-IT					
CERTIFICATE HOLDER								rions, inc.			
					C		DISASTE	r internet se	RVICI	E	
Okaloosa County BCC 5479A Old Bethel Road Crestview FL 32536									į.		
						Chirpher R. Ward					

ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2023 forms a part of

policy No. GL 398-02-81

issued to COXENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
LIQUOR LIABILITY COVERAGE
FORM MOTOR CARRIER COVERAGE
FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM
RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

COX COMMUNICATIONS, INC.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2023 forms a part of

policy No. CA 488-88-03

issued to COXENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
LIQUOR LIABILITY COVERAGE
FORM MOTOR CARRIER COVERAGE
FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM
RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

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COX COMMUNICATIONS, INC.