

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2022

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 be endorsed. If SUBROGATION IS WAIVED, subject to

certificate holder in lieu of such endo RODUCER		(-)-		CONTACT And	lrea Kim					
EPIC Insurance Brokers & Consultants 1140 Avenue of the Americas – 8 th Floor New York, NY 10036					NAME: PHONE 212.293-6203 FA (A/C, No, Ext): (A/					
					E-MAIL <u>andrea.kim@epicbrokers.com</u>			(A/C. No): 212.488.0220		
					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER(S) AFFORDING COVERAGE					
					INSURER A: IRONSHORE SPECIALTY INSURANCE COMPANY					
Polydyne Inc. One Chemical Plant Road PO Box 250 Riceboro GA 31323					INSURER B: HARTFORD FIRE INSURANCE COMPANY					
					INSURER C: HARTFORD ACCIDENT AND INDEMNITY COMPANY					
					INSURER D:					
					INSURER E:					
	INSURER F:									
			NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQUIR Y PERTA H POLIC	EMEN [*] AIN, TI XIES. LI	T, TERM OR CONDITION HE INSURANCE AFFORD IMITS SHOWN MAY HAVE	OF ANY CONT DED BY THE PO BEEN REDUCE	RACT OLICIE D BY F	OR OTHER D S DESCRIBEI PAID CLAIMS.	OCUMENT WITH RESPE	ECT TO \	MHICH TH	
TYPE OFINSURANCE	INSD	SUBR WVD	POLICYNUMBER	TANDER DE LA COMPANSION	YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI			
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC			IEPICB5ZFB003	12/31/	2022	12/31/2023	EACH OCCURRENCE	\$1,000	·	
							DAMAGE TO RENTED PREMISES (Ea occurrence)			
							MED EXP (Any one person)			
							PERSONAL & ADV INJURY			
							GENERAL AGGREGATE			
							PRODUCTS - COMP/OP AGG	COMP/OP AGG \$2,000,000		
OTHER:								\$		
B AUTOMOBILE LIABILITY			10ABR30603	12/31/	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	GLE LIMIT \$1,000,000		
X ANY AUTO							BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$		
X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB X OCCUR			IEELCASB5ZFD00	03 12/31/	2022	12/31/2023	EACH OCCURRENCE	NCE \$5,000,000		
X EXCESS LIAB CLAIMS-MA	DE						AGGREGATE	\$5,000	0,000	
DED RETENTION\$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y	10WNR30600	12/31/	12/31/2022	12/31/2023	X PER OTH-			
							E.L. EACH ACCIDENT	\$1,000,000		
							E.L. DISEASE - EA EMPLOYE	#4 000 000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	0,000	
SCRIPTION OF OPERATIONS / LOCATIONS / VER kaloosa County Board of County Commis ritten with respects to liability arising out ompensation policy per terms and condition	sioners of the N	is inclu Iamed	ided as Additional Insured Insured operations per te	under Commer	cial Geions of Co	eneral Liability the policies. ONTRAC NF Polyd BS Polym	and Automobile Liability waiver of Subrogation at CT: C16-2350-Wyne, Inc.	ipplies ur	nder Work	
ERTIFICATE HOLDER Okaloosa County B.O.C.C.					, ,,,, <u>,,</u>	ADOVE DEGO	1/16/2025 1-ONE	, ,,,,,, ,		