

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/01/2023

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).

this certificate does not confer rights to the cer	tificate holder in lieu of suc	h endorsement(s).				
PRODUCER		CONTACT Jackie Murk				
RSC Insurance Brokerage, Inc.		PHONE FAX (A/C, No. Ext): (A/C, No):				
2081 Columbiana Road		E-MAIL ADDRESS: jmurk@risk-strategies.com				
		INSURER(S) AFFORDING COVERAGE	NAIC#			
Birmingham	AL 35242	INSURER A: The Travelers Indemnity Company	25658			
INSURED		INSURER B: Travelers Property Casualty Company of America	25674			
Poly, Inc.		INSURER C: Property and Casualty Insurance Company of America	00914			
Polyenvironmental Corporation		INSURER D: XL Specialty Insurance Company	37885			
P.O. Box 837		INSURER E:				
Dothan	AL 36302	INSURER F:				
COVERAGES CERTIFICAT	E NUMBER:	REVISION NUMBER:				

CO	VERAGES CEF	RTIFIC	ATE	NUMBER:			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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	шмп	'S
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000
А		Y		6806H40680A	11/01/2023	11/01/2024	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000 \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERALAGGREGATE	\$ 2,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$
	OTHER: AUTOMOBILE LIABILITY	┼					COMBINED SINGLE LIMIT	\$
	ANYAUTO						(Ea accident) BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$ 5,000,000
В	EXCESS LIAB CLAIMS-MADE	Y		CUP4C228788	11/01/2023	11/01/2024	AGGREGATE	\$ 5,000,000
	DED RETENTION \$ 10,000	ļ					• d DED OTH	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE OTH-	1 000 000
C,	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Υ	20WEGAU7L6L	11/01/2023	11/01/2024	E.L. EACH ACCIDENT	\$ 1,000,000 \$ 1,000,000
	(Mandatory in NH) If ves. describe under						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000 \$ 1,000,000
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Professional Liability			DPR5020322	11/01/2023	11/01/2024	Each Claim Aggregate	\$5,000,000 \$5,000,000
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule, may be a	ttached if more sp	pace is required)	- 00 0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Okaloosa County and Okaloosa County Board of Commissioners are included as an Additional Insured as respects General Liability and Umbrella Liability. Waiver of Subrogation in favor of Okaloosa County applies to Workers' Compensation. These provisions must be required by and accepted by the insured in written contract or agreement.								
CONTRACT: C19-2768-WS POLY, INC.								
CERTIFICATE HOLDER C/ ENG. SERVICES FOR THE HWY 90 E W&S MAIN EXTENSION							in extension '	
Okaloosa County BOCC 5479A Old Bethel Road								
				i	RIZED REPRESEN			
	Crestview			FL 32536		M:L	441	

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2023

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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Slin 568	DDUCER Igluff United Insurance South Oates St. D. Box 6947				PHONE (A/C, No E-MAIL ADDRES	, Ext): (334) 7	92-5101	F.	AX A/C, No):(334)	792-4552
	than, AL 36302-6947				ADDRE			DING COVERAGE		NAIC#
	,				MOURE	RA: Auto O		RDING COVERAGE		18988
DICI	URED						Wileis Ilisu	lance		10300
INSL					INSURE					
	Poly, Inc. P.O. Box 837				INSURE					
	Dothan, AL 36302				INSURE					
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C	HIS IS TO CERTIFY THAT THE POLICIE WOLCATED. NOTWITHSTANDING ANY RISERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF A ED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WITH	RESPECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre		
								MED EXP (Any one per	i	
								PERSONAL & ADV INJ		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		
	POLICY PRO- JECT LOC		i					PRODUCTS - COMP/O		
	OTHER:							11000010 - 00M170	\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)		1,000,000
	X ANY AUTO			4929933800		1-1/1/2023	11/1/2024	BODILY INJURY (Per p	1	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per a		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
	AUTOS ONLY AUTOS ONLY				1			(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EAGU GOOLDDENGE		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
	DED RETENTION\$							AGGREGATE	\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	
	AND EMPLOYERS' LIABILITY									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. EACH ACCIDENT	\$	
	If yes, describe under		İ					E.L. DISEASE - EA EMI		
A	DÉSCRIPTION OF OPERATIONS below Auto Liability - FL		-	4929933801		11/1/2023	11/1/2024	E.L. DISEASE - POLICY CSL	Y LIMIT \$	1,000,000
•										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				`						
DES Oka	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL loosa County Board of County Commiss	ES (/	ACORD ers is	o 101, Additional Remarks Schedule I listed as Additional Insured	a, may be	e attached if mor spects Busin	e space is requir ess Auto Pol	ed) icy and Form #585	04.	
CE	RTIFICATE HOLDER				CANC	ELLATION		•		
	Okaloosa County BOCC 5479A Old Bethel Road Crestview, FL 32536				ACC	EXPIRATION	I DATE TH	ESCRIBED POLICIE: EREOF, NOTICE ' Y PROVISIONS.		
A.C.	OPD 25 (2016/03)					@10	88-2015 ACC	ORD CORPORAT	ION All sta	hte reserved

58504 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED **AUTOS LIABILITY COVERAGE - BLANKET COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION II - COVERED AUTOS LIABILITY COVER-AGE is amended. The following provision is added. Any person or organization is an insured for Covered Autos Liability Coverage, but only to the extent that

person or organization qualifies as an insured under SECTION II - COVERED AUTOS LIABILITY COVER-AGE, A. COVERAGE, 1. Who Is An Insured.

All other policy terms and conditions apply.

58504 (1-15)

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Page 1 of 1

58583 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF OUR RIGHT TO RECOVER PAYMENTS (WAIVER OF SUBROGATION) - BLANKET

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION V CONDITIONS, A. LOSS CONDITIONS is amended. 5. Our Right to Recover Payments is deleted and replaced by the following condition.

5. Our Right to Recover Payments If we make a payment under this policy and the person to or for whom payment is made has a right to recover damages from another, we will be entitled to that right. That person shall do everything necessary to transfer that right to us and do nothing to prejudice it.

However, we waive our right to recover payments made for bodily injury or property damage:

- a. Covered by the policy; and
- b. Arising out of the operation of autos covered by the policy, in accordance with the terms and conditions. of a written contract between you and such person or entity

only if such rights have been waived by the written contract prior to the accident or loss which caused the bodily injury or property damage.

All other policy terms and conditions apply.

58583 (1-15)

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Page 1 of 1