

EMORRIS

DATE (MM/DD/YYYY) 12/29/2023

CERTIFICATE OF LIABILITY INSURANCE

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C B	ERT ELC	IFICATE DOES N W. THIS CERTI	NOT AFF FICATE	IRMAT	IVEL SURA	Y OI	R OF INFORMATION ON R NEGATIVELY AMEND, E DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTE	ND OR AL	FER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES	
lf	SU	BROGATION IS \	WAIVED,	subje	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may				
PRO				ignic i	<u>v 110</u>	0011		CONTA						
Ames & Gough								MANIE: PHONE (AIC, No, Ext): (703) 827-2277 FAX (AIC, No):(703) 827-2279						
8300 Greensboro Drive Suite 980									EMAIL ADDRESS: admin@amesgough.com					
McL	ean	, VA 22102						INSURER(S) AFFORDING COVERAGE					NAIC #	
								INSURE			surance Company A++	(XV)	25615	
INSU	RED							INSURER B Phoenix Insurance Company A++, XV					25623	
		Ardurra Gro						INSURER C . Travelers Property Casualty Company of America					25674	
		4921 Memori Suite 300	iai rignw	vay				INSURER D : National Fire & Marine Insurance Company					20079	
		Tampa, FL 3	3634					INSURER E : LLoyds of London/HCC (A-XV)						
									RF:					
		RAGES					E NUMBER:				REVISION NUMBER:			
IN Cl	DIC/ ERT	ATED. NOTWITHS IFICATE MAY BE IS	tanding Ssued o	ANY F R MAY	EQUI PER	REMI TAIN,	SURANCE LISTED BELOWI ENT, TERM OR CONDITIOI THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED B	NY CONTRA	CT OR OTHEF	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSU	RANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	Х	COMMERCIAL GENER	X OCCL				630-5X487435		1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s s	1,000,000 1,000,000	
	Х	Contractual Lial	b.								MED EXP (Any one person)	\$	15,000	
											PERSONAL & ADV INJURY	\$	1,000,000	
	GEI	VL AGGRE <u>GAT</u> E LIMIT /	AP <u>PLIE</u> S PE	R:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO-	LO	С							PRODUCTS - COMP/OP AGG	\$	2,000,000	
- Fr	AUT	OTHER: AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	<u>\$</u> \$	1,000,000	
	Х						810-5X558309		1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWI		-						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
												\$		
С	Х	UMBRELLA LIAB	X OCCL	JR							EACH OCCURRENCE	\$	15,000,000	
		EXCESS LIAB		AS-MADE	-		CUP-5X642114		1/1/2024	1/1/2025	AGGREGATE	\$	15,000,000	
~		DED X RETENTION	0.114	10,000							V DED OTH	\$		
С		VORKERS COMPENSATION IND EMPLOYERS' LIABILITY INV PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?					UB-5X489557		1/1/2024	1/1/2025	X PER OTH- STATUTE ER		1,000,000	
	ANY OFF										E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
D	DÉS	CRIPTION OF OPERATI fessional Liab.	ONS below				42-EPP-306878-06		1/1/2024	1/1/2025	E.L. DISEASE - POLICY LIMIT Per Claim/Aggregate	\$	1,000,000	
_		per Liability					ACS1078123		1/1/2024		Aggregate		5,000,000	
Ľ	Uy.	Jer Liability					A0010/0120		17172024	17112020	Aggregate		0,000,000	
				S / VEHIC	LES (#	CORE) 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requir	red)			
KE:	CON	ITRACT #C22-3210	-443											
		n Liability coverage	is provid	fed and	l inclu	rqeq	within the Professional Lia	ability p	olicy noted a	bove. It share	es the limits of the Profes	sional	Liability	
polic Okal		a County Board of	County C	commis	sione	ers is	included as additional ins	ured w	ith respect to	General Liab	oility. Automobile Liability	, and U	Imbrella	
Liab	ility	when required by v	written co	ontract.	Gene	eral L	iability includes Additional	l Insure	d coverage f	or Completed	Operations as required t	y writt	en contract.	
		Liability, Automobi ACHED ACORD 10		ty, and	Umbi	rella l	Liability are primary and no	on-	CONTRACT	r	WC		ut	
for box			- •							f: C22-3210 GROUP, IN				
CERTIFICATE HOLDER								C DESIGN CRITERIA PROF REP FOR SHOAL RIVER WRFP					WRFP	
									EXPIRES: 0	07/18/2027	w/1 yr renewals		₹E	
		Okalaana Or		nud -f f	· · · · ·		mminolonarc						íN	
Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview, FL 32536							annissioners							

AUTHORIZED REPRESENTATIVE

And

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LOC #: 2

REMARKS SCHEDULE Page

EMORRIS

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		rage 1 0		
AGENCY Ames & Gough		NAMED INSURED Ardurra Group, Inc. 4921 Memorial Highway		
POLICY NUMBER SEE PAGE 1		Suite 300 Tampa, FL 33634		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

of the operations of the named insured and when required by written contract. General Liability, Automobile Liability, Workers Compensation, and Umbrella Liability policies include a waiver of subrogation in favor of the additional insureds where permissible by state law and when required by written contract. Umbrella Liability coverage sits excess over General Liability, Automobile Liability and Employers' Liability coverage. 30-day Notice of Cancellation will be issued for the General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Professional Liability policies in accordance with policy terms and conditions.