ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/1/2022

THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIN BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, A	ELY	OR N E DC	IEGATIVELY AMEND, EX DES NOT CONSTITUTE A	TEND	OR ALTER T	HE COVERA	GE AFFORDED BY THE	POLIC	IES	
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer any rig	to the	e tern	ns and conditions of the p	policy, of such	certain polic endorsemer	ies may requ				
PRODUCER				CONTACT Joseph J. Meola, CIC, CRM						
McKee Risk Management, Inc				PHONE (A/C, No, Ext): 609 561-4161 FAX (A/C, No): 609 567-2824						
610 Freedom Business Cente	E-MAIL ADDRESS: cmoresco@mckeerisk.com									
King of Prussia, PA 19406-13	INSURER(S) AFFORDING COVERAGE					NAIC #				
			ndemnity & Li	ability Company		38318				
Asphalt Paving Systems Inc.	INSURE									
500 N. Egg Harbor Road	INSURER C :									
P O Box 530										
Hammonton, NJ 08037	INSURER E :									
L COVERAGES CEF	TIFIC	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 TYPE OF INSURANCE		SUBR	ſ		POLICY EFF (MM/DD/YYYY)		LIMITS			
A X COMMERCIAL GENERAL LIABILITY	X	X	1000025864221		04/01/2022	04/01/2023	EACH OCCURRENCE	\$2,00		
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,		
							MED EXP (Any one person)	\$5,00		
							PERSONAL & ADV INJURY	\$2,00	• • • • • • • • • • • • • • • • • • • •	
							GENERAL AGGREGATE	\$4,00 \$4,00		
							PRODUCTS - COMP/OP AGG	\$4,00	0,000	
AUTOMOBILE LIABILITY	x	x	400000400004		04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000		
	^	^	1000008480221		04/01/2022	04/01/2020	(Ea accident) BODILY INJURY (Per person)	<u>ş</u> 2,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED					-		PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY								\$		
A UMBRELLA LIAB OCCUR	x		1000586980221		04/01/2022	04/01/2023	EACH OCCURRENCE	s10.0	00.000	
X EXCESS LIAB CLAIMS-MADE							AGGREGATE		00,000	
DED RETENTION \$	1							\$		
A WORKERS COMPENSATION		X	1000004574		04/01/2022	04/01/2023	X PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$1,00	0,000	
(Mandatory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$1,00	0,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,00	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Pavement Preservation: Micro-Surfacing Treatments; It is agreed that Okaloosa County is listed as Additional Insured with respect to the operations performed by the Named Insured if required by written contract per ISO Forms CG2010-12/19, CG2037-12/19.										
					ASPHAL		SYSTEM. INC.			
	SINGLE/DOUBLE CHIP SEAL &									
CERTIFICATE HOLDER	C/ FOG SEAL SURFACE TREATMENTS									
Okaloosa County BOCC 5479 A Old Bethel Road	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
Crestview, FL 32536	AUTHORIZED REPRESENTATIVE									

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ACORD_{TM} CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/1/2022

CI BI	IS CERTIFICATE IS ISSUED AS A MA RTIFICATE DOES NOT AFFIRMATIV LOW. THIS CERTIFICATE OF INSUR PRESENTATIVE OR PRODUCER, AN	ELY (ANCI	or n E do	EGATIVELY AMEND, EX ES NOT CONSTITUTE A	TEND OR ALTER TH	HE COVERAG	GE AFFORDED BY THE F	POLICIES		
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 any rights to the certificate holder in lieu of such endorsement(s).										
th	s certificate does not confer any righ PRODUCER McKee Risk Management, Inc.	ts to	the	certificate holder in lieu o	CONTACT NAME: Joseph J. Meola, CIC, CRM PHONE (A/C, No, Ext): 609 561-4161 FAX (A/C, No): 609 567-2824					
	610 Freedom Business Center		/e, S	uite 300	ADDRESS: CINOLOSCOLINE RECENSION					
	King of Prussia, PA 19406-13	29			INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Starr Indemnity & Liability Company 38318					
INSU	Asphalt Paving Systems Inc.				INSURER B :					
	500 N. Egg Harbor Road				INSURER C ;					
	P O Box 530				INSURER D :					
	Hammonton, NJ 08037				INSURER E :					
<u> </u>	ERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
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INSR LTR	TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)		LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY	Х	Х	1000025864221	04/01/2022	04/01/2023		\$2,000,000		
	CLAIMS-MADE X OCCUR							\$100,000 \$5,000		
						1		\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$4,000,000		
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$4,000,000 \$		
A	OTHER:	х	х	1000008480221	04/01/2022	04/01/2023	1	<mark>\$2,000,000</mark> \$		
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							\$		
	HIRED NON-OWNED						PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
A	UMBRELLA LIAB OCCUR	X		1000586980221	04/01/2022	04/01/2023	EACH OCCURRENCE	\$10,000,000		
· ·	X EXCESS LIAB CLAIMS-MADE				0 110 11 2022			\$10,000,000		
	DED RETENTION \$							\$		
Α	WORKERS COMPENSATION		Х	1000004574	04/01/2022	04/01/2023	X PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		ļ				E.L. EACH ACCIDENT	s1,000,000		
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	<u>\$1,000,000</u>		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000		
DEC		1 59 (ACOPI	101 Additional Remarks School	ule, may be attached if mo	ore space is redit	Ired			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Pavement Preservation: Single/Double Chip Seal & Fog Seal Surface Treatments; it is agreed that Okaloosa County is listed as Additional Insured with respect to the operations performed by the Named Insured if required by written contract per ISO Forms CG2010-12/19, CG2037-12/19.										
CEF	TIFICATE HOLDER				CANCELLATION					
	Okaloosa County BOCC 5479 A Old Bethel Road 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						
	1				ARE	2				
<u>د</u>						1988-2015 AC	CORD CORPORATION, A	Il rights reserved.		