



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2023

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).

PRODUCER Brown & Brown of Florida, Inc. 10151 Deerwood Park Blvd Bldg 100, Ste 100 Jacksonville FL 32256		CONTACT NAME: Lori Duvall CIC PHONE (A/C, No, Ext): (904) 565-1952 E-MAIL ADDRESS: Lori.Duvall@bbrown.com		FAX (A/C, No): (904) 565-2440	
INSURED RS&H, Inc 10748 Deerwood Pk Blvd S Jacksonville FL 32256		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Zurich American Insurance Company of Illinois		27855	
		INSURER B: Zurich American Insurance Company		16535	
		INSURER C: American Guarantee and Liability Insurance Company		26247	
		INSURER D: Travelers Property Casualty Company of America		25674	
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 22.23 Revised **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y	GLO1466409-00	06/28/2022	06/28/2023	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> Bikt AI - Prim & Non Contrib						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Bikt WOS						PERSONAL & ADV INJURY	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE		\$ 4,000,000
OTHER:						PRODUCTS - COMP/OP AGG		\$ 4,000,000
B	AUTOMOBILE LIABILITY	Y	Y	BAP1469564-00	06/28/2022	06/28/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Bikt AI						PROPERTY DAMAGE (Per accident)	\$
PIP-Basic						\$ 10,000		
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			AUC-1469558-00	06/28/2022	06/28/2023	EACH OCCURRENCE	\$ 9,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 9,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						Primary \$9mil	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC0411471-00/WC1469562-00	06/28/2022	06/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
	E.L. EACH ACCIDENT						\$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
D	Excess Umbrella			EX-8T35064A-22-NF	06/28/2022	06/28/2023	Each Occur	10,000,000
							Aggregate	10,000,000
						\$10mil XS /\$9mil		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project #30080097000
Project Name: County Road 2 Widening

Okaloosa County BOCC is included as additional insured with respect to the General Liability and Auto policy when required by written contract. Waiver of subrogation in favor of Okaloosa County Department of Public Works is included with respect to the General Liability and Auto coverage when required by written contract. Umbrella follows form. 30 day notice of cancellation provided per policy provisions.

CERTIFICATE HOLDER

Okaloosa County BOCC
5479A Old Bethel Road

Crestview

FL 32536

CONTRACT: C23-3299-PW
RS&H, INC.
COUNTY RD 2 WIDENING CEI SERVICES
EXPIRES: 02/21/2026

ALL POLICIES BE CANCELLED BEFORE
COPIES WILL BE DELIVERED IN
HAND VISIONS.

Additional Named Insureds

Other Named Insureds

Reynolds, Smith and Hills, Inc.

Insured Multiple Names

RS&H ALABAMA, INC.

RS&H CALIFORNIA, INC.

RS&H COMMERCIAL REALTY, INC.

RS&H IDAHO, P.C.

RS&H ILLINOIS, INC.

RS&H IOWA, P.C.

RS&H MARYLAND, INC.

RS&H MASSACHUSETTS, INC.

RS&H MICHIGAN, INC.

RS&H MISSISSIPPI, P.C.

RS&H MONTANA, P.C.

RS&H NEVADA, INC.

REYNOLDS, SMITH AND HILLS ARCHITECTS-ENGINEERS PLANNERS, P.A.

RS&H ARCHITECT AND ENGINEER, P.C.

RS&H ARCHITECTS-ENGINEERS-PLANNERS, INC.

RS&H OHIO, INC.

RS&H OREGON, ARCHITECTS-ENGINEERS-PLANNERS, P.C.

RS&H PENNSYLVANIA, INC.

TSTOUVARAS SIMMONS HOLDERNESS, INC. (TSH ENGINEERING)

REYNOLDS, SMITH AND HILLS CS, INCORPORATED

Client#: 238970

RS&HINC

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2023

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PRODUCER: Greyling Ins. Brokerage/EPIC, 3780 Mansell Road, Suite 370, Alpharetta, GA 30022. CONTACT NAME: Sabrina Wynn, PHONE: 470-785.2254, E-MAIL ADDRESS: sabrina.wynn@greyling.com. INSURER(S) AFFORDING COVERAGE: Lloyds of London, NAIC #: 85202.

COVERAGES CERTIFICATE NUMBER: 22-23 REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL/SUBR INSR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project # 30080097000; Project Name: County Road 2 Widening. Waiver of Subrogation in favor of Additional Insured(s) where required by written contract & allowed by law.

CERTIFICATE HOLDER: Okaloosa County BOCC, 5479A Old Bethel Road, Crestview, FL 32536-0000. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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