

ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE										(MM/DD/YYYY)	
C		=R	111						3/11/2024		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURE										DLDER. THIS E POLICIES	
	OW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, A					CONTRACT	BEIWEEN	THE ISSUING INSURE	κ(ອ), A	UTHORIZED	
If SI	ORTANT: If the certificate holder UBROGATION IS WAIVED, subject	to t	he te	rms and conditions of t	he poli	cy, certain p	olicies may				
	certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ICh enc						
						NAME:					
DFA INSURANCE						(A/C, No, Ext); (214)040-3347 (A/C, No); (214)943-0531					
PO Box 1868 Bockwall TX 75087						ADDRESS: drainsure@gmail.com					
Rockwall, TX 75087						INSURER(S) AFFORDING COVERAGE					
NSURED						INSURER A: I LELOG INCORANCE COMI ANT					
International Security Guard Services 99 NW 183 St. #232A						INSURER C :					
						INSURER D :					
						INSURER E :					
Miami Gardens FL 33169						INSURER F :					
				E NUMBER:				<b>REVISION NUMBER:</b>			
	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE										
CER	TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	PER <sup>-</sup> POLI	ΓΑΙΝ, CIES.	THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	DED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT			
NSR _TR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	s		
×								EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	ERRORS & OMISSIONS							MED EXP (Any one person)	\$	5,000	
a  >	ASSAULT & BATTERY	Y	Y	GLV0002496		7/19/2023	7/19/2024	PERSONAL & ADV INJURY	\$	1,000,000	
G	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$ \$	1,000,000	
A								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
-	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
lfy	ves, describe under							E.L. DISEASE - EA EMPLOYEE			
	ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
					i						
ESCRI	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	0 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requir	ed)			
Okal	oosa County BCC is named as	add	ition							1	
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					INTE	RNATIO	NAL JEU	the DEWRCC			
					Secu	rity Serv	ICes TOP	the DFWBCC	vals		
CERT	IFICATE HOLDER				EXP	RES: 08	/31/2026	w/(2) 1 yr renev			
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE	CANCEL	LED BEFORE	
	Okaloosa County BCC				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
302 N. Wilson St.					ACCORDANCE WITH THE POLICY PROVISIONS.						
Crestview, FL 32536					AUTHORIZED REPRESENTATIVE						
					four hiter						
	I						A	here Votice			
					<b></b>	© 19		ORD CORPORATION.	All ria	hts reserved.	
	20 25 (2016/03)	т	ho A	CORD name and logo a	re real						

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