



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/2/2022

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  
Arthur J. Gallagher Risk Management Services, Inc.  
200 S. Orange Avenue  
Suite 1350  
Orlando FL 32801

CONTACT NAME: Jessica Montgomery  
PHONE: (A/C, No, Ext):  
E-MAIL: Jessica\_Montgomery@ajg.com  
ADDRESS: (A/C, No): 407-370-3057

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: United Educators Ins, a Reciprocal Risk Retention

10020

INSURER B: Safety National Casualty Corporation

15105

INSURER C: Qualified Self Insurer

INSURER D:

INSURER E:

INSURER F:

INSURED  
Northwest Florida State College  
100 College Blvd.  
Niceville, FL 32578-1347

FLORCOL-01

## COVERAGES

CERTIFICATE NUMBER: 1852857728

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	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	J0663Q	3/1/2022	3/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$3,200,000 PRODUCTS - COMPIOP AGG \$ Retention (Ea Occ) \$200,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		J0893Q	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Retention (Ea Occ) \$200,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	SP4086331	3/1/2022	3/1/2023	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		RM20220301	3/1/2022	3/1/2023	Self Insured Retention \$750,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers Compensation - Statutory excess of \$750,000 self-insured retention.

RE: Contract # C20-2973-TDD / Water quality monitoring in Choctawhatchee Bay & tributaries by Choctawhatchee Basin Alliance (CBA). All dates within the term shown above. Certificate Holder is shown as an additional insured solely with respect to general liability coverage as evidenced herein as required by written contract to the extent of such obligation and with respect to operations by or on behalf of the Named Insured or operations of facilities of the Named Insured or use of facilities by the Named Insured. (form BLX 08). All policies including Workers' Compensation include Waiver of Subrogation.

## CERTIFICATE HOLDER

Board of County Commissioners  
101 East James Lee Blvd  
Room 108  
Crestview FL 32536

CONTRACT: C20-2973-TDD

NWFS. CHOCTAWHATCHEE BASIN ALLIANCE  
CHOCTAWHATCHEE BAY WATER QUALITY  
MONITORING & ANALYSIS  
EXPIRES: 09/30/2022 W/3 ONE YR RENEWALS

© 1988-2015 ACORD CORPORATION. All rights reserved.