

## EXHIBIT B

### CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 2/19/2009

Contract/Lease Control #: C09-1712-IS

Bid #: N/A

Contract/Lease Type: AGREEMENT

Award To/Lessee: VERIZON WIRELESS

Lessor/Owner: OKALOOSA COUNTY

Effective Date: 1/27/2009

Expiration/ Term: 1 YEAR W/ AUTO RENEWALS Amount: 0

Description of Contract/Lease: TRANSLATE 311 DIALING CODE

Department Manager: I.S.

Department Monitor: D. VANDERHOEK

Monitor's Telephone #: 651-7570

Monitor's FAX #: 651-7576

Date Closed: \_\_\_\_\_

Cc: Finance Dept Contracts & Grants Division



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
01/04/2022

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.

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b> PRODUCER CUSTOMER ID #: 570000027366	
<b>INSURED</b> Verizon wireless, LLC 1095 Avenue of the Americas New York NY 10036 USA	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	INSURER A: GuideOne National Insurance Company      14167	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**      **CERTIFICATE NUMBER: 570091076187**      **REVISION NUMBER:**
**LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: Destin-Ft. Walton Beach Airport DAS (Verizon Site Name: Northwest Florida Regional Airport DAS), Location Code: 274867, Site Address: 1701 State Road 85 North, Eglin AFB, FL 32542.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> <b>PROPERTY</b> CAUSES OF LOSS      DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING <input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS <input checked="" type="checkbox"/> <b>SPECIAL</b> <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD <input type="checkbox"/> Bklt PP Ded	099002359	12/31/2021	12/31/2022	BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING <input checked="" type="checkbox"/> BLANKET PERS PROP      \$10,000,000 BLANKET BLDG & PP	
	<input type="checkbox"/> <b>INLAND MARINE</b> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY POLICY NUMBER				
	<input type="checkbox"/> <b>CRIME</b> TYPE OF POLICY					
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if mo  
Business income is included under the Personal Property Limit. Destin as a Loss Payee on the Property policy.

**CONTRACT: C09-1712-IS**  
**VERIZON WIRELESS**  
**TRANSLATE 311 DIALING CODE**  
**EXPIRES: INDEFINITE**

<b>CERTIFICATE HOLDER</b> Okaloosa County BOCC 302 Wilson Street, Suite 301 Crestview FL 32536 USA	<b>CANCEL</b> SHOW DATE PROVI AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc</i>
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Holder Identifier :

CERTIFICATE NUMBER: 570091076187





AGENCY CUSTOMER ID: 570000027366

LOC #:

# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Verizon Wireless, LLC	
POLICY NUMBER See Certificate Number: 570091076187			
CARRIER See Certificate Number: 570091076187	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance**

Primary Addendum

Primary Addendum  
U/W Co. - Policy Number  
Participation %

Guideone National Insurance Company - 099002359  
20%

\*Allied World Assurance Company Ltd. - P000040021  
8%

Steadfast Insurance Company - PPR373455020  
3.3300%

\*Markel Bermuda Limited - MKLB8PPR000060  
3.1250%

Helvetia Swiss Insurance Company in Liechtenstein Limited - PTNAM214526  
2.5%

Aon Client Treaty (ACT) - PTNAM214526  
0.4412%

As indicated by (\*), Aon Risk Solutions (U.S) is authorized to generate and distribute certificates in an administrative capacity as evidence of insurance where required by clients of the Insured.

Participation % shown is 37.3962% of the primary layer. 62.6038%% of the primary layer is directly placed through Exchange Indemnity Company New Jersey.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
06/14/2021

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Cellco Partnership dba Verizon wireless 1095 Avenue of the Americas New York NY 10036 USA	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> AIU Insurance Company	NAIC # 19399
	<b>INSURER B:</b> National Union Fire Ins Co of Pittsburgh	NAIC # 19445
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER: 570087779751**      **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.      **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBH WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Coverage is Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1728890	06/30/2021	06/30/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <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			4594298 AOS 4594299 MA 4594300 VA See Next Page	06/30/2021	06/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	16393209 AOS 16393206 CA	06/30/2021	06/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Contract: C09-1712-IS. Okaloosa County is included as an Additional Insured with respect to this policy.

**CONTRACT#: C09-1712-IS**  
**VERIZON**  
**TRANSLATE 311 DIALING CODE**  
**EXPIRES: INDEFINITE**

CERTIFICATE HOLDER

**RECEIVED**  
 JUN 28 2021  
 By \_\_\_\_\_

CANCEL

SHOULD THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  
 AUTHORIZED REPRESENTATIVE  
*Aon Risk Services Northeast, Inc.*

Okaloosa County  
 5479A Old Bethel Road  
 Crestview FL 32536 USA

Holder Identifier : C09-1712-IS

Certificate No : 570087779751



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
01/20/2021

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<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b> PRODUCER CUSTOMER ID #: 570000027366	
<b>INSURED</b> Verizon Wireless, LLC 1095 Avenue of the Americas New York NY 10036 USA	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A: GuideOne National Insurance Company	NAIC # 14167
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

Holder Identifier:

**COVERAGES**      **CERTIFICATE NUMBER:** 570085805227      **REVISION NUMBER:**

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: Destin Executive Airport DAS (Verizon Site Name: Destin-Ft. Walton Beach Airport DAS), Location Code: 247869, Site Address: 1001 Airport Road, Destin, FL 32541.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING <input type="checkbox"/> BROAD CONTENTS <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD <input type="checkbox"/> Bklt PP Ded	099000466	12/31/2020	12/31/2021	<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input checked="" type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$10,000,000
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY POLICY NUMBER				
	<input type="checkbox"/> CRIME TYPE OF POLICY					
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

CERTIFICATE NUMBER: 570085805227

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space)  
Business income is included under the Personal Property Limit. Okaloosa Co Loss Payee on the Property policy.

CONTRACT#: C09-1712-IS  
CELLCO PARTNERSHIP DBA VERIZON WIRELESS  
TRANSLAGE 311 DIALING CODE  
EXPIRES: INDEFINITE

**CERTIFICATE HOLDER**

**CANCEL/AT**

Okaloosa County BOCC  
302 Wilson Street, Suite 301  
Crestview FL 32536 USA

SHOULD ANY DATE THERE PROVISIONS.  
AUTHORIZED REPRESENTATIVE  
*Aon Risk Services Northeast, Inc.*





AGENCY CUSTOMER ID: 570000027366

LOC #:

## ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cellco Partnership dba Verizon Wireless	
POLICY NUMBER See Certificate Numbe 570084413440			
CARRIER See Certificate Numbe 570084413440	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
**FORM NUMBER:** ACORD 25    **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES**

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE <small>(MM/DD/YYYY)</small>	POLICY EXPIRATION DATE <small>(MM/DD/YYYY)</small>	LIMITS
	AUTOMOBILE LIABILITY						
A				CA 4594301 NH - Primary	06/30/2020	06/30/2021	
A				CA 4594302 NH - Excess	06/30/2020	06/30/2021	
	WORKERS COMPENSATION						
B		N/A		WC045886579 NY	06/30/2020	06/30/2021	
B		N/A		WC045886577 FL	06/30/2020	06/30/2021	
D		N/A		WC045886578 MA, ND, OH, WI, WY	06/30/2020	06/30/2021	
B		N/A		WC045886574 NJ, TX, VA	06/30/2020	06/30/2021	

**CONTRACT #: C09-1712-IS  
 CELLCO PARTNERSHIP DBA VERIZON  
 WIRELESS  
 TRANSLATE 311 DIALING CODE  
 EXPIRES: INDEFINITE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
10/05/2020

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Cellco Partnership dba Verizon Wireless 1095 Avenue of the Americas New York NY 10036 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> National Union Fire Ins Co of Pittsburgh		19445
	<b>INSURER B:</b> AIU Insurance Company		19399
	<b>INSURER C:</b> American Home Assurance Co.		19380
	<b>INSURER D:</b> New Hampshire Insurance Company		23841
	<b>INSURER E:</b> <b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 570084413440      **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, **Limits shown are as requested**

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Coverage is Included GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL1728890	06/30/2020	06/30/2021	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY			CA 4594298	06/30/2020	06/30/2021	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			AOS	06/30/2020	06/30/2021	BODILY INJURY (Per person)	
A	<input type="checkbox"/> OWNED AUTOS ONLY			CA 4594299	06/30/2020	06/30/2021	BODILY INJURY (Per accident)	
A	<input type="checkbox"/> HIRED AUTOS ONLY			MA	06/30/2020	06/30/2021	PROPERTY DAMAGE (Per accident)	
A	<input type="checkbox"/> NON-OWNED AUTOS ONLY			CA 4594300	06/30/2020	06/30/2021		
				VA	06/30/2020	06/30/2021		
				See Next Page				
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC045886576	06/30/2020	06/30/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
C	<input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	AOS	06/30/2020	06/30/2021	E.L. EACH ACCIDENT	\$1,000,000
				WC045886575			E.L. DISEASE-EA EMPLOYEE	\$1,000,000
				CA			E.L. DISEASE-POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Contract: C09-1712-IS. Okaloosa County is included as an Additional Insured with respect to the General Liability policy.

**CONTRACT #: C09-1712-IS**  
**CELLCO PARTNERSHIP DBA**  
**VERIZON WIRELESS**  
**TRANSLATE 311 DIALING CODE**  
**EXPIRES: 06/30/2021**

<b>CERTIFICATE HOLDER</b>  Okaloosa County 5479A Old Bethel Road Crestview FL 32536 USA	<b>CANCELLATION</b> SHOULD ANY OF DATE THEREOF, NOT AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Northeast, Inc.</i>
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Holder Identifier : C09-1712-IS

Certificate No : 570084413440





## ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cellco Partnership dba Verizon Wireless	
POLICY NUMBER See Certificate Numbe 570084413440			
CARRIER See Certificate Numbe 570084413440	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES**

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE <small>(MM/DD/YYYY)</small>	POLICY EXPIRATION DATE <small>(MM/DD/YYYY)</small>	LIMITS
	AUTOMOBILE LIABILITY						
A				CA 4594301 NH - Primary	06/30/2020	06/30/2021	
A				CA 4594302 NH - Excess	06/30/2020	06/30/2021	
	WORKERS COMPENSATION						
B		N/A		WC045886579 NY	06/30/2020	06/30/2021	
B		N/A		WC045886577 FL	06/30/2020	06/30/2021	
D		N/A		WC045886578 MA, ND, OH, WI, WY	06/30/2020	06/30/2021	
B		N/A		WC045886574 NJ, TX, VA	06/30/2020	06/30/2021	



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
06/18/2019

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<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>  		
<b>INSURED</b> Cellco Partnership dba Verizon Wireless 1095 Avenue of the Americas New York NY 10036 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: National Union Fire Ins Co of Pittsburgh		19445
	INSURER B: New Hampshire Insurance Company		23841
	INSURER C: AIU Insurance Company		19399
	INSURER D: American Home Assurance Co.		19380
	INSURER E: Illinois National Insurance Co		23817
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER: 570076864904**      **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. **Limits shown are as requested**

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Coverage is included  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL6412251	06/30/2019	06/30/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrences) \$2,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY			CA 299-19-14	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
A	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			AOS CA 299-19-18 MA CA 299-19-15 VA See Next Page	06/30/2019	06/30/2020	BODILY INJURY (Per person) BODILY INJURY (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC014649148	06/30/2019	06/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
D	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	AOS WC014649146 CA	06/30/2019	06/30/2020	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, m Okaloosa County is included as an Additional Insured with respect

**CONTRACT#: C09-1712-IS**  
**VERIZON WIRELESS**  
**TRANSLATE 311 DIALING CODE**  
**EXPIRES: INDEFINITE**

### CERTIFICATE HOLDER

### CANCELLATION

Okaloosa County 5479-A Old Bethel Road Crestview FL 32536 USA	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  <i>Aon Risk Services Northeast, Inc.</i>
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# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cellco Partnership dba Verizon wireless	
POLICY NUMBER See Certificate Number: 570076864904			
CARRIER See Certificate Number: 570076864904	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	AUTOMOBILE LIABILITY						
A				CA 299-19-16 NH - Primary	06/30/2019	06/30/2020	
A				CA 299-19-17 NH - Excess	06/30/2019	06/30/2020	
	WORKERS COMPENSATION						
C		N/A		WC014649149 NY	06/30/2019	06/30/2020	
E		N/A		WC014649144 FL	06/30/2019	06/30/2020	
B		N/A		WC014649145 MA, ND, OH, WI, WY	06/30/2019	06/30/2020	
B		N/A		WC014649147 NJ, TX, VA	06/30/2019	06/30/2020	



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/10/2018

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 Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURED Cellco Partnership dba Verizon Wireless 1095 Avenue of the Americas New York NY 10036 USA	INSURER(S) AFFORDING COVERAGE      NAIC #	
	INSURER A: National Union Fire Ins Co of Pittsburgh      19445	
	INSURER B: New Hampshire Insurance Company      23841	
	INSURER C: American Home Assurance Co.      19380	
	INSURER D: Illinois National Insurance Co      23817	
	INSURER E: INSURER F:	

RECEIVED  
 AUG 13 2018  
 BY: P. R. C. H.

Holder Identifier :

COVERAGES      CERTIFICATE NUMBER: 570072665015      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.      Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDD INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Coverage is Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL4611607	06/30/2018	06/30/2019	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY			CA 461-15-19 AOS	06/30/2018	06/30/2019	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			CA 461-15-20 MA	06/30/2018	06/30/2019	BODILY INJURY (Per person)	
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			CA 461-15-21 VA	06/30/2018	06/30/2019	BODILY INJURY (Per accident)	
A	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			See Next Page	06/30/2018	06/30/2019	PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
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	N/A	WC014590551 AOS	06/30/2018	06/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
C				WC014590550 CA	06/30/2018	06/30/2019	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

Certificate No : 570072665015

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Okaloosa County is included as an Additional Insured with respect to the General Liability policy.

COA-1535-PUR / COA-1112-15 / COA-2291-15

<b>CERTIFICATE HOLDER</b>  Okaloosa County 5479-A Old Bethel Road Crestview FL 32536 USA	<b>CANCELLATION</b>  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  <i>Aon Risk Services Northeast, Inc.</i>
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# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cellco Partnership dba Verizon Wireless	
POLICY NUMBER See Certificate Number: 570072665015			
CARRIER See Certificate Number: 570072665015	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	AUTOMOBILE LIABILITY						
A				CA 774-22-65 NH - Primary	06/30/2018	06/30/2019	
A				CA 774-22-66 NH - Excess	06/30/2018	06/30/2019	
	WORKERS COMPENSATION						
D		N/A		WC014590552 FL	06/30/2018	06/30/2019	
B		N/A		WC014590554 MA, ND, OH, WA, WI, WY	06/30/2018	06/30/2019	
B		N/A		WC014590549 NJ, NY, TX, VA	06/30/2018	06/30/2019	
B		N/A		WC014590553 ME	06/30/2018	06/30/2019	



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
06/14/2016

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Verizon Communications Inc. 1095 Avenue of the Americas New York NY 10036 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> National Union Fire Ins Co of Pittsburgh		19445
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**      **CERTIFICATE NUMBER: 570062527079**      **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. Limits shown are as requested

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Standard Contractual Liability <input checked="" type="checkbox"/> X,C,U Not Excluded GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL3796651	06/30/2016	06/30/2017	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$1,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Named Insured includes: Verizon Wireless, Risk Management Dept., One Verizon Way, Basking Ridge, NJ 07920. Okaloosa County is included as Additional Insured with respect to the General Liability policy.

06-28-16A 13:40 RCVD

1712

**CERTIFICATE HOLDER**      **CANCELLATION**

Okaloosa County 602 - C North Pearl Street Crestview FL 32536 USA	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  <i>Aon Risk Services Northeast, Inc.</i>

Holder Identifier :

Certificate No : 570062527079





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/18/2015

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 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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Verizon Communications Inc. 1095 Avenue of the Americas New York NY 10036 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> National Union Fire Ins Co of Pittsburgh		19445
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 570059027591                      **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	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 <input checked="" type="checkbox"/> Standard Contractual Liability <input checked="" type="checkbox"/> X,C,U Not Excluded GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL9575218	06/30/2015	06/30/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Named Insured includes: Verizon wireless, Risk Management Dept., One Verizon Way, Basking Ridge, NJ 07920. Okaaloosa County is included as Additional Insured with respect to the General Liability policy.

COM-1535-PUR / CO9-1712-IS / C14-2170-AP  
 CIS-2291-IS

**CERTIFICATE HOLDER**                      **CANCELLATION**

Okaaloosa County 602 - C North Pearl Street Crestview FL 32536 USA	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  <i>Aon Risk Services Northeast Inc.</i>

Holder Identifier :

Certificate No : 570059027591

This 311 Service Agreement ("Agreement") is entered into by and between Cellco Partnership d/b/a Verizon Wireless ("Verizon Wireless"), a Delaware general partnership with its principal place of business at 180 Washington Valley Road, Bedminster, New Jersey 07921, and the Okaloosa County Verizon Wireless and the Requesting Entity may be referred to in this Agreement individually as a "Party" and collectively as the "Parties".

**1. Service Description:** Pursuant to this Agreement, Verizon Wireless will translate the 311 abbreviated dialing code to and for the benefit of the Requesting Entity as set forth below, in compliance with the Federal Communications Commission's ("FCC") order in Docket No. 92-105 ("FCC Order"), but only in the areas described below where Verizon Wireless operates its wireless service.

- (a) Verizon Wireless customers will be able to dial 311 using their wireless handsets when within the area serviced ("Service Area") by certain Verizon Wireless Mobile Telephone Switching Office(s) ("MTSO(s)"), and Verizon Wireless will translate those calls to the toll free telephone number provided to Verizon Wireless by the Requesting Entity within this area. Verizon Wireless will use commercially reasonable efforts to design call routing based on the location of its MTSO to include the entire Service indicated by the Requesting Entity however, both Parties acknowledge that the actual Service Area may differ from the Service Area requested. In those instances in which calls are routed from Service Areas beyond those served by the Requesting Entity, the Requesting Entity is responsible for properly transferring or redirecting calls to the adjacent jurisdictions' dispatch or call centers.
- (b) The Requesting Entity will have sole responsibility to answer, respond to, transfer, terminate or otherwise handle 311 calls routed to the Requesting Entity's dispatch or call center via the toll free telephone number referenced below, and to make non-emergency public services available in response to such calls (311 Service"). The Requesting Entity cannot use the 311 Service for any purpose other than to make non-emergency public services available to Verizon Wireless customers in the Service Area.
- (c) The 311 Service is subject to transmission limitations and dropped calls. The Service Area may contain areas with no service. The 311 Service is subject to network and transmission limitations, including cell site unavailability, particularly in remote areas. Customer equipment, weather, topography and other atmospheric and environmental considerations associated with radio technology also will affect the 311 Service. Voice clarity and reception may vary near coverage boundaries. Additionally, voice clarity and reception may vary significantly within buildings depending on location or building structure. The 311 Service may be temporarily refused, limited, interrupted or curtailed due to Service Area coverage disputes, system capacity limitations and/or equipment modifications, upgrades, relocations, repairs and similar activities necessary for the proper operation of the 311 Service. Verizon Wireless assumes no liability for any such limitations, constraints or restrictions.
- (d) Unless otherwise stated herein, there shall be no charge to Requesting Entity to design, implement and maintain the 311 Service as outlined in this Agreement. However, certain fees and charges may be assessed in the event that modifications are required after implementation to continue providing the 311 Service which result from: (1) a change in the current scope of the 311 Service, (2) the Requesting Entity's failure to comply with the terms of this Agreement or (3) other conditions required by law.

**2. Responsibilities of Third Parties:** The Parties acknowledge that Verizon Wireless' ability to support the Requesting Entity's provision of the 311 Service may be dependent upon the timely performance of third parties, including, but not limited to, actions that must be completed by the Requesting Entity's agents, call center, hardware providers and various other suppliers and manufacturers.

**3. Confidential Information:** Each Party acknowledges that, during the term of this Agreement, the other Party may disclose to it, or it may receive from the other Party in performing its obligations under this Agreement, information, whether communicated or received in oral, written, electronic or any other form, that is considered proprietary, confidential and/or competitively sensitive by the other Party ("Confidential Information"). Both Parties agree to take all reasonable and necessary steps to ensure the confidentiality of all Confidential Information of the other Party. All Confidential Information shall be marked or otherwise designated as proprietary, confidential and/or competitively sensitive by the Party that deems it proprietary, confidential and/or competitively sensitive. The receiving Party shall use not less than the same degree of care it uses with regard to its own proprietary, confidential and/or competitively sensitive information, but not less than reasonable care to prevent the disclosure, unauthorized use or publication of Confidential Information.



Confidential Information shall neither be used, nor allowed to be used, by the receiving Party for any purpose other than to facilitate the performance by it of its obligations under this Agreement.

This section shall not apply to: (i) information that at the time of disclosure was generally available to the public; (ii) information that, subsequent to its disclosure, is published or otherwise becomes available to the public through any means other than an act or omission of the receiving Party; (iii) information that was previously known to the receiving Party free of any obligation to keep it in confidence or that is subsequently developed in good faith by the receiving Party; and (iv) information rightfully acquired in good faith from a third party on a non-confidential basis. Further, the receiving Party may disclose Confidential Information if required to do so by applicable law, rule or regulation, or a court or other governmental authority of competent jurisdiction; provided, however, that the receiving Party shall provide the disclosing Party prior written notice of any such disclosure and exercise its best efforts to afford the disclosing Party an opportunity to contest the disclosure and to limit the extent of the disclosure to the maximum extent practicable.

The Requesting Entity acknowledges that preservation of the confidentiality of individually identifiable information about Verizon Wireless customers, including, but not limited to, their telephone numbers, is an important component of the wireless services provided by Verizon Wireless. The Requesting Entity, therefore, agrees that it will not, and it will ensure that any agents used by it to provide the 311 Service will not, inappropriately disclose or abuse such information about Verizon Wireless customers to the extent gained in connection with providing the 311 Service. For purposes of this Agreement, the inappropriate disclosure or use of such information includes, but is not limited to, the following: (i) use of such information for any purpose other than the provision of the 311 Service or for internal analysis; (ii) sale or disclosure of such information, or any data derived from such information, to third parties or (iii) use for sales and marketing purposes or other income generating activity. In the event that the Requesting Entity or any of its agents used for the provision of the 311 Service inappropriately disclose or use such information, as determined by Verizon Wireless in its sole discretion, Verizon Wireless may immediately terminate this Agreement as provided for in Section 4 and pursue any rights available to it at law or equity.

**4. Term and Termination:** This Agreement is effective on the date of the Verizon Wireless' signature ("Effective Date"), and shall remain effective for one (1) year. Verizon Wireless shall have six (6) months from the Effective Date to complete the work necessary to provide the services required by this Agreement. This Agreement shall automatically renew on a month-to-month term ("Subsequent Term") unless written notice of termination is given by the terminating Party to the other Party not less than 30 days prior to the expiration of each Subsequent Term.

This Agreement may be terminated without liability: (i) at any time by both Parties upon mutual agreement; (ii) immediately, by Verizon Wireless if, by order of the FCC, wireless carriers no longer are required to translate 311 calls to governmental authorities; (iii) immediately by Verizon Wireless in the event the Requesting Entity fails to pay any amount due Verizon Wireless by the due date after delivery of written notice by Verizon Wireless that payment is due; (iv) immediately by Verizon Wireless if the Requesting Entity fails to fulfill any of its responsibilities set forth in Section 14 within 30 days of receiving written notice from Verizon Wireless of such failure; (v) immediately by either Party upon a material breach of this Agreement by the other Party if the material breach is not cured by the breaching Party within 30 days of receiving written notice of the breach; (vi) immediately by Verizon Wireless in the event the Requesting Entity discontinues, suspends or substantially curtails its provision of the 311 Service in the Service Area; (vii) immediately by Verizon Wireless in the event the Requesting Entity, or any agents used by it to provide the 311 Service, inappropriately discloses or abuses individually identifiable information about Verizon Wireless customers; or (viii) immediately by either Party in the event this Agreement, or any provision(s) contained herein, is found to violate any existing or future law, rules regulations, or orders of courts or governmental authorities of competent jurisdiction, as set forth in Section 18.

Termination shall be effective upon written notice of such termination, taking into account any required cure periods, by the terminating Party to the other Party; provided, however, that neither termination nor expiration of this Agreement shall relieve either Party of liabilities previously accrued under this Agreement. The liabilities that will survive expiration or termination will include: (i) all accrued payment obligations as set forth in this Agreement; and (ii) the rights and obligations of the Parties with regards to Sections 3, 5, 6, 7, 8, 10, 11, 15, 17 and 19.

**5. Limitation of Liability:** In no event shall Verizon Wireless be liable to the Requesting Entity, its employees, agents or any third party, for any indirect, incidental, consequential, special or exemplary damages, whether in an action of contract, negligence, strict liability or other tortious action, arising out of this Agreement. Both Parties recognize that this Agreement reflects a reasonable allocation of risks and that such allocation is a significant inducement for Verizon Wireless to provide the services described in this Agreement to the Requesting Entity.

**6. DISCLAIMER OF WARRANTIES:** THE PARTIES ACKNOWLEDGE THAT THIS AGREEMENT IS A CONTRACT FOR THE PROVISION OF SERVICES AND THAT ANY GOODS PROVIDED HEREUNDER ARE ANCILLARY TO THE

PROVISION OF THE REQUESTED SERVICES. ALL GOODS ARE PROVIDED "AS IS". FURTHER, THE PARTIES AGREE THAT THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE AND ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, ARE EXCLUDED FROM THIS TRANSACTION AND SHALL NOT APPLY TO ANY GOODS OR SERVICES PROVIDED HEREUNDER. ADDITIONALLY, VERIZON WIRELESS EXPRESSLY EXCLUDES AND DISCLAIMS ANY AND ALL WARRANTIES, GUARANTEES OR REPRESENTATIONS WHATSOEVER, EXPRESS OR IMPLIED, ORAL, WRITTEN OR OTHERWISE, RELATED TO ANY EQUIPMENT, FACILITIES, FEATURES, REPAIR, MAINTENANCE AND TO ANY AND ALL GOODS AND SERVICES PROVIDED OR TO BE PROVIDED PURSUANT TO THIS AGREEMENT.

**7. No Third Party Beneficiary Relationship or Liability Created:** Verizon Wireless offers the services described in this Agreement solely as an aid in the Requesting Entity's provision of non-emergency public safety services pursuant to the FCC Order. Verizon Wireless' provision of the services described in this Agreement does not create any relationship or obligation, direct or indirect, to any person or entity other than the Requesting Entity.

**8. Delay/Force Majeure:** Verizon Wireless shall provide the services described in this Agreement pursuant to applicable law, rules and regulations, and any mutually agreed to implementation plan, but Verizon Wireless shall not be liable for any delays resulting from acts of God, acts of third parties, equipment failures, strikes, severe weather conditions, fires, riots, wars, earthquakes, equipment or facility shortages or any other causes beyond its reasonable control. The Parties further acknowledge that successful and timely provision of the 311 Service is contingent upon the timely performance of actions by and cooperation of many third parties, including, but limited to, actions that must be completed by the provider of the transmission links between Verizon Wireless and the Requesting Entity or between Verizon Wireless and any agents used by the Requesting Entity.

**9. Assignment:** The Requesting Entity may not assign any of its rights, nor delegate any of its obligations, under this Agreement without the prior written consent of Verizon Wireless. Verizon Wireless, however, may assign this Agreement to any third party without the consent of the Requesting Entity. All the terms and conditions of this Agreement will be binding upon, inure to the benefit of and be enforceable by the Parties and their respective permitted successors and assigns.

**10. Dispute Resolution:** In the event of a dispute between Verizon Wireless and the Requesting Entity, the Parties agree to attempt in good faith to resolve any controversy or claim arising out of or relating to this Agreement in accordance with the Wireless Industry Arbitration Rules. The arbitration shall be governed by the United States Arbitration Act, 9 U.S.C. §§1-16, and judgment for the award may be entered by any court having jurisdiction thereof. The place of arbitration shall be Okaloosa County. The arbitrator shall not be empowered to award damages in excess of actual damages, including, but not limited to, punitive damages.

If applicable law prevents arbitration of disputes between the Parties, the Parties' respective project managers shall attempt in good faith to reach an agreement about the nature of the deficiency and the corrective action to be taken. If the project managers are unable to reach agreement, each of them shall produce a detailed report about the nature of the dispute for his or her appropriate management and senior level personnel who shall attempt to reach an agreement within 30 days of receipt of the report. If after 30 days the representatives of the Parties cannot agree upon a written plan of corrective action, or if the agreed-upon completion dates in the plan are exceeded, or if for any reason the provisions of this Agreement requiring arbitration are declared unenforceable, void or voidable, or if any action or judicial proceeding is permitted other than as contemplated by these provisions, each Party waives any right it may have to trial by jury and consents to the bringing of such action in a court with appropriate subject matter jurisdiction. Notwithstanding the foregoing, Verizon Wireless may seek injunctive relief from any court having jurisdiction for suspected breach of Section 3.

**11. Independent Contractor:** Verizon Wireless' relationship with the Requesting Entity under this Agreement is that of an independent contractor.

**12. Responsibilities of Verizon Wireless:** Verizon Wireless shall:

- Make good faith efforts, based on the location of its MTSO to translate 311 calls in the Service Area to the toll free number provided by the Requesting Entity.
- Make good faith efforts to implement the services described in this Agreement within six (6) months of the Effective Date.

**13. Responsibilities of the Requesting Entity:** The Requesting Entity shall:

- Establish and maintain a toll free telephone number for the entire Service Area, and provide that number to Verizon Wireless, so as to enable Verizon Wireless to translate 311 calls within the Service Area to the Requesting Entity's designated call center. The Requesting Entity will be responsible for all costs associated with the establishment, operation and maintenance of such telephone number and call center. The Requesting Entity

also will be responsible for ensuring that, even during peak calling periods and times of increasing call volumes, sufficient capacity is available in connection with such telephone number to enable 311 calls to be answered by the Requesting Entity's call center within a reasonable period of time.

- Have sole responsibility for obtaining approvals, authorization and consent from entities and/or jurisdictions affected by the request made by the Requesting Entity
- Have sole responsibility to answer, respond to, transfer, redirect, terminate or otherwise handle 311 calls made by Verizon Wireless customers in the Service Area and translated by Verizon Wireless to the toll free number provided to Verizon Wireless by the Requesting Entity.
- Promptly furnish Verizon Wireless, at the Requesting Entity's expense, all technical material, data and like information reasonably requested by Verizon Wireless under this Agreement as necessary to provide the services described in this Agreement.
- Provide Verizon Wireless with prompt access to the Requesting Entity's premises if reasonably requested by Verizon Wireless as necessary to provide the services described in this Agreement.
- Cooperate with Verizon Wireless and all necessary third parties in all aspects of implementing, scheduling, testing, verifying, operating and maintaining the 311 Service.
- Develop and provide to Verizon Wireless, processes for receiving and responding to inquiries, complaints and requests for information from Verizon Wireless customers about the 311 Service. The Requesting Entity will provide Verizon Wireless with a toll free telephone number that can be provided by it to customers with questions, concerns or other issues about the 311 Service.

**14. Acknowledgements:** The Parties acknowledge that:

- The terms and conditions set forth in this Agreement are for the Parties' mutual benefit and should encourage the efficient and cooperative deployment of the 311 Service.
- The Requesting Entity has no ownership rights in, or to the use of, the 311 abbreviated dialing code. Verizon Wireless also may, at any time and in its sole discretion, discontinue use of the abbreviated dialing code in connection with the 311 Service, and terminate this Agreement, without liability as set forth in Section 4.
- Verizon Wireless customers who make 311 calls using their wireless handsets in the Service Area will be charged by Verizon Wireless in accordance to the calling plans applicable to each such customer at the time of the calls. These charges are subject to change at any time, in the sole discretion of Verizon Wireless, in accordance with the agreements in place between Verizon Wireless and the customers.
- The relationship between Verizon Wireless and the Requesting Entity created by this Agreement is not exclusive.

**15. Amendment/Modification:** Any provision of this Agreement may be amended upon mutual agreement of the Parties, executed in writing, and the observance of any provision may be waived only in writing signed by a duly authorized representative of the Parties. Verizon Wireless may also modify this Agreement upon 30 days written notice to the Requesting Entity: (i) if there is a change in applicable law, rules or regulations or the FCC Order; or (ii) if Verizon Wireless should sell or otherwise dispose of all or part of its wireless service licenses for the provision of wireless service in any portion of the Service Area.

**16. Governing Law:** The laws of the state where the Requesting Entity is based shall govern this Agreement except as otherwise provided for herein, except for matters within the exclusive jurisdiction of the FCC or federal law, rules or regulations.

**17. Severability:** If any provision(s) of this Agreement is determined to be invalid or contrary to any existing or future law, rules or regulations in any jurisdiction, or any order of a court of competent jurisdiction or other governmental authority of competent jurisdiction, such invalidity shall not impair the operation of any other provision(s) in this Agreement or affect the operation of that provision(s) in any other jurisdiction. To the extent a provision(s) cannot be severed from this Agreement without substantially diminishing the economic value of this Agreement to a Party, that Party may terminate this Agreement consistent with Section 4.

18. **Headings:** The headings and captions of this Agreement are inserted for convenience and identification only and are in no way intended to define, limit or expand the scope and intent of this Agreement. Where the context so requires, the singular shall include the plural. The references in this Agreement to "Section" or "section" are to sections of this Agreement unless the context clearly requires otherwise.

19. **Notices:** All notices required by this Agreement must be in writing and delivered via United States mail, postage prepaid, courier or facsimile with confirmation receipt to the persons and addresses set forth beneath the signature blocks. Notices will be deemed effective upon receipt.

20. **Entire Agreement:** This Agreement constitutes the entire agreement between the Parties and supersedes all prior agreements or understandings, whether written or oral, with respect to the 311 Service.

**SIGNATURES:**

By signing below, each represents that he/she is authorized to commit their organization to the Service set forth in this Agreement.

**REQUESTING ENTITY**

Signature: [Signature]  
Printed Name: Richard L. Brannon  
Title: Purchasing Director  
Date: 1/21/09

**VERIZON WIRELESS**

Signature: [Signature]  
Printed Name: JEFF PERKINS  
Title: Exec. Director of Marketing  
Date: 1/27/09

**VERIZON WIRELESS:**

Name: Robin Huffman CONTACT INFORMATION (24x7x365)  
Address: 777 Yamato Road Suite 600  
City: Boca Raton State: FL ZIP: 33431  
Phone Number: 561-995-5529 Fax Number: 561-995-5502

**REQUESTING ENTITY:**

Name: Okaloosa County Finance  
Address: 302 N. Wilson St.  
City: Crestview  
Phone Number: 950 689 5046

CONTACT INFORMATION (24x7x365)  
State: FL ZIP: 32536  
Fax Number: 950 689 5048

Toll Free Number: 950 423 4994

Service Area requested: Okaloosa County

**EXHIBIT A – TOLL FREE TELEPHONE NUMBER AND SERVICE AREA**

Toll Free Telephone Number: ( ) \_\_\_ - \_\_\_ 850 423 4994

Service Area (by County) OKALOOSA

Please Note: These counties are not depictions of actual wireless service availability or wireless coverage. The Service Area contains areas with no service. The XXX Service is subject to network and transmission limitations, including cell site unavailability, particularly in remote areas. Customer equipment, weather, topography and other environmental considerations associated with radio technology also will affect the XXX Service. Voice clarity and reception may vary near coverage boundaries. Additionally, voice clarity and reception may vary significantly within buildings depending on location or building structure.

## Guidelines

\* Feature codes are available for phone functionality only (call forwarding, voicemail retrieval, etc.).

# Abbreviated dialing codes must be a minimum of # plus 3 digits (#789, #4561, etc.).

Requesting managers will be responsible for insuring billing system functionality.

Please reference the abbreviated dialing code database to insure code availability: VZW Navigation > Departments > Network > Operations Support > Technical Support > Translations Support > Abbreviated Dialing > Verizon Feature Codes.

## Code Information

Please select one of the following:

<input type="checkbox"/> <b>Delete code</b>	<input checked="" type="checkbox"/> <b>Add new code</b>	<input type="checkbox"/> <b>Modify existing code</b>
Numeric	Alpha (if applicable)	Outpulsed Digits
○ #	311	850-423-4894
○ *		

## Implementation Parameters

Code available to home and Roam customers, unless noted by requestor.

Code available to all classes of services, except pre-pay, unless noted by requestor.

What	Please check either Yes or No.	Comments
<b>Airtime Free</b> (in billing system)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Free Toll charges</b> (describe)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Cancel Subscriber Validation</b> (if CSV = YES then will allow non-activated, hotlined or disconnected handsets to dial this code)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Prepaid (NPP/FreeUp)</b> for those switches using separate dialing permissions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reseller:</b> for those switches using separate dialing permissions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Scope** \_\_\_\_\_ (Brief description of abbreviated dialing code purpose and benefits to Verizon Wireless.)

Okaloosa County Only, 311 non-emergency information

**To Be Completed By Date** \_\_\_\_\_ (NOTE: Requests take approximately 30 days to process.)

**Testing results** \_\_\_\_\_ (What will translations hear once code is deployed and is dialed during testing?)

Will hear the Okaloosa County 311 recording for information

**Billing statement** \_\_\_\_\_ (What will appear on the customer bill statement (outpulsed digits, abbreviated code and verbiage?)

### Signatures

	Signature/e-signoff	Date
Verizon Wireless requestor	Robin Huffman	12/18/08
Area Project Manager		
Revenue Assurance		
HQ Project Manager		
Network		

Please submit this request with **both tabs** completed to the marketing contact listed on the wireless areas sheet.

REV: 052405