

KGODWIN

DATE (MM/DD/YYYY) 1/10/2023

C B	HIS CERTIFICATE IS ISSUE ERTIFICATE DOES NOT AF ELOW. THIS CERTIFICATE EPRESENTATIVE OR PRODU	FIRMATI	VEL` URA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFC	RDED B	зү тн	E POLICIES
lf	MPORTANT: If the certifica SUBROGATION IS WAIVED his certificate does not confer), subjec	t to	the	terms and conditions of	the po ch enc	licy, certain lorsement(s)	policies may				
PRO	DUCER					CONTA NAME:	СТ					
Ames & Gough						PHONE (A/C, No, Ext): (703) 827-2277 FAX (A/C, No):(703) 827-2279						
	0 Greensboro Drive te 980					E-MAIL	ss: admin@	amesgough		/ / .		
McL	_ean, VA 22102						 INS	SURER(S) AFFOR	DING COVERAGE			NAIC #
						INSURE			ance Compan			20508
INSU	IRED								e Company of Ha			20478
INSURED Ardurra Group, Inc. 4921 Memorial Highway							INSURER C : Continental Insurance Company A(XV)					
							INSURER D : National Fire & Marine Insurance Company					
	Suite 300 Tampa, FL 33634					INSURER E : LLoyds of London/HCC						20079
						INSURE						
CO	VERAGES	CERI			NUMBER:				REVISION NUN	BER		, 1
	HIS IS TO CERTIFY THAT THE					HAVE B	EEN ISSUED				HE PO	LICY PERIOD
IN C	NDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED XCLUSIONS AND CONDITIONS (g any ri Or may Of such f	equi Per Polic	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WIT	H RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	\$	
Α	X COMMERCIAL GENERAL LIABI	LITY							EACH OCCURRENC		s	1,000,000
	CLAIMS-MADE X OCC	CUR			6075640222		1/1/2023	1/1/2024	DAMAGE TO RENTE PREMISES (Ea occu	D (rrence)	\$	1,000,000
	χ Contractual Liab.								MED EXP (Any one p		\$	15,000
									PERSONAL & ADV I	NJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES F	PER:							GENERAL AGGREG	ATE	\$	2,000,000
		.00					2		PRODUCTS - COMP	/OP AGG	\$ \$	2,000,000
В	AUTOMOBILE LIABILITY								COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	X ANY AUTO				6075640236		1/1/2023	1/1/2024	BODILY INJURY (Pe		\$	
	AUTOS ONLY AUTOS								BODILY INJURY (Pe PROPERTY DAMAG (Per accident)	r accident)	\$ \$	
		ONLI							(,),		\$	
С	X UMBRELLA LIAB X OCC	CUR							EACH OCCURRENC	F	 \$	15,000,000
EXCESS LIAB CLAIMS-MADE				6075640270		1/1/2023	1/1/2024	AGGREGATE \$			15,000,000	
	DED X RETENTION\$	10,000									<u> </u>	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								X PER STATUTE	OTH-	<u>.</u>	
					6075640267		1/1/2023	1/1/2024	E.L. EACH ACCIDEN		\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUT OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N	NIA						E.L. DISEASE - EA E			1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA E			1,000,000
D	Professional Liab.	**			42-EPP-306878-05		1/1/2023	1/1/2024	Per Claim/Agg		Ψ	1,000,000
Е	Cyber Liability				ACS1078123		1/1/2023	1/1/2024	Per Claim/Agg	regate		5,000,000
RE: Polle polie Okal Liab Gen	CRIPTION OF OPERATIONS / LOCATIO CONTRACT #C22-3255-WS ution Liability coverage is prov cy. loosa County Board of County bility when required by written o eral Liability, Automobile Liabi ATTACHED ACORD 101	/ided and Commiss contract. (inclu sione Gene	ided irs is iral L	within the Professional Lia included as additional ins iability includes Additiona	ability p ured w I Insure	oolicy noted a ith respect to ed coverage f	bove. It share General Liab or Completed	es the limits of th ility, Automobile Operations as r	Liability equired b	, and l by writ	Jmbrella ten contract.
CE	RTIFICATE HOLDER								· .			····
						C	ONTRAC	T C22-32	55-WS			2015

Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview, FL 32536

CONTRACT C22-3255-WS ARDURRA GROUP, INC. SUBSURFACE UTILTIY ENG SERVICES EXPIRES 09/30/2025 W/2 1 YR RENEWAL

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AGENCY CUSTOMER ID: ARDURRA-01 LOC #: 2

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ADDITIONAL REMARKS SCHEDULE

AGENCY Ames & Gough POLICY NUMBER		NAMED INSURED Ardurra Group, Inc. 4921 Memorial Highway Suite 300					
SEE PAGE 1		Tampa, FL 33634					
CARRIER	NAIC CODE						
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1					
ADDITIONAL REMARKS	· · · · · · · · · · · · · · · · · · ·						

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

of the operations of the named insured and when required by written contract. General Liability, Automobile Liability, Workers Compensation, and Umbrella Liability policies include a waiver of subrogation in favor of the additional insureds where permissible by state law and when required by written contract. Umbrella Liability coverage sits excess over General Liability, Automobile Liability and Employers' Liability coverage. 30-day Notice of Cancellation will be issued for the General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Professional Liability policies in accordance with policy terms and conditions.