

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
5/01/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC -CL 1000 Urban Center Drive, Suite 625 Birmingham, AL 35242 205 969-5100	CONTACT NAME: Michelle Muscato	
	PHONE (A/C, No, Ext): 205 969-5100	FAX (A/C, No):
INSURED Green Energy Contracting, LLC 1305 Highway 90 West Holt, FL 32564	E-MAIL ADDRESS: michelle.muscato@usi.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Executive Risk Indemnity Inc.	NAIC # 35181
	INSURER B : Travelers Property Cas. Co. of America	25674
	INSURER C : Federal Insurance Company	20281
	INSURER D : Starr Indemnity and Liability Company	38318
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****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 INSR	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"/> BI/PD Ded: 2,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			54310156	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AL DED \$10K			54310155	05/01/2023	05/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			CUP2T12599123NF	05/01/2023	05/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	54310157	05/01/2023	05/01/2024	<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
D	Contractors Equip			ITA100065275423	05/01/2023	05/01/2024	SEE DESCRIPTION
C	Installation			06712232EUC	05/23/2023	05/23/2024	Project Works: \$200,000

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

General Liability Coverage: Deductible is per occurrence

30 Day Notice of Cancellation/10 Day Non Payment of Premium - Gener:

Automobile (FORM:16-02-0322) and Workers Compensation (FORM: WC (See Attached Descriptions)

Contract #: C21-3092-FM

GREEN ENERGY CONTRACTING, LLC.

GROUNDKEEPING SERVICES FOR

OKALOOSA COUNTY

EXPIRES: 01/14/2024 W/2 (1) YR RENEWAL

CERTIFICATE HOLDER**CANCELLATION**

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

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



DESCRIPTIONS (Continued from Page 1)

to the certificate holder by the insurance carrier.

General Liability Coverage:

When required by written contract:

Forms:

Additional Insured - Owners, Lessees or Contractors - Ongoing Operations - CG 20 10 12 19

Additional Insured - Owners, Lessees or Contractors - Completed Operations - CG 20 37 12 19

When required by written contract, coverage is primary and non-contributory per the following form:

Primary Insurance for Scheduled Additional Insureds 10-02-2461

Additional Endorsements:

Per Project Aggregate - CG 2503

Policy Per Project Aggregate Cap - \$2,000,000

Commercial Auto Coverage:

Pollution Liability - Broadened Coverage for Coverages Autos - CA 99 48

Broad Form Endorsement - 16-02-0292 - Additional Insured where required by written contract; Waiver of Subrogation

Workers Compensation Coverage:

Waiver of Our Rights to Recover From Others - Where required by written contract - WC 00 03 13

UMBRELLA LIABILITY COVERAGE:

Follow Form Excess Coverage over Commercial General Liability, Commercial Auto Liability, Employers Liability subject to the terms and conditions of each policy.

Hired Auto Physical Damage: ACV less \$1,000 Deductible - Hired VEHICLES ONLY SYMBOL 8

CONTRACTORS EQUIPMENT

Leased or Rented Equipment Limit: \$300,000

Deductibles:

Windstorm/Hail Catastrophe Deductible: 4% by Sum of TIV, Subject to the minimum deductible of \$100,000 per occurrence.

Contractors Equipment: \$2,500 per Occurrence

Leased and Rented Equipment: \$2,500 Per Occurrence

RE: ITB FM 49-21 Groundskeeping for Okaloosa Parks

When required by written contract the following endorsements apply in favor of Okaloosa County:

GENERAL LIABILITY COVERAGE:

Additional Insured - Owners, Lessees or Contractors - Ongoing Operations CG 20 10 04 13

Additional Insured - Owners, Lessees or contractors - Completed Operations CG 20 37 04 13

Primary Insurance for Scheduled Additional Insureds 10-02-2461

Waiver of Transfer of Rights of Recovery Against Others to Us - where required by executed contract - I Coverage Form 10-02-1800

10-02-2494 - NOC to Third Parties - GL

COMMERCIAL AUTO COVERAGE:

Broad Form Endorsement - 16-02-0292 Additional Insured where required by Insured Contract and Waiver of Subrogation

16020322 - NOC to Third Parties - Auto

DESCRIPTIONS (Continued from Page 1)

WORKERS COMP COVERAGE:

Waiver of Our Rights to Recover From Others --where required by written contract - WC 00 03 13

WC99 06 62 - NOC To Third Parties - WC

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