



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/6/2023

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

PRODUCER Cobbs, Allen & Hall, Inc. 115 Office Park Drive Birmingham AL 35223	CONTACT NAME: Lisa Shearon PHONE (AG, No. Ext): 205-414-8100 E-MAIL ADDRESS: Lshearon@cobbsallen.com	FAX (AG, No): 205-414-8105																					
INSURED Morrow Water Technologies, Inc. c/o Brownlee Morrow Company, Inc. 7450 Cahaba Valley Road Birmingham AL 35242	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Continental Ins Co</td> <td></td> <td>35289</td> </tr> <tr> <td>INSURER B : Alabama Self-Insured WC Fund</td> <td></td> <td>5502</td> </tr> <tr> <td>INSURER C : Midwest Emp Casualty Co</td> <td></td> <td>23612</td> </tr> <tr> <td>INSURER D : American Longshore Mutual</td> <td></td> <td></td> </tr> <tr> <td>INSURER E : Colony Insurance Company</td> <td></td> <td>39993</td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Continental Ins Co		35289	INSURER B : Alabama Self-Insured WC Fund		5502	INSURER C : Midwest Emp Casualty Co		23612	INSURER D : American Longshore Mutual			INSURER E : Colony Insurance Company		39993	INSURER F :		
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COVERAGES **CERTIFICATE NUMBER:** 2102141241 **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.

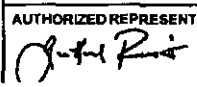
INSTR LTR	TYPE OF INSURANCE	ADDL SUBR / INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	7040187958	10/1/2023	10/1/2024	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	7040187488	10/1/2023	10/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 40,000	Y	7015480069	10/1/2023	10/1/2024	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	P101445AL2024 P101487AL2024 - Morrow Water Technologies PSAL129001	1/1/2024 1/1/2024 1/1/2024	1/1/2025 1/1/2025 1/1/2025	X PER STATUTE OTH-ER	
						E.L EACH ACCIDENT	\$ 1,000,000
						E.L DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L DISEASE - POLICY LIMIT	\$ 1,000,000
D E	USL&H Coverage Pollution Liability - Ctns Made - \$5,000 Pollution Ded		ALMA110222 CPLUS4286661	10/1/2023 10/1/2023	10/1/2024 10/1/2024	E.L Limits Occurrence Limit Aggregate Limit	1,000,000 1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Marine General Liability written with Beazley Insurance Company Policy Number V33A5C230201; Term 10-14-23 to 10-14-24; \$2,000,000 Aggregate; \$1,000,000 Occurrence Limits subject to \$10,000 Deductible. Coverage is intended to cover liabilities resulting from the Insured's work on board vessels and excludes anything covered by the Insured's GL policy provided by CNA.

Contractor's Equipment Coverage written with Continental Ins Co Policy Number 7040110863
Leased, Borrowed or Rented Equipment from Others - \$150,000 Limit Per Occurrence; \$150,000 Limit Per Item
Deductible: \$1,000

Received by

See Attached...

CERTIFICATE HOLDER	DEC 12 2023	CANCELLATION
Risk Management Okaloosa County Board of County Commissioners 1250 N. Eglin Parkway Shalimar FL 32579		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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Cobbs, Allen & Hall, Inc.		NAMED INSURED Morrow Water Technologies, Inc. c/o Brownlee Morrow Company, Inc. 7450 Cahaba Valley Road Birmingham AL 35242	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Waiver: The Alabama's Self-Insured Worker's Compensation Fund waives the right to bring action against Certificate Holder to enforce any right of subrogation, which may arise from Alabama Self-Insured Worker's Compensation Fund's payment of workers compensation benefits. This waiver does not affect (1) the right of an employee of Member to bring an action for damages, or (2) Alabama Self-Insured Worker's Compensation Fund's right to intervene in such action to protect any interest in any proceeds of such action. This waiver shall apply only if and to the extent required by Certificate Holder.

RE. Maintenance & Emergency Repair of Okaloosa County Water Supply Wells, Water Booster Pump Stations, Wastewater Effluent Pump Stations & Stormwater Pump Stations; Owner and Engineer, and any individuals or entities identified in the Supplementary Conditions; including the respective officers, directors, members, partners, employees, agents, consultants and subcontractors of each shall be additional insured to general liability and auto liability coverages on a primary and non-contributory basis where required by written contract. Waiver of subrogation shall apply in favor of additional insured as respects general liability, auto liability and work comp coverages where required by written contract and allowable by law. Excess liability coverage is follow form of underlying coverages subject to policy terms and conditions. General liability policy provides contractual liability coverage subject to policy terms and conditions.

Received by
 DEC 12 2023
 Risk Management