MHERNANDEZ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/2/2023

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 Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102		CONTACT NAME: PHONE (A/C, No, Ext): (806) 376-4761 E-MAIL ADDRESS:	FAX (A/C, No): (806)	376-5136	
		INSURER(S) AFFORDING COVER	NAIC #		
INSURED		INSURER A : ACE American Insurance Company INSURER B Indemnity Insurance Company of North America		22667 43575	
MV Transpo	rtation, Inc. and subsidiaries	INSURER C:			
	cell, Suite 1500	INSURER D :	. ==		
Dailas, TX 7	5204	INSURER E :			
		INSURER F:			
COVERAGES CERTIFICATE NUMBER:		REVISION NUMBER:			

SR IR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	HDC	OG72961006	2/1/2023	2/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$.	5,000,00 100,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						_\$ \$	5,000,00 5,000,00
	X POLICY PRO- OTHER:					PRODUCTS - COMP/OP AGG		5,000,00
A .	X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	XSA	H25577036	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		2,000,00
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADI					EACH OCCURRENCE AGGREGATE	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under	WLF N/A	RC7031521A	2/1/2023	2/1/2024	X PER OTH- EL EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ \$	1,000,00 1,000,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Division 586 - Okaloosa County FL

Okaloosa County is named as an Additional Insured as respects the ongoing operations of the Named Insured with respects to General and Auto Liability coverage where required by written and signed contract subject to policy terms, conditions, limits and exclusions. Waiver of subrogation (AL, GL, WC)

MV Transportation, Inc. is self-insured for Auto Liability in the state of Florida. The above excess Auto policy provides coverage excess of a \$3M self-insured

retention. Contract:# C19-2761-TS MV TRANSPORTATION, INC. **CERTIFICATE HOLDER** CANCI PUBLIC TRANSPORTATION SERVICES SHOU

THE ACCC

Okaloosa County BOCC Attn: Contracts and Lease Coordinator 5479A Old Bethel Road Crestview, FL 32536

AUTHORIZED REPRESENTATIVE

applies where required by written contract.

Expires: 12/31/2023 W/2 (1) YR RENEWALS