



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/24/2023

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).

<b>PRODUCER</b> MARSH USA Inc. 4400 Comerica Bank Center 1717 Main Street Dallas, TX 75201	<b>CONTACT NAME:</b> Cathy Crown
	<b>PHONE (A/C, No, Ext):</b> (210) 691-4173 <b>FAX (A/C, No):</b> (210) 737 3584
<b>E-MAIL ADDRESS:</b> Cathy.Crown@marsh.com	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
CN101851261-GAWU-GAWU-23-24      VPS      79000      Inter      79000	<b>INSURER A :</b> National Union Fire Insurance Co      19445
<b>INSURED</b> Clear Channel Airports, Inc. 4830 North Loop 1604W, #111 San Antonio, TX 78249	<b>INSURER B :</b> AllU Insurance Company      19399
	<b>INSURER C :</b> N/A      N/A
	<b>INSURER D :</b> Insurance Company of the State of Pennsylvania      19429
	<b>INSURER E :</b>
	<b>INSURER F :</b>

**COVERAGES**      **CERTIFICATE NUMBER:** HOU-003503875-22      **REVISION NUMBER:** 11

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL6547077	03/31/2023	03/31/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b>			CA7030897(AOS)	03/31/2023	03/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			CA7030899(MA)	03/31/2023	03/31/2024	BODILY INJURY (Per person) \$
D	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS			CA7030898(VA)	03/31/2023	03/31/2024	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED    RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WC015824933(California)	03/31/2023	03/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC015824934(Wisconsin)	03/31/2023	03/31/2024	E.L. EACH ACCIDENT \$ 1,000,000
				Continued On Next Page			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: CLEAR CHANNEL OUTDOOR Certificate Holder is included as additional insured (except workers compensation) where required by written contract, and such insurance is primary and non-contributory, but only to the extent of the liability assumed by the Named Insured under written contract. Waiver of subrogation where required by written contract. Workers Compensation is evidenced for employees of the Named Insured only.

**CONTRACT# C17-2504-AP**  
**CLEAR CHANNEL AIRPORTS**  
**AIRPORT ADVERTISING**  
**EXPIRES: 04/30/2027**

**CERTIFICATE HOLDER**

Okaloosa County Board of County Commissioners 5749 A Old Bethel Road Crestview, FL 32536
---

AUTHORIZED REPRESENTATIVE  <i>Marsh USA Inc.</i>
--



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA Inc.		NAMED INSURED Clear Channel Airports, Inc. 4830 North Loop 1604W, #111 San Antonio, TX 78249	
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**

Workers' Compensation Continued:

Policy Number: WC015824932

Arizona (AZ), Colorado (CO), Delaware (DE), Georgia (GA), Illinois (IL), Indiana (IN), Kentucky (KY), Maryland (MD), Michigan (MI), Minnesota (MN), Nebraska (NE), New Mexico (NM), Nevada (NV), New Hampshire (NH), New Jersey (NJ), New York (NY), North Carolina (NC), Oregon (OR), Pennsylvania (PA), South Carolina (SC), Tennessee (TN), Texas (TX), Virginia (VA), Florida (FL)

Effective Date (MM/DD/YYYY)\*: 03/31/2023

Expiration Date (MM/DD/YYYY)\*: 03/31/2024

Carrier: AIU Insurance Company

Workers Compensation is evidenced for employees of the Named Insured Only.

Certificate Holder included as additional insured on General Liability and Auto Liability, but only with respect to liability that arises out of the acts or omissions of the Named Insured; or, to the extent of the liability assumed by the Named Insured under written contract.

The Auto Liability policy is primary, but only with respect to liability that arises out of the acts or omissions of the Named Insured; or, to the extent of the liability assumed by the Named Insured under written contract.

The General Liability policy is primary and non-contributory, but only with respect to liability that arises out of the acts or omissions of the Named Insured; or, to the extent of the liability assumed by the Named Insured under written contract.

Waiver of subrogation is applicable with respect to General Liability, Auto Liability, and Workers' Compensation policies where required by written contract and subject to policy terms and conditions.

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below. Per the most current schedule maintained by Marsh USA, Inc. and furnished to AIG no less than 45 days prior to the effective date of cancellation. Number of Days Notice of Cancellation: 30.

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification schedule shown below: Per the most current schedule maintained by Marsh USA, Inc. and furnished to XL Catlin Insurance no less than 45 days prior to the effective date of cancellation. Number of Days Notice of Cancellation: 30.