

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/03/2024

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	CONTACT WTW Certificate Center			
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-	467-2378		
P.O. Box 305191	E-MAIL ADDRESS: certificates@wtwco.com			
Nashville, TN 372,305191 USA	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: National Fire Insurance Company of Hartfor	20478		
INSURED	INSURER B: Continental Casualty Company	20443		
Visual Sound, Inc. 485 Parkway South	INSURER C: Continental Insurance Company	35289		
Broomall, PA 19008	INSURER D: Atlantic Specialty Insurance Company			
	INSURER E :			
	INSURER F: .			

COVERAGES CERTIFICATE NUMBER: W33179522 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.

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)	LIMIT	s				
	X	COMMERCIAL GENERAL LIABILITY	Y				EACH OCCURRENCE	\$	1,000,000				
		CLAIMS-MADE X OCCUR			7033928227	7033928227 07/01/2023	07/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000			
A								MED EXP (Any one person)	\$	15,000			
								PERSONAL & ADV INJURY	\$	1,000,000			
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000			
		POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000				
		OTHER:							\$				
	AUT	OMOBILE LIABILITY	Y					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
A	X	ANY AUTO			-			BODILY INJURY (Per person)	\$				
		OWNED SCHEDULED AUTOS ONLY AUTOS		7033928230	07/01/2023	07/01/2024	BODILY INJURY (Per accident)	\$					
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
													\$
В	B X UME	UMBRELLA LIAB X OCCUR	Y	7033928258			EACH OCCURRENCE	\$	1,000,000				
		EXCESS LIAB CLAIMS-MADE			7033928258	07/01/2023	07/01/2024	AGGREGATE	\$	1,000,000			
	X	DED RETENTION \$ 0							\$				
		RKERS COMPENSATION EMPLOYERS' LIABILITY	I	Y		07/01/2023 07/01		X PER OTH-					
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE			Y 7033928261		07/01/2024	E.L. EACH ACCIDENT	\$	1,000,000			
1 10	(Mar	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
D	Tec	hnology Errors & Omissions			760-01-00-74-0006	07/01/2023	07/01/2024	Each Claim	3,000,000)			
	Tec	hnology Errors & Omissions						Retention	25,000				

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

Okaloosa County BCC is included as Additional Insured as respects to General Liability Auto Liability and Umbrella/Excess Liability.

General Liability shall be Primary and Non-Contributory with any other insurance in force for or which may be purchased by Additional Insureds.

CERTIFICATE HOLDER	CONTRACT: C24-3979-PS visual sound, inc.
	EMERGENCY OPERATIONS VISUAL/AUDIO UPGRADE EXPIRES: 10/14/2024 W/(1) 6 MONTH RENEWAL
Okaloosa County BCC	AUTHORIZED REPRESENTATIVE
5479A Old Bethel Road	Lagua M Iwa
Crestview, FL 32536	

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _	
LOC#·	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

7.22						
AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Visual Sound, Inc. 485 Parkway South				
POLICY NUMBER		Broomall, PA 19008				
See Page 1						
CARRIER	NAIC CODE					
See Page 1	See Page 1	1 EFFECTIVE DATE: See Page 1				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance						

Waiver of Subrogation applies in favor of the Additional Insureds with respects to Workers Compensation as permitted

by law.

Coverage for Contractual Liability and Independent Contractors are provided under the General Liability policy.

The Umbrella/Excess policy Follows Form.

ACORD 101 (2008/01)

© 2008 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SR ID: 25669455

BATCH: 3403351

CERT: W33179522