



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/27/2022

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 Sihle Insurance Group Inc. 1700 West Main St. Suite 300 Pensacola FL 32502	CONTACT NAME: Alice Pousson PHONE (A/C. No. Ext): 850-332-5458 E-MAIL ADDRESS: apousson@sihle.com		FAX (A/C. No.): 850-607-2060
	INSURER(S) AFFORDING COVERAGE		
INSURED Gulf Coast Utility Contractors LLC 13938 Highway 77 Panama City FL 32409	INSURER A : Houston Specialty Insurance Compaony		NAIC # 12936
	INSURER B : Imperium Insurance Company		35408
	INSURER C : Bridgefield Casualty Insurance Company		10335
	INSURER D : Westchester Surplus Lines Insurance Company		10172
	INSURER E : Evanston Insurance Company		35378
	INSURER F :		


COVERAGES **CERTIFICATE NUMBER:** 866651837 **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 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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ECAP1-HS-GL-000167-00	4/1/2021	4/1/2022	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 - COM/POP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		ECAP1-IIC-CA-000167-00	4/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A E	<input 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 \$ 10,000		ECAP1-HS-CX-000167-00 MKLV7EUE100425	4/1/2021 4/1/2021	4/1/2022 4/1/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 Excess \$ 1,000,000 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	0196-42722	4/1/2021	4/1/2022	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution	N N	G7179720A 002	4/1/2021	4/1/2023	Pollution Liability \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Per project aggregate is per written contract.
Project name: 6th Street Area Stormwater Improvements Okaloosa County Board of County Commissioners and Mott MacDonald Florida, LLC (220 West Garden Street, Ste. 700, Pensacola, FL 32502) are included as additional insured with regards to the general liability and automobile liability coverage when required by written contract. Waiver of Subrogation applies in favor of Okaloosa County Board of County Commissioners and Mott MacDonald Florida, LLC (220 West Garden Street, Ste. 700, Pensacola, FL 32502) with regards to the general liability, automobile liability and workers compensation coverage when required by written contract.

CONTRACT#: C21-3050-PW
GULF COAST UTILITY CONTRACTORS LLC
6TH STREET STORMWATER IMPROVEMENTS
EXPIRES: 240 DAYS FROM NTP

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 1250 N Eglin Parkway Shalimar FL 32579	CANCEL SHOULD THE E ACCOR
	AUTHORIZED REPRESENTATIVE 

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