AC		FIC.	ATF	E OF LIABIL	ITY		ANCE			DATE (MM/DD/YYYY)	
	IIS CERTIFICATE IS ISSUED AS	A MA	TTER	OF INFORMATION	ONLY	AND CONFE	RS NO RIGHT				
A	DLICIES BELOW. THIS CERTIFIC JTHORIZED REPRESENTATIVE (	DR PR	ODUC	CER, AND THE CER	RTIFIC	ATE HOLDER					
SL	PORTANT: If the certificate hole bject to the terms and conditions offer rights to the certificate hold	s of th	ie poli	cy, certain policies	s may i						
					CONTAC	т					
INTEGRITY FIRST INSURANCE LLC/PHS 20266932 The Hartford Business Service Center					PHONE (866) 467-8730 FAX (A/C, No. Ext): (A/C, No.						
3600 Wiseman Blvd San Antonio, TX 78251					E-MAIL	S:					
cun						INSU	JRER(S) AFFORD	ING COVERAGE		NAIC#	
	INSURED					RA: Hartfo	rd Underwriter	rs Insurance Cor	mpany	30104	
RTR Financial Services Inc 2 TELEPORT DR STE 302					INSURER B :						
STATEN ISLAND NY 10311-1004					INSURER C :						
					INSURER D :						
					INSURER E :						
						INSURER F :					
CO	/ERAGES C	ERTI	ICAT	E NUMBER:			REVIS	SION NUMBER:			
IN CE	IS IS TO CERTIFY THAT THE POLICIE DICATED.NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR M RMS, EXCLUSIONS AND CONDITIONS	equir Ay pe		T, TERM OR CONDITION	ION OF AFFOR	ANY CONTRA	CT OR OTHER POLICIES DES	DOCUMENT WIT	H RESPE	ст то which тні	
INSR	TYPE OF INSURANCE	TYPE OF INSURANCE ADDL SUBR POLICY NU				BER POLICY EFF POLICY EXP			LIMITS		
LIR	COMMERCIAL GENERAL LIABILITY		WVD			(MM/DD/YYYY)	(MM/DD/Y YYY)	EACH OCCURREN	ICE	\$1,000,00	
A	CLAIMS-MADE X OCCUR	0						DAMAGE TO RENT		\$1,000,00	
	X General Liability			20 SBA AP9MMI	.	02/21/2023	02/21/2024	PREMISES (Ea occ MED EXP (Any one PERSONAL & ADV	e person)	\$10,00	
										\$1,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$2,000,00	
							_	COMBINED SINGLE	ELIMIT	\$1,000,00	
A	ANY AUTO			20 SBA AP9MMI		02/21/2023	02/21/2024	BODILY INJURY (P BODILY INJURY (P			
	AUTOS HIRED AUTOS X AUTOS X AUTOS X AUTOS X AUTOS AUTOS AUTOS							PROPERTY DAMA (Per accident)			
	X UMBRELLA LIAB X OCCUR			1				EACH OCCURRENCE		\$5,000,00	
A	EXCESS LIAB CLAIMS- MADE PED RETENTION \$ 10,000			20 SBA AP9MMU	MU 02/21/2023	02/21/2024	AGGREGATE		\$5,000,00		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				1			PER STATUTE	OTH-		
	ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	NT		
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. DISEASE -EA E	_		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LIGT LIMI Í		
Thos						red per the Bu	siness Liability		n SL3032	attached to this	
	TIFICATE HOLDER				6	CANCELLA					
Okaloosa County Board of County Commissioners					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED						
5479A OLD BETHEL RD CRESTVIEW FL 32536					IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
					0	Susand.	Castan	ida			
	RACT: C19-2820-PS INANICAL SERVICES, IN	с.				© 198	3-2015 ACOR	D CORPORA	ION. AI	rights reserve	

EMS COLLECTION SERVICES EXPIRES:09/30/2023 W/1 1 YR RENEWALS

and logo are registered marks of ACORD