ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/03/2021

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(les) 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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer a	any rights to the certificate holder in fleu	or such endorsement(s).				
PRODUCER		CONTACT NAME:				
USI Insurance Services, LLC		PHONE (A/C, No, Ext): 813-321-7500	FAX (A/C, No):			
2502 N Rocky Point Drive		E-MAIL	1 (1 2 2 1 1 1 2)			
Suite 400		ADDRESS: INSURER(S) AFFORDING COVERAGE NA				
Tampa, FL 33607		INSURER A: Travelers Indemnity Company	2	5658		
INSURED		INSURER B : Travelers Property Cas. Co. of Ame	erica 2	5674		
DRMP, Inc.		INSURER C: Travelers Indemnity Company of C	т 2	5682		
941 Lake Baldwin L	ane	INSURER D : Berkley Insurance Company	3	2603		
Orlando, FL 32814		INSURER E : Phoenix Insurance Company	2	5623		
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION N	UMBER:			
THIS IS TO CERTIFY THAT THE F	POLICIES OF INSURANCE LISTED BELOW HA	AVE BEEN ISSUED TO THE INSURED NAMED ABO	VE FOR THE POLICY I	PERIOD		

С	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PI XCLUSIONS AND CONDITIONS OF SUCH	ERTA	IN, T	THE INSURANCE AFFORDED BY T	HE POLICIES	DESCRIBED I	HEREIN IS SUBJECT TO A	
INSR LTR			SUBR		POLICY EFF (MM/DD/YYYY)		LIMIT:	s
Α	X COMMERCIAL GENERAL LIABILITY	X	Х	6801P107763	1		EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	s10,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
E	AUTOMOBILE LIABILITY	Х	X	BA2R888359	12/12/2021	12/12/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	S
								s
В	X UMBRELLA LIAB X OCCUR	Х	Х	CUP7957Y581	12/12/2021	12/12/2022	EACH OCCURRENCE	s 5,000,000
	EXCESS LIAB CLAIMS-MADE					!	AGGREGATE	\$5,000,000
	DED X RETENTION \$10,000							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Х	UB9J160752	01/01/2022	12/12/2022	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory In NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Professional			AEC904502602	06/20/2021	06/20/2022	, -, , - · · ·	
	Liability					}	\$5,000,000 annl agg	r.
L.								
Ł	cription of operations / Locations / vehic ofessional Liability coverage is wr	•			be attached if me	ore space Is requ	ired)	

RE: RFQ#PW 51-18, Contract C19-2749-PW

Okaloosa County Board of County Commissioners is named as an additional insured as respects the general liability and automobile liability as required by written contract. Thirty (30) days prior written notice of cancellation or material change except 10 days for non payment of premium will be given on all policies (See Attached Descriptions)

(See Attached Descriptions)

Okalagas County Board of County	CERTIFICATE HOLDER	DRMP, INC.
Commissioners 602-C North Pearl Street Crestview, FL 32536 ACC AUTHORIZED REPRESENTATIVE	Commissioners 602-C North Pearl Street	GENERAL ENGINEERING SERVICES FOR PW THE EXPIRES: 09/30/2023 AUTHORIZED REPRESENTATIVE

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CONTRACT# C19-2749-PW

DESCRIPTIONS (Continued from Page 1)
listed above.