



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/21/2023

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).

| PRODUCER PentaRisk Associates of Georgia 3580 Pierce Drive #100 Chamblee GA 30341 | CONTACT NAME: Robyn Byrd PHONE (A/C, No, Ext): 404-809-2551 E-MAIL ADDRESS: rboyd@pentarisk.com | | FAX (A/C, No): 404-809-2531 | | | | | | | | | | | | | |
|--|--|--|------------------------------------|-------------------------------|--------|------------------------------------|-------|--|-------|--|-------|---|-------|--|-------|-------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : RSUI Indemnity Company</td> <td>22314</td> </tr> <tr> <td>INSURER B : Safety National Casualty Corporation</td> <td>15105</td> </tr> <tr> <td>INSURER C : Endurance American Specialty Insurance Company</td> <td>41718</td> </tr> <tr> <td>INSURER D : Liberty Mutual Fire Insurance Company</td> <td>23035</td> </tr> <tr> <td>INSURER E : Indemnity National Insurance Company</td> <td>18468</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : RSUI Indemnity Company | 22314 | INSURER B : Safety National Casualty Corporation | 15105 | INSURER C : Endurance American Specialty Insurance Company | 41718 | INSURER D : Liberty Mutual Fire Insurance Company | 23035 | INSURER E : Indemnity National Insurance Company | 18468 | INSURER F : |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | | |
| INSURER A : RSUI Indemnity Company | 22314 | | | | | | | | | | | | | | | |
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| INSURER F : | | | | | | | | | | | | | | | | |

INSURED 192
 Anderson Columbia Co., Inc.
 P.O. Box 1829
 Lake City FL 32056

COVERAGES **CERTIFICATE NUMBER:** 1983767603 **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|--|-----------|----------|---|----------------------------------|----------------------------------|---|
| D | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: | Y | Y | TB2-651-289907-102 | 5/1/2022 | 5/1/2023 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$ |
| D | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" 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 | Y | Y | AS2-651-289907-082 | 5/1/2022 | 5/1/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A E C | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | Y | Y | NHA097825 XSD001074 22 EXC30000098106 | 5/1/2022 5/1/2022 5/1/2022 | 5/1/2023 5/1/2023 5/1/2023 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | SP 4066411 | 4/1/2023 | 4/1/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 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: Okaloosa Board of County Commissioners; The following applies to the General Liability, Auto Liability, Umbrella/Excess policies where required by written contract with named insured: Okaloosa County Board of County Commissioners and Okaloosa County Purchasing Department are additional insured and a Waiver of Subrogation applies in their favor. The following applies to the Workers Compensation policy: Waiver of Subrogation applies to the above listed additional insureds, where required by written contract with named insured. The additional insured coverage provided is primary and non-contributory, where required by written contract with named insured.

CONTRACT: C21-3017-PW
ANDERSON COLUMBIA CO., INC.
SOUTH CRESTVIEW BYPASS
EXPIRES: 02/19/2025

CERTIFICATE HOLDER
 Okaloosa County
 Board of County Commissioners
 1250 N. Eglin Parkway
 Shalimar FL

AUTHORIZED REPRESENTATIVE

DELIVERED BEFORE
DELIVERED IN