ACORD			RTI	DATE (MM/DD/YYYY) 1/3/2024							
CER	S CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMA OW. THIS CERTIFICATE OF IN PRESENTATIVE OR PRODUCER, A		Y O Anci	R NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTE	END OR AL	TER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES	
IfS	ORTANT: If the certificate hold UBROGATION IS WAIVED, subjection certificate does not confer rights	ect to	the	terms and conditions of	the po	olicy, certain	policies may				
PRODU					CONT/	CT Jerrie T	winn				
Darr Schackow Insurance Agency LLC 5200-B West Newberry Road Gainesville, FL 32607					PHONE (A/C, No, Ext): (352) 338-0552 79147 FAX (A/C, No):						
					E-MAIL ADDRE	_{Ess:} jtwinn@	darrschack	owinsurance.com			
								RDING COVERAGE		NAIC #	
INSURED Nue Urban Concepts LLC c/o Jonathan Paul 2000 PGA Blvd, Suite 4440 Palm Beach Gardens, FL 33408					INSURER A : Lloyds of London					15642	
					· · · · · · · · · · · · · · · · · · ·					10193	
					INSURER C :						
					INSURER E :						
					INSURER F :						
COVE	ERAGES CEI	RTIFI	CAT	E NUMBER:				REVISION NUMBER:			
INDI CEF	S IS TO CERTIFY THAT THE POLIC CATED. NOTWITHSTANDING ANY RTIFICATE MAY BE ISSUED OR MAY PLUSIONS AND CONDITIONS OF SUCH	requ / Per	IREM	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHEI	R DOCUMENT WITH RES BED HEREIN IS SUBJEC	PECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDI		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			AITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X	X	PSM0839840191		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000	
		-						MED EXP (Any one person)	\$	5,000	
-		-						PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	1,000,000	
								PRODUCTS - COMP/OP AGE		1,000,000	
B	OTHER:							COMBINED SINGLE LIMIT (Ea accident)	\$\$	1,000,000	
				964734439		1/1/2024	1/1/2025	BODILY INJURY (Per person	-		
	OWNED AUTOS ONLY X SCHEDULED							BODILY INJURY (Per accider			
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	<u> </u>		<u> </u>						\$		
-	UMBRELLA LIAB OCCUR	_						EACH OCCURRENCE	\$		
-		-						AGGREGATE	\$		
w	DED RETENTION \$							PER OTH	\$		
A	ND EMPLOYERS' LIABILITY	11						E.L. EACH ACCIDENT	\$		
	NY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. DISEASE - EA EMPLOY			
lf D	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	т \$		
	rofessional			PSM0839840191		1/1/2024	1/1/2025	Occurrence Limit		1,000,000	
A P	rofessional			PSM0839840191		1/1/2024	1/1/2025	Aggregate Limit		1,000,000	
RE: C	IPTION OF OPERATIONS / LOCATIONS / VEHI ontract #C20-2948 Dear County Board of County Commis rogation also applies in regard to the	ssion	ers is	listed as additional insure					ten contr	act. A waiver	
	icy terms, conditions and exclusion					C		CT: C20-294	8-PW	/	
NUE Urban Concepts, LLC											
						Mo		lan Implemer		n	
CERT	IFICATE HOLDER						EXPIF	RES:07/20/20	23	<u> </u>	
Okaloosa County Board of County Commissioners 5479A Old Bethel Road Creativity FL 2000					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Crestview, FL 32536					AUTHO	AUTHORIZED REPRESENTATIVE					
						John Darr					
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