

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/03/2022

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

PRODUCER USI Insurance Services LLC -CL 1000 Urban Center Drive, Suite 625 Birmingham, AL 35242 205 969-5100	CONTACT NAME: Michelle Muscato		
	PHONE (A/C No, Ext): 205 969-5100	FAX (A/C, No):	
	E-MAIL ADDRESS: michelle.muscato@usi.com		
INSURED Green Energy Contracting, LLC 1305 Highway 90 West Holt, FL 32564	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Executive Risk Indemnity Inc.		35181
	INSURER B : Travelers Property Cas. Co. of America		25674
	INSURER C : Federal Insurance Company		20281
	INSURER D : Starr Indemnity and Liability Company		38318
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: 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 CERTIFICATION 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 INSR 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 <input checked="" type="checkbox"/> BI/PD Ded:2,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		54310156	05/01/2022	05/01/2023	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 - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AL DED \$10K		54310155	05/01/2022	05/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000		CUP2T12599122NF	05/01/2022	05/01/2023	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	54310157	05/01/2022	05/01/2023	<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
D	Contractors Equip		ITN100065183622	05/01/2022	05/01/2023	SEE DESCRIPTION
C	Installation		06712232EUC	05/23/2022	05/23/2023	Project Works: \$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Liability Coverage: Deductible is per occurrence

30 Day Notice of Cancellation/10 Day Non Payment of Premium - General Liability Policy (FORM: 10-02-2494),

CONTRACT: C21-3092-FM

GREEN ENERGY CONTRACTING, LLC

GROUNDKEEPING SERVICES FOR OKALOOSA COUNTY

EXPIRES: 01/14/2023 W/3 1 YR RENEWALS

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County
5479A Old Bethel Road
Crestview, FL 32536

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Benjamin L. Jackson

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DESCRIPTIONS (Continued from Page 1)

Automobile (FORM:16-02-0322) and Workers Compensation (FORM: WC 99 06 62) policies - Notice to be provided to the certificate holder by the insurance carrier.

General Liability Coverage:

When required by written contract:

Forms:

Additional Insured - Owners, Lessees or Contractors - Ongoing Operations - CG 20 10 12 19

Additional Insured - Owners, Lessees or Contractors - Completed Operations - CG 20 37 12 19

When required by written contract, coverage is primary and non-contributory per the following form:

Primary Insurance for Scheduled Additional Insureds 10-02-2461

Additional Endorsements:

Per Project Aggregate - CG 2503

Policy Per Project Aggregate Cap - \$2,000,000

Commercial Auto Coverage:

Pollution Liability - Broadened Coverage for Coverages Autos - CA 99 48

Broad Form Endorsement - 16-02-0292 - Additional Insured where required by written contract; Waiver of Subrogation

Workers Compensation Coverage:

Waiver of Our Rights to Recover From Others - Where required by written contract - WC 00 03 13

UMBRELLA LIABILITY COVERAGE:

Follow Form Excess Coverage over Commercial General Liability, Commercial Auto Liability, Employers Liability subject to the terms and conditions of each policy.

Hired Auto Physical Damage: ACV less \$1,000 Deductible - Hired VEHICLES ONLY SYMBOL 8

CONTRACTORS EQUIPMENT

Leased or Rented Equipment Limit: \$300,000

Deductibles:

Windstorm/Hail Catastrophe Deductible: 4% by Sum of TIV, Subject to the minimum deductible of \$100,000 per occurrence.

Contractors Equipment: \$2,500 per Occurrence

Leased and Rented Equipment: \$2,500 Per Occurrence

RE: Project: Obstruction-Clearing and Fencing Improvements at the Bob Sikes Airport

When required by written contract the following endorsements apply in favor of Okaloosa County:

GENERAL LIABILITY COVERAGE:

Additional Insured -- Owners, Lessees or Contractors - Ongoing Operations CG 20 10 04 13

Additional Insured Owners, Lessees or contractors - Completed Operations CG 20 37 04 13

Primary Insurance for Scheduled Additional Insureds 10-02-2461

Waiver of Transfer of Rights of Recovery Against Others to Us - where required by executed contract - In

Coverage Form 10-02-1800

COMMERCIAL AUTO COVERAGE:

Broad Form Endorsement -16-02-0292 Additional insured where required by Insured Contract and Waiver of Subrogation