## **DAGARC**

 $ACORD_{\scriptscriptstyle{
m IM}}$ 

## CERTIFICATE OF LIABILITY INSURANCE

Client#: 1049223

DATE (MM/DD/YYYY) 4/04/2024

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	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 ADDRESS:				
Suite 400	' INSURER(S) AFFORDING COVERAGE	NAIC#			
Tampa, FL 33607	INSURER A: Travelers Property Cas. Co. of America	25674			
INSURED	INSURER B: Travelers Casualty and Surety Company 19038				
DAG Architects, Inc.	INSURER c : Allianz Underwriters Insurance Company	36420			
1223 Airport Road	INSURER D : Kinsale Insurance Company 3892				
Destin, FL 32541	INSURER E: Travelers Indemnity Company	25658			
	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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

	XCLUSIONS AND CONDITIONS OF SUCH						MS.	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY	X	X	6800J802994	05/11/2024	05/11/2025		\$1,000,000
1	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
l					į		PERSONAL & ADV INJURY	\$1,000,000
l	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	X	X	BA7R792480	05/11/2024	05/11/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
l	ANY AUTO						BODILY INJURY (Per person)	\$
l	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR	X	X	CUP9254Y601	05/11/2024	05/11/2025	EACH OCCURRENCE	\$5,000,000
l	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
L	DED X RETENTION \$10,000							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	UB9M967508	05/11/2024	05/11/2025	X PER OTH-	
l	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Professional			USF00794224	03/31/2024	03/31/2025	\$5,000,000 per claim	1
	Liability						\$5,000,000 annl agg	r.
D	Excess Liab-			01002920050	03/31/2024	03/31/2025	\$2,000,000 Claim/A	ggr.

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

Professional Liability coverage is written on a claims-made basis.

Okaloosa County is named as an additional insured on all policies listed above except the workers compensation and professional liability as required by written contract operations on per project basis, coverage is primary and non contribut the additional insured applies to all policies listed above as required by (See Attached Descriptions)

CONTRACT: C24-3935-PW DAG ARCHITECTS, INC. DESIGNS FOR THE TAX COLLECTOR/ **COUNTY GOVERNMENT SERVICES BUILDINGS** EXPIRES:01/15/2026

CERTIFICATE HOLDER	<u>CAI</u> EXPIRES:01/1 <u>5</u> /2026 _
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
	Ju-

© 1988-2015 ACORD CORPORATION. All rights reserved.