



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/17/2023

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).

<b>PRODUCER</b> Marsh USA LLC 1717 Arch Street PHILADELPHIA, PA 19103-2797  CN102051407-GAWU-23-24	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> National Union Fire Insurance Co.		19445
<b>INSURER B :</b> AIU Insurance Co		19399
<b>INSURER C :</b> N/A		N/A
<b>INSURER D :</b> _____		_____
<b>INSURER E :</b> _____		_____
<b>INSURER F :</b> _____		_____

**COVERAGES**                      **CERTIFICATE NUMBER:** CLE-006934227-02                      **REVISION NUMBER:** 2

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			GL3372553	01/01/2023	01/01/2024	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 5,000,000
							GENERAL AGGREGATE	\$ 6,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			See Below	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ See Below
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC013755747 (AOS)	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
B				WC013755748 (CA)	01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$ 5,000,000
B				WC013755749 (WI)	01/01/2023	01/01/2024	E.L. DISEASE - EA EMPLOYEE	\$ 5,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: L11-0384-AP, L07-0305-AP, & L21-0496-AP.  
Okaloosa County Board of County Commissioners is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies where required by written contract. General Liability and Automobile Liability policies evidenced herein are Primary to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Okaloosa County, Florida in accordance with the policy provisions of the Workers' Compensation policy where required by written contract.

<b>CERTIFICATE HOLDER</b>  Okaloosa County Board of County Commissioners Attn: Destin-Fort Walton Airport Administration 1701 Highway 85, North Eglin, AFB, FL 32542	<b>CONTRACT#:</b> L07-0305-AP <b>HERTZ CORPORATION</b> <b>SERVICE FACILITY LEASE</b> <b>EXPIRES:</b> 06/30/2032  <b>AUTHORIZED REPRESENTATIVE</b>  <i>Marsh USA Inc.</i>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA LLC		<b>NAMED INSURED</b> The Hertz Corporation 8501 Williams Road Estero, FL 33928	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Contingent General Liability

Policy Number: GL3372554  
 Carrier: National Union Fire Insurance Company  
 Policy Term: 1/1/2023-2024  
 States Covered: AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KY, LA, MA, MD, MI, MN, MO, NC, NJ, NM, NV, NY, OK, OR, PA, TN, TX, UT, VA  
 Limit: \$1,000,000

Auto Dealers AL (AOS)

Policy Number: AL4805390  
 Carrier: National Union Fire Insurance Company  
 Policy Term: 1/1/2023-2024  
 States Covered: AOS  
 Limit: \$2,000,000  
 Includes Garage Liability

Rental Fleet AL AOS

Policy Number: AL4805386  
 Carrier: National Union Fire Insurance Company  
 Policy Term: 1/1/2023-2024  
 States Covered: AR, CO, HI, MI, MN, NH, NM, OR, RI, SD, WI  
 Limit: \$100,000

Shuttle Bus AL AOS

Policy Number: AL4805387  
 Carrier: National Union Fire Insurance Company  
 Policy Term: 1/1/2023-2024  
 States Covered: CA, CO, CT, FL, IL, KY, MI, MO, NC, NY, PA, TX  
 Limit: \$1,000,000

Shuttle Bus AL VA

Policy Number: AL4805389  
 Carrier: National Union Fire Insurance Company  
 Policy Term: 1/1/2023-2024  
 States Covered: VA  
 Limited: \$1,000,000

Shuttle Bus AL MA

Policy Number: AL4805388  
 Carrier: AIU Insurance Company  
 Policy Term: 1/1/2023-2024  
 States Covered: MA  
 Limit: \$1,000,000



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POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

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Additional Named Insureds:

1. The Hertz Corporation
2. Hertz Vehicles, LLC
3. Hertz Local Edition (HLE)
4. Firely Rent A Car LLC
5. Dollar Thrifty Automotive Group, Inc.
6. DTG Operations, Inc.
7. DTG Operations, Inc. d/b/a Dollar Rent A Car
8. DTG Operations, Inc. d/b/a Thrifty Car Rental
9. Rental Car Finance Corp.
10. Thrifty Rent-A-Car System, Inc.
11. Dollar Rent A Car, Inc.
12. DTG Supply, Inc.
13. Thrifty Car Sales, Inc.