Client#: 668016 THOMPTRACT1						
		Y INSI		1,		
ACONDIM CERTIFICATE OF LIADILITT INSORVATION 6/09/2022 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).						
Marsh & McLennan Agency LLC		CDNTACT NAME: Adriana Steggert PHONE FAX (AC, No): 770-622-4689 CAU FAX (AC, No): 770-476-3651				
Suite 100		E-MAIL ADDRESS: Adriana.steggert@Marshmma.com INSURER(S) AFFORDING COVERAGE NAIC #				
		INSURER A : Zurich American Insurance Company				16535
INSURED		INSURER B : Great American Insurance Company				16691
Thompson Tractor Co., Inc		INSURER C :				
2401 Pinson Valley Highway Birmingham, AL 35217		INSURER D :				
		INSURER E :				
COVERAGES CERTIFICATE NUMBI	ER:	NSURER F:				
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 TYPE OF INSURANCE ADDI. BUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMIT	s \$1.00	0.000
	92522306	02/01/2022	02/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrance)	\$300,	
CLAIMS-MADE X OCCUR X BI/PD Ded:75000				MED EXP (Any one person)	\$10,0	
				PERSONAL & ADV INJURY	\$1,00	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,00	0,000
POLICY X PRO- JECT X LOC				PRODUCTS - COMP/OP AGG	\$2,00 \$	0,000
	92522406	02/01/2022	02/01/2023	COMBINED SINGLE LIMIT (Ea accidant)	_{\$} 2,00	0,000
X ANY AUTO				BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS				BODILY INJURY (Per accident)		
X HIRED NLY X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE {Per accident}	\$ \$	
		00/04/0000	02/04/2023	EACH OCCURRENCE	\$1,00	0.000
	54481819	0210112022	0210112023	AGGREGATE	\$1.00	
DED X RETENTION \$10000					\$	
A WORKERS COMPENSATION WC2	92522106 (AOS)	02/01/2022		X PER STATUTE ER		
	92522206 (FL)			E.I., EAGH ACCIDENT	\$1,00	
(Mappingtory in NH)				E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below	······			E.L. DISEASE - POLICY LIMIT	\$1,00	V,VUU
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be at						
Certificate holder is included as additional insured for general itability, auto by written contract to the provisions and limitations of the policies. The gen liability will be primary and noncontributory. (GL) Bikt 30 Day NOC: U-GL-15 Notification to Others of Cancellation or Non-Renewal (CA) Bikt 30 Day NOC (See Attached Descriptions)						
CERTIFICATE HOLDER CANCELLATION						
Okaloosa County 5479A Old Bethel Road	I THE	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	1	AUTHORIZEO REPREGENTATIVE				
Ben Lourd						

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