

CERTIFICATE OF LIABILITY INSURANCE

2/15/2023

DATE (MM/DD/YYYY) 11/4/2022

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

nsured	Lockton Companies 1185 Avenue of the Americas, S New York NY 10036 646-572-7300	uite 2	2010		CONTACT NAME:				
	New York NY 10036	une z	SULU		NAME:				
		New York NY 10036				L/A/C. No. Ext):			
	0-10-372-7300					E-MAIL ADDRESS:			
	010 012-1000				INSURER(S) AFFORDING COVERAGE			NAIC#	
					INSURER A: Navigators Specialty Insurance Company			36056	
404390	184396 ES Opco USA LLC 10800 Pecan Park Blvd				INSURER B: Hartford Casualty Insurance Company			29424	
					INSURER C: Hartford Underwriters Insurance Company			30104	
Austin TX 78759				INSURER D: Twin City Fire Insurance Company					
					INSURER E:				
					INSURER F:				
COVERA				NUMBER: 1908748				XXXXX	
INDICAT CERTIF	TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY BIONS AND CONDITIONS OF SUCH	QUIR PERT POLK	REMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS	
VSR TR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY	Y	Y	25822291	2/15/2023	2/15/2024	EACH OCCURRENCE \$ 1,0	000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED \$ 50	0,000	
							MED EXP (Any one person) \$ 25	,000	
							PERSONAL & ADV INJURY \$ 1,0	00,000	
GEN'I	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,0	000,000	
XF	POLICY PRO-						PRODUCTS - COMP/OP AGG \$ 2,0	00,000	
	OTHER:						\$		
B AUTO	MOBILE LIABILITY	Y	Y	025-82-6696	2/15/2023	2/15/2024	COMBINED SINGLE LIMIT \$ 1,0	00,000	
$\mathbf{X} \mid \mathbf{X} \mid \mathbf{A}$	ANY AUTO			08 AB BN0940(HI)	2/15/2022	2/15/2023		XXXXX	
	OWNED SCHEDULED AUTOS ONLY AUTOS							XXXXXX	
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							XXXXX	
							\$ XX	CXXXXX	
A L	JMBRELLA LIAB X OCCUR	Y	Y	25222297	2/15/2023	2/15/2024	EACH OCCURRENCE \$ 10	,000,000	
XE	EXCESS LIAB CLAIMS-MADE	<u>:</u>]					AGGREGATE \$ 10	,000,000	
Г	DED RETENTION \$							XXXXX	
	ERS COMPENSATION MPLOYERS' LIABILITY		Y	15203381	2/15/2023	2/15/2024	X PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Mandatory in NH)		N/A					E.L. EACH ACCIDENT \$ 1,0	00,000	
							E.L. DISEASE - EA EMPLOYEE \$ 1,0	000,000	
If yes, i	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,0	00,000	
ļ									
)kaloosa C	on of operations / Locations / VEHICL County is included as additional insure tract. Waiver of Subrogation applies to	d on t	he Ge	neral liability, automobile lia	bility and umbrella lia	bility on a prin	nary and non contributory basis as r		

CERTIFICATE HOLDER

19087485 Okaloosa County 5749A Old Bethel Road Crestview FL 32536 CONTRACT# C20-2928-PW
ES OPCO USA, LLC. DBA VESERIS
MOSQUITO CONTROL AUDLTICIDE

EXPIRES: 03/24/2023 W/(2) 1 YR RWLS

AUTHORIZED REPRESENTATIVE

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