

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/3/2023

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).

RBN & Associates, Inc. 303 E Wacker Dr Ste 650 Chicago IL 60601 Chicago IL 60601 INSURER A: Travelers Prop Cas Co of Amer INSURER B: Hartford Fire Insurance Co. INSURER B: Hartford Fire Insurance Co. INSURER C: The Charter Oak Fire Ins. Co. INSURER D: Scottsdale Insurance Company INSURER B: Scottsdale Insurance Company INS	COVERACEO	OCCUPIEDATE MUMBER, 10055440	DEMOION NO	MDED.
RBN & Associates, Inc. 303 E Wacker Dr Ste 650 Chicago IL 60601 Chicago IL 60601 INSURER A: Travelers Prop Cas Co of Amer INSURER B: Hartford Fire Insurance Co. INSURER B: Hartford Fire Insurance Co. INSURER C: The Charter Oak Fire Ins. Co. INSURER D: Scottsdale Insurance Company INS			INSURER F :	
RBN & Associates, Inc. 303 E Wacker Dr Ste 650 Chicago IL 60601 Chicago IL 60601 INSURER A: Travelers Prop Cas Co of Amer CESI Holding Company, LLC Omnigo Software, LLC 10430 Baur Blvd. INSURER D: Scottsdale Insurance Company	Omnigo Software, LLC 10430 Baur Blvd.		INSURER E: Hudson Excess Insurance Company	14484
RBN & Associates, Inc. 303 E Wacker Dr Ste 650 Chicago IL 60601 Chicago IL 60601 Chicago IL 60601 INSURER A : Travelers Prop Cas Co of Amer INSURER D CESI Holding Company, LLC INSURER B : Hartford Fire Insurance Co.			INSURER b : Scottsdale Insurance Company	41297
NAME Tellsa Gloson PHONE Tellsa Gloson Tellsa Gloson PHONE Tellsa Gloson			INSURER c : The Charter Oak Fire Ins. Co.	25615
NAME: 1 elisa Gioson PHONE 1 elisa Gioson PHONE 1 elisa Gioson PHONE 1 elisa Gioson PHONE 1 elisa Gioson		COMPEDG-01	INSURER B: Hartford Fire Insurance Co.	19682
RBN & Associates, Inc. 303 E Wacker Dr Ste 650 Chicago IL 60601 NAME: 1elisa Gibson PHONE (A/C, No, Ext): 312-801-8082 E-MAIL ADDRESS: tgibson@rbninsurance.com				25674
RBN & Associates, Inc. 303 E Wacker Dr Ste 650 NAME: 1 elisa Gibson PHONE PHONE AIC. No. Ext): 312-801-8082 FAX (A/C, No.): 312-856-942			INSURER(S) AFFORDING COVERAGE	NAIC#
RBN & Associates, Inc.			I F BEAU	1 (100)
I PRODUCER Tallea Gibean	RBN & Associates, Inc.		THE	FAX (A/C, No): 312-856-9425
CONTACT	PRODUCER		CONTACT Telisa Gibson	

COVERAGES CERTIFICATE NUMBER: 43655148 ___ __ _ 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR		EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
LTR	TYPE OF INSURANCE	ADDL SUI INSD WA	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY	Y	ZLP16N57882	4/17/2022	4/17/2023	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
				}	· 	MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	- 1	}]]	ı	GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
С	AUTOMOBILE LIABILITY		BA6N106409	4/17/2022	4/17/2023	COMBINED SINGLE LIMIT (Es accident)	\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS	ľ	1	1		BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		CUP6N121530	4/17/2022	4/17/2023	EACH OCCURRENCE	\$ 4,000,000
	EXCESS LIAB CLAIMS-MADE)	- }		AGGREGATE	\$ 4,000,000
	DED X RETENTION\$ 10 000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
B D E	Cyber/E&O Liability Lead Excess Cyber/E &O Secondary Excess Cyber/E &O		83TE0328717-22 EKI3426180 EEU1398401	4/17/2022 4/17/2022 4/17/2022	4/17/2023 4/17/2023 4/17/2023	Each Claim/Aggregate Each Claim/Aggregate Each Claim/Aggregate	3,000,000 2,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may

EPL/Crime Liability Coverage Carrier: Twin City Fire Insurance Effective: 4/17/22 Expiration 4/21/23

Limit: \$1,000,000

Okaloosa County and their respective officials, employees & volunteers of each and a listed as additional insured(s) with respect to the General Liability as required by writte

CONTRACT: C23-3308-PS
OMINGO SOFTWARE, INC.

PARK RANGER REPROT WRITING SYSTEM EXPIRES: 03/30/2026 W/2 1 YR RENEWALS

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
90 College Blvd. E., Niceville, FL 32578	AUTHORIZED REPRESENTATIVE