						. - [DATE	(MM/DD/YYYY)	
CERTIFICATE OF LIABILITY INSURANCE							6/9/2023		
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). PRODUCER CONTACT									
Yates, LLC 2800 Century Parkway NE Suite 300 Atlanta GA 30345			NAME: FAX PHONE (A/C, No, Ext): 404-633-4321 E-MAIL (A/C, No): 404-633-1312 ADDRESS: certs@yatesins.com						
			INSURER(S) AFFORDING COVERAGE NAIC #						
INSURED ^ POWEUS01-C			INSURER A : Old Republic Insurance Company					24147	
PowerComm USA, LLC 5665 Shirlee Industrial Way				INSURER B : Cincinnati Insurance Company INSURER C :				10677	
Alpharetta GA 30004			INSURER D :						
			INSURER F :						
COVERAGES CERTIFICATE NUMBER: 771693413 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 LTR TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	PO (MM	DLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
B X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	COMMERCIAL GENERAL LIABILITY EPP0656530 CLAIMS-MADE X OCCUR		6/11/202	/11/2022	6/11/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 500,000		
						MED EXP (Any one person)	\$ 10,00		
GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000		
POLICY X PRO- JECT X LOC				:		PRODUCTS - COMP/OP AGG			
B AUTOMOBILE LIABILITY X ANY AUTO		EBA0656530	6/	/11/2023	6/11/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 1,000 \$,000	
AUTOS ONLY AUTOS						BODILY INJURY (Per accident	+		
X AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
B X UMBRELLA LIAB X OCCUR	<u> </u>	EPP0656530		/11/2022 ′	6/11/2024		\$		
B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			0	11112022	0/11/2024	EACH OCCURRENCE AGGREGATE	\$ 5,000 \$ 5,000		
DED X RETENTION \$ 0				1110000		V PER OTH-	\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A	MWC31634723		/1/2023	1/1/2024	X PER OTH- STATUTE OTH- E.L. EACH ACCIDENT	\$ 1,000	,000	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYE		·	
DÉSCRIPTION OF OPERATIONS below B Installation/Builders Risk B Leased/Rented Equipment B Scheduled Equipment		EPP0656530 EPP0656530 EPP0656530	6/	/11/2022 /11/2022 /11/2022	6/11/2024 6/11/2024 6/11/2024	E.L. DISEASE - POLICY LIMIT Ded \$5,000/Special Ded \$1,000	\$1,00 \$250,	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Subject to policy terms, conditions, forms and exclusions, the insurance coverages afforded by the policies above include the following when required by written contract for the certificate holder and/or entities listed below: Blanket Additional Insured in regards to General Liability for ongoing and completed operations, Lessors of Equipment, Automobile Liability and Umbrella Liability; Blanket Primary and Non-Contributory in regards to General Liability, Automobile Liability and Umbrella; Blanket Waiver of Subrogation in regards to General Liability, Automobile Liability, Automobile Liability.									
FORMS: See Attached CONTRACT: C21-3027-IT PowerComm USA, LLC Telecommunications Maint for Okaloosa County									
CERTIFICATE HOLDER CAN EXPIRES:12/14/2023 W/2 1 yr renewals –									
Okaloosa County BCC				SILE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
5479A Old Bethel Road Crestview FL 32536			AUTHORIZED REPRESENTATIVE						
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ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: POWEUS01-C



		RKS SCHEDULE Page _1_ of _1_					
AGENCY Yates, LLC		NAMED INSURED PowerComm USA, LLC 5665 Shirlee Industrial Way Alpharetta GA 30004					
POLICY NUMBER							
CARRIER	NAIC CODE						
ADDITIONAL REMARKS		EFFECTIVE DATE:					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC FORM NUMBER:FORM TITLE:CERTIFICATE OF	FURM, E LIABILITY IN	ISURANCE '					
or Authorization AA288 01/16 - CinciPlus Business Auto Expanded Coverage Plus I USC513 05/10 – Commercial Umbrella liability Coverage Part Decl US101UM 12/04 – Commercial Umbrella	Endorsement laration ·Up and Injury	ent Waiver of Subrogation When Required In Written Contract, Agreement, Permit Or Damage To Or Resulting From Your Work And Injury Or Damage Resulting nt – When Required By Written Contract					
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