

GRAEINC-01

CANDERSO

DATE (MM/DD/YYYY) 6/2/2022

CERTIFICATE OF LIABILITY INSURANCE

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 this certificate does not confer rights to the certificate holder in lieu of su | | ment. A statement on | | | |
|---|---|----------------------------------|--|--|--|
| PRODUCER | CONTACT Mary Jo Nowak, AU, CIC, ARM, RPLU | | | | |
| Johnson Insurance Madison 525 Junction Road | PHONE (A/C, No, Ext): (608) 203-3893 FAX (A/C, | , _{No):} (877) 254-8586 | | | |
| Madison, WI 53717 | E-MAIL ADDRESS: mnowak@johnsonfinancialgroup.com | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| | INSURER A : Continental Casualty Company | 20443 | | | |
| INSURED | INSURER B : Valley Forge Insurance Company | 20508 | | | |
| Graef-USA Inc. | INSURER C : Continental Insurance Company | 35289 | | | |
| 275 West Wisconsin Ave., Suite 300 | INSURER D : Transportation Insurance Company | 20494 | | | |
| Milwaukee, WI 53203 | INSURER E : | | | | |
| | INSURER F : | | | | |
| COVERAGES CERTIFICATE NUMBER: | REVISION NUMBER | R: | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITIO | | | | | |

| CI | CERTIFICATE MAY BE ISSUED OR MAY PETAIN, 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 | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| Α | Х | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | s | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | x | | 6057508580 | 6/1/2022 | 6/1/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 15,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | VL AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY X PRO- | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | EBL AGGREGATE | \$ | 1,000,000 |
| В | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | Х | ANY AUTO | х | | 6057508594 | 6/1/2022 | 6/1/2023 | BODILY INJURY (Per person) | \$ | |
| | | AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | |
| | | HIRED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| С | Х | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 10,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | X | | 6057508630 | 6/1/2022 | 6/1/2023 | AGGREGATE | \$ | |
| | | DED X RETENTION \$ 0 | | | | | | Gen Aggregate | \$ | 10,000,000 |
| D | WOF | KERS COMPENSATION | | | | | | X PER OTH- | | |
| ANY PRO | | PROPRIETOR/PARTNER/EXECUTIVE | N/A | | 6057508627 | 6/1/2022 | 6/1/2023 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | | idatory in NH) | NZA | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| Α | Pro | fessional Liab | | | AEH254072949 | 6/1/2022 | 6/1/2023 | Each Claim | | 2,000,000 |
| Α | Pro | fessional Liab | | | AEH254072949 | 6/1/2022 | 6/1/2023 | Aggregate | | 2,000,000 |
| | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: RFQ AP 05-20 AE Services for Baggage Claim Expansion

Okaloosa County is additional insured with respect to General Liability, Automobile Liability & Umbrella Liability. A waiver of subrogation in favor of additional insureds applies to Workers Compensation.

| CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 5479A Old Bethel Road | CONTRACT # C21-3082-AP GRAEF USA, INC. A&E SERVICES FOR BAGGAGE CLAIM EXPANSION EXPIRES: 450 CALENDAR DAYS FROM NTP |
|--|--|
| Crestview, FL 32536 | AUTHORIZED REPRESENTATIVE |

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