SCONDRO

## ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/10/2023

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).

t	his certificate does not confer rights to	the	cert	ificate holder in lieu of su	uch end	orsement(s)		•	IL A 3	tatement on	
PRO	DDUCER					ਾ Sherri Co	ondron, Cl	C, AAI			
Fisher Brown Bottrell Insurance, Inc. 7522 Front Beach Road, 2nd Floor						PHONE (A/C, No, Ext): (850) 470-2647 FAX (A/C, No): (601) 208-8412					
	nama City Beach, FL 32407				E-MAIL ADDRES	s: scondro	n@fbbins.d				
						INS	URER(S) AFFOI	RDING COVERAGE		NAIC#	
						INSURER A : Alliance Of Non Profits For Insurance					
INSURED						INSURER B: Bridgefield Employers Ins Co				10701	
	Horizons of Okaloosa Count	y, In	c. db	a Arc of the Emerald	INSURE						
	Coast 123 Truxton Avenue				INSURE	RD:					
	Fort Walton Beach, FL 32547	,			INSURE						
	·				INSURE	RF:					
CC	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
II C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH I	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSF	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS		
Α								EACH OCCURRENCE	\$	1,000,00	
	CLAIMS-MADE X OCCUR		x	20234841502270	7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,00		
								MED EXP (Any one person)	\$	20,00	
								PERSONAL & ADV INJURY	\$	1,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,00	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	3,000,00	
	OTHER:								\$		
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00	
	ANY AUTO  OWNED SCHEDULED AUTOS  AUTOS ONLY			20234841502270		7/1/2023	7/1/2024	BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident)		\$			
								Florida PIP	\$	10,00	
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,00	
	EXCESS LIAB CLAIMS-MADE		202348415UMB		7/1/2023	7/1/2024	AGGREGATE	\$	1,000,00		
	DED RETENTION \$							\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)					4/4=/0004	X PER OTH-				
			083056211	083056211	1/15/2023	1/15/2024	E.L. EACH ACCIDENT	\$	1,000,00		
								E.L. DISEASE - EA EMPLOYE	\$	1,000,00	
	if yes, describe under DESCRIPTION OF OPERATIONS below			00004044500070		7/4/0000	7/4/0004	E.L. DISEASE - POLICY LIMIT	\$	1,000,00	
A				20234841502270		7/1/2023	7/1/2024	Each Event		1,000,00	
Α	Professional Liabili			20234841502270		7/1/2023	7/1/2024	Aggregate		3,000,00	
Cer Wai	CONTRACT: C23-3328-OME HORIZONS OF OKALOOSA  ARPA SUBRECIPIENT AGRE  EXPIRES: 12/31/2024	regarder the	ard to e Cert	o the General Liability, inclinificate Holder with regard	CANC	ngoing and c leneral Liabili ELLATION	ompleted op ity and Auto	erations, when required built when required bu	ANCEL	en contract.	
Okaloosa County BCC 5479A Old Bethel Road Crestvi ew, FL 32536						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHOR	RIZED REPRESE	NIATIVE				