ACORD	ABILITY INSURANCE				DATE (MM/DD/YYYY) 5/10/2023			
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF I REPRESENTATIVE OR PRODUCER,		LY O	R NEGATIVELY AMEND E DOES NOT CONSTIT	D. EXTEND OR A	LTER THE C	OVERAGE AFE	ORDED BY	HOLDER. THIS
IMPORTANT: If the certificate hold If SUBROGATION IS WAIVED, subj this certificate does not confer rights	ect t	o the	terms and conditions or	f the policy, certai	n policies ma	ONAL INSURED y require an end	provisions lorsement.	or be endorsed. A statement on
PRODUCER	CONTACT Nely Luna							
Fisher Brown Bottrell Insurance, Inc. 7522 Front Beach Road, 2nd Floor Panama City Beach, FL 32407				PHONE (A/C, No, Ext): (850) 785-7407 FAX (A/C, No				01) 208-8391
				E-MAIL ADDRESS: nluna@fbbins.com				
						RDING COVERAGE		NAIC #
INSURED	INSURER A : Great Northern Insurance Company INSURER B : Federal Insurance Company				20303			
Southern National Banks I					20303			
FNBT Bank PO Drawer 1327	INSURER D :							
Fort Walton Beach, FL 32549				INSURER E :				
	INSURER F :							
			ENUMBER:			REVISION NUM		
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUCI	REQU Y PEF	RTAIN	ENT, TERM OR CONDITIO	ON OF ANY CONTR	ACT OR OTHE		TH RESPECT	
INSR LTR TYPE OF INSURANCE	ADD		POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP () (MM/DD/YYYY)		LIMITS	
A X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENC		1,000,000
CLAIMS-MADE X OCCUR			36048034	5/10/2023	5/10/2024	DAMAGE TO RENT PREMISES (Ea occu	ED urrence) \$	1,000,000
	-					MED EXP (Any one		5,000 1,000,000
	-					PERSONAL & ADVI		2,000,000
						GENERAL AGGREG		2,000,000
OTHER:							\$	
B AUTOMOBILE LIABILITY		-				COMBINED SINGLE (Ea accident)	LIMIT	1,000,000
			73609118	5/10/2023	5/10/2024	BODILY INJURY (Pe	er person) \$	
AUTUS UNLT AUTUS						BODILY INJURY (Pe		
AUTOS ONLY AUTOS ONLY						PROPERTY DAMAG (Per accident)		
UMBRELLA LIAB OCCUR	-					EACH OCCURRENC	\$ CE \$	
EXCESS LIAB CLAIMS-MAD						AGGREGATE	\$	
DED RETENTION \$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE	OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDEN	NT \$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA E		
						E.L. DISEASE - POLI	ICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC General Certificate. Certificate holder is a	dditio	ACORD nal in	101, Additional Remarks Schedu sured.	le, may be attached if m	ore space is requir	ed)		
				CONTRAC	CT C11-192			
		FNBT.COM BANK						
CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview, FL 32536				ATMS LOCATED@ NEW JUDICIAL &				
				CRESTVIEW COURTHOUSE				
				EXPIRES: 11/14/2014 W/AUTO RENEWALS				
				AUTHORIZED REPRESENTATIVE				
	Polit C. M. Jundan							
ACORD 25 (2016/03)							TION	
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