OP ID: WH

OP JD; WF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/18/2023

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.

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IMPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to t	he te	rms and conditions of th	re polic	y, certain po	olicies may r					
PRODUCER	<u> </u>		1-729-2131								
Niceville Insurance Agency 109 Bullock Blvd Niceville, FL 32578 Garrett Floyd					CONTACT Garrett Floyd PHONE (A/C, No, Ext): 850-729-2131 E-MAIL SSS: garrett@niafl.net						
							INSURER(S) AFFORDING COVERAGE INSURER A : HISCOX Insurance Company Inc				
	INSURE	RA: HISCOX	Insurance (Company Inc	<u> </u>						
INSURED Realty House Commercial Properties Inc 11 Racetrack Rd NE, Ste H-1 Fort Walton Beach, FL 32547					INSURER B:						
					INSURER C:						
					INSURER D:						
					INSURER E:						
num. (re-	INSURER F:						ļ				
COVERAGES CER	TIFI	CATE	E NUMBER:				REVISION NU	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIE PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY ED BY	CONTRACT THE POLICIES REDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	Document Wi	TH RESPE	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER	ĺ	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	S		
A X COMMERCIAL GENERAL LIABILITY	ĺ			İ			EACH OCCURRE	NCF	s	1,000,000	
CLAIMS-MADE X OCCUR	x	x	P100.242.530.6		05/02/2023	05/02/2024	DAMAGE TO REN PREMISES (Ea oc		\$	100,000	
	^	^			00.02.2020	00/02/2021	MED EXP (Any on		\$	5,000	
					į					Excluded	
OF WILL A CORPORATE LIMIT A DOLLEG OFF	1	1		İ			PERSONAL & AD		5	2,000,000	
X POLICY PRO-							GENERAL AGGRI		\$	2,000,000	
]						PRODUCTS - COI	MP/OP AGG	\$	2,000,000	
OTHER:	-	 -	<u> </u>				COMBINED SING	FIMIT	\$		
AUTOMOBILE LIABILITY							(Ea accident)	 -	_\$		
ANY AUTO OWNED SCHEDULED	1						BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS							BODILY INJURY (\$		
HIRED AUTOS ONLY AUTOS ONLY		1					PROPERTY DAM/ (Per accident)	4GE	.\$		
		<u> </u>]					\$		
UMBRELLA LIAB OCCUR	İ]		-	EACH OCCURRE	NCE	\$		
EXCESS LIAB CLAIMS-MADE		İ		1			AGGREGATE		\$		
DED RETENTION\$	ļ		<u> </u>	ļ		ļ			\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						1	PER STATUTE	OTH-]		
ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	1	1	<u> </u>				E.L. EACH ACCID	ENT	\$	 	
(Mandatory in NH)	N/A	1]		•	E.L. DISEASE - EA				
If yes, describe under DESCRIPTION OF OPERATIONS below		ŀ				į	E L DISEASE - PO		ì .		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES //	ACORE	1 101 Additional Remarks Sakadu	do may be	ntteched if were						
Okaloosa County Purchasing Depart Liability & includes a Waiver of Subr	men	ıt is /			al CON	ITRACT#0	C19-2832-GN	•			
					AFF MAN	ORTABLE I IAGEMENT	E COMMERO HOUSING RI SERVICES 5/2023 W (1)	ENTAL			
CERTIFICATE HOLDER				CANO	— ELEATION						
OLKHFIOATE HOLDER	-		OKALO28	CANU	ELLATION	· -					
Okaloosa County 5749 A Old Bethel Road Crestview, FL 32536			ONALO28	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Clestview, FL 32330				AUTHOR	RIZED REPRESEI	NTATIVE					
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