**EMORRIS** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2023

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).

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PRODUCER Ames & Gough 8300 Greensboro Drive		CONTACT NAME:			
		PHONE (A/C, No, Ext): (703) 827-2277 FAX (A/C, No): (703) 8	827-2279		
Suite 980		E-MAIL ADDRESS: admin@amesgough.com			
McLean, VA 22102		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A : Charter Oak Fire Insurance Company A++ (XV)	25615		
INSURED		INSURER B : Phoenix Insurance Company A++, XV 25			
Ardurra Group, Inc.	vay	INSURER C: Travelers Property Casualty Company of America	25674		
4921 Memorial High Suite 300		INSURER D : National Fire & Marine Insurance Company	20079		
Tampa, FL 33634		INSURER E: LLoyds of London/HCC (A-XV)			
		INSURER F:	ļ		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER			

COVERAGES CERTIFICATE NOWIDER. REVISION NOWIDER.									
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		TYPE OF INSURANCE		SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	· c
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	I WAD	POLICE NUMBER	IMM/DD/YYYYI	(MM/DD/YYYY)	EACH OCCURRENCE	s 1,000,000
		CLAIMS-MADE X OCCUR	x	x	630-5X487435	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,000,000
	Х	Contractual Liab.	^	^	000.000401400	17172024	17172020	MED EXP (Any one person)	s 15,000
		·						PERSONAL & ADV INJURY	s 1,000,000
	00	W. ACCRECATE LIMIT APPLIES DED.						GENERAL AGGREGATE	s 2,000,000
	X	VIL AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	s 2,000,000
								PRODUCTS - COMPIOP AGG	\$
В	AHI	OTHER: OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
	X	ANY AUTO	х	х	810-5X558309	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS	^	^	010-0700000	17172024	17172020	BODILY INJURY (Per accident)	s
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		AUTOS ONLY AUTOS ONLY					ļ	(Per accident)	\$
C	Х	UMBRELLA LIAB X OCCUR		-				FAOULOGGUBBENGE	\$ 15,000,000
-		EXCESS LIAB CLAIMS-MADE	х	Х	CUP-5X642114	1/1/2024	1/1/2025	EACH OCCURRENCE	s 15,000,000
		DED X RETENTIONS 10,000						AGGREGATE	\$
C	WOR							X PER OTH-	\$
•		RKERS COMPENSATION EMPLOYERS' LIABILITY	, ,		UB-5X489557	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	1,000,000
	OFF	PROPRIETOR/PARTNER/EXECUTIVE N CER/MEMBER EXCLUDED?	N/A	\ \ \					\$ 1,000,000
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	1 000 000
D		CRIPTION OF OPERATIONS below fessional Liab.			42-EPP-306878-06	1/1/2024	1/1/2025	Per Claim/Aggregate	1,000,000
E	l	per Liability			ACS1078123	1/1/2024	1/1/2025	Aggregate	5,000,000
"	٠,٠	io. Biasiney						555****	5,000,000
<b></b>	L		<u> </u>						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: CONTRACT #C22-3249-WS, GENERAL ENGINEERING ASSISTANCE									
Pollution Liability coverage is provided and included within the Professional Liability policy noted above. It shares the limits of the Professional Liability policy.									
Okaloosa County Board of County Commissioners is included as additional insured with respect to General Liability, Automobile Liability, and Umbrella									
Liability when required by written contract. General Liability includes Additional Insured coverage for Completed Operations as required by written contract.  General Liability, Automobile Liability, and Umbrella Liability are primary and non contract.									
SEE ATTACHED ACORD 101  CONTRACT: C22-3249-WS									
APDURRA GROUP, INC.									
CENERAL ENG SERVICES FOR WS									
L						ls RE			
I I									
Okaloosa County Board of County Commissioners 5479A Old Bethel Road									
Crestview, FL 32536									
AUTHORIZED REPRESENTATIVE									
					4	Atom I			

GENCY	CUSTOMER	ID: A	RDU	JRRA-01
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**EMORRIS** 

LOC #: 2



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Ames & Gough POLICY NUMBER SEE PAGE 1	NAMED INSURED Ardurra Group, Inc. 4921 Memorial Highway Suite 300 Tampa, FL 33634			
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

of the operations of the named insured and when required by written contract. General Liability, Automobile Liability, Workers Compensation, and Umbrella Liability policies include a waiver of subrogation in favor of the additional insureds where permissible by state law and when required by written contract. Umbrella Liability coverage sits excess over General Liability, Automobile Liability and Employers' Liability coverage. 30-day Notice of Cancellation will be issued for the General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Professional Liability policies in accordance with policy terms and conditions.