



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/17/2022

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).

PRODUCER Brown & Brown of Florida, Inc. 10151 Deerwood Park Blvd Bldg 100, Ste 100 Jacksonville FL 32256	CONTACT NAME: Lori Duvall CIC PHONE (A/C, No, Ext): (904) 565-1952 E-MAIL ADDRESS: Lori.Duvall@bbrown.com	FAX (A/C, No): (904) 565-2440
	INSURER(S) AFFORDING COVERAGE	
INSURED RS&H, Inc 10748 Deerwood Pk Blvd S Jacksonville FL 32256	INSURER A: Zurich American Insurance Company of Illinois	NAIC # 27855
	INSURER B: Zurich American Insurance Company	16535
	INSURER C: American Guarantee and Liability Insurance Company	26247
	INSURER D: Travelers Property Casualty Company of America	25674
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 22.23 Revised**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blkt A1 - Prim & Non Contrib <input checked="" type="checkbox"/> Blkt WOS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	GLO1466409-00	06/28/2022	06/28/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY Blkt A1 <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY Blkt WOS	Y	Y	BAP1469564-00	06/28/2022	06/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	AUC-1469558-00	06/28/2022	06/28/2023	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 Primary \$9mil
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WC0411471-00/WC1469562-00	06/28/2022	06/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Umbrella			EX-6T35064A-22-NF	06/28/2022	06/28/2023	Each Occur 10,000,000 Aggregate 10,000,000 \$10mil XS /\$9mil

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project #: 2011915.XXX
Project Name: Okaloosa County Airports General Aviation Engineering Services

Okaloosa County is included as additional insured on a primary and noncontributory basis with respect to the General Liability and Auto policy when required by written contract. Waiver of subrogation in favor of Okaloosa County is included with respect to the General Liability, Auto, and Workers' Compensation coverage when required by written contract. Umbrella follows form. 30 day notice of cancellation provided per policy provisions.

CERTIFICATE HOLDER

Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview FL 32536	CONTRACT#: C20-2959-AP REYNOLDS, SMITH AND HILLS, INC. (RS&H) GENERAL A & E SERVICES FOR OKALOOSA COUNTY AIRPORTS EXPIRES: 3 YRS W/ 2 (1)YEAR RENEWALS
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Additional Named Insureds

Other Named Insureds

Reynolds, Smith and Hills, Inc.

Insured Multiple Names

RS&H ALABAMA, INC.

RS&H CALIFORNIA, INC.

RS&H COMMERCIAL REALTY, INC.

RS&H IDAHO, P.C.

RS&H ILLINOIS, INC.

RS&H IOWA, P.C.

RS&H MARYLAND, INC.

RS&H MASSACHUSETTS, INC.

RS&H MICHIGAN, INC.

RS&H MISSISSIPPI, P.C.

RS&H MONTANA, P.C.

RS&H NEVADA, INC.

REYNOLDS, SMITH AND HILLS ARCHITECTS-ENGINEERS PLANNERS, P.A.

RS&H ARCHITECT AND ENGINEER, P.C.

RS&H ARCHITECTS-ENGINEERS-PLANNERS, INC.

RS&H OHIO, INC.

RS&H OREGON, ARCHITECTS-ENGINEERS-PLANNERS, P.C.

RS&H PENNSYLVANIA, INC.

TSIOUVARAS SIMMONS HOLDERNESS, INC. (TSH ENGINEERING)

REYNOLDS, SMITH AND HILLS CS, INCORPORATED

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PRODUCER: Greyling Ins. Brokerage/EPIC, 3780 Mansell Road, Suite 370, Alpharetta, GA 30022. CONTACT NAME: Sabrina Wynn, PHONE (A/C, No, Ext): 470-785.2254, FAX (A/C, No):, E-MAIL ADDRESS: sabrina.wynn@greyling.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Lloyds of London, NAIC #: 85202. INSURED: RS&H, Inc., 10748 Deerwood Park Blvd South, Jacksonville, FL 32256. INSURER B, C, D, E, F.

COVERAGES CERTIFICATE NUMBER: 22-23 REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability, Professional Liab, and Excess Prof. Liab.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Project #: 2011915.XXX, Project Name: Okaloosa County Airports General Aviation Engineering Services. Okaloosa County is named as an Additional Insured with respects to General Liability where required by written contract. Waiver of Subrogation is applicable where required by written contract & allowed by law. The above referenced liability policies with the exception of workers compensation and professional (See Attached Descriptions)

CERTIFICATE HOLDER: Okaloosa County Board of County Commissioners, 302 N. Wilson Street, Suite 301, Crestview, FL 32536. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

DESCRIPTIONS (Continued from Page 1)

liability are primary & non-contributory where required by written contract.

Should any of the above described policies be cancelled by the issuing insurer before the expiration date thereof, we will endeavor to provide 30 days' written notice (except 10 days for nonpayment of premium) to the Certificate Holder.