

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2022

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 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  |  |  |   |                     |  | NAME: Certificate Department                                   |                    |                                     |                              |          |  |
|---|--|--|---|---------------------|--|--|--------------------|-------------------------------------|------------------------------|----------|--|
| Rovner Insurance Group  |  |  |   |                     |  | PHONE (A/C, No, Ext): 561-287-6279 FAX (A/C, No): 561-629-1335 |                    |                                     |                              |          |  |
| 11098 Biscayne Boulevard  |  |  |   |                     |  | PHONE  |                    |                                     |                              |          |  |
| Suite 100   |  |  |   |                     |  | INSURER(S) AFFORDING COVERAGE                                  |                    |                                     |                              |          |  |
| Mlami   |  |  |   | FL 33161            | INSURER A: Penn America Insurance Company        |  |                    |                                     | NAIC#                        |          |  |
| INSURED   |  |  |   |                     |  | INSURER B: Travelers Casualty And Surety Company               |                    |                                     |                              |          |  |
| EOLA Power, LLC   |  |  |   |                     | INSURER C: Startstone National Insurance Company |  |                    |                                     |                              |          |  |
| 8782 NW 18th Terrace  |  |  |   |                     | INSURER D: NORGUARD INS CO                       |  |                    |                                     |                              | 31470    |  |
|   | 0702 WW Toda Tellace   |  |   |                     | INSURER E : LLOYDS OF LONDON                     |  |                    |                                     |                              | A1122J   |  |
|   | Dora!  |  | FL 33172                                      |                     |  | INSURER F: Travelers   |                    |                                     |                              |          |  |
| CO  |  | RTIFICATE NUMBER:                                |   |                     | REVISION NUMBER:                                 |  |                    |                                     |                              |          |  |
| COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  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, |  |  |   |                     |  |  |                    |                                     |                              |          |  |
|   | XCLUSIONS AND CONDITIONS OF SUCH   |  | POLICIES, LIMITS SHOWN MAY HAVE<br>ADDLISUBRI |                     |  |  |                    |                                     |                              |          |  |
| INSR<br>LTR   | TYPE OF INSURANCE  | INSD   | WVD   | POLICY NUMBER       |  | POLICY EFF<br>(MM/DD/YYYY)                                     | (MM/DD/YYYY)       | LIMITS                              |                              |          |  |
|   | X COMMERCIAL GENERAL LIABILITY   |  |   |                     |  |  |                    | EACH OCCURREN                       |                              | ,000,000 |  |
|   | CLAIMS-MADE X OCCUR  |  |   |                     |  |  |                    | DAMAGE TO RENT<br>PREMISES (Ea occi |                              | 00,000   |  |
|   |  |  |   |                     |  |  |                    | MED EXP (Any one                    | XP (Any one person) \$ 5,000 |          |  |
| Α   |  |  | Y   | PAV0362925          |  | 07/16/2022   | 07/16/2023         | PERSONAL & ADV                      | ADV INJURY \$ 1,000,000      |          |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:   |  | -   |                     |  |  |                    | GENERAL AGGREC                      |                              |          |  |
|   | X POLICY PRO-  |  |   |                     |  |  |                    | PRODUCTS - COM                      |                              | .000,000 |  |
|   | OTHER:   |  |   |                     |  |  |                    |                                     | \$                           | ,        |  |
|   | AUTOMOBILE LIABILITY   | <del>                                     </del> | _   |                     |  |  | 05/26/2023         | COMBINED SINGLE                     | LIMIT \$ 1                   | .000,000 |  |
| В   | ANY AUTO  X ALLOWNED X AUTOS X AUTOS X AUTOS   | Y  |   |                     |  |  |                    | (Ea accident) BODILY INJURY (Pe     |                              | 000,000  |  |
|   |  |  | γ   | BA-0N501982-22-42-G |  | 05/26/2022   |                    | BODILY INJURY (Pe                   |                              |          |  |
|   | NON-OWNED  | '  | '   | DA-UNOU1902-22-42-0 |  |  |                    | PROPERTY DAMAG                      | PROPERTY DAMAGE              |          |  |
|   | HIRED AUTOS X AUTOS  |  |   |                     |  |  |                    | (Per accident)                      | \$                           |          |  |
|   | UMBRELLA LIAB X OCCUR  |  | $\rightarrow$                                 |                     |  |  |                    |                                     |                              |          |  |
| _   |  |  | li  |                     |  |  |                    | EACH OCCURRENCE                     |                              | .000,000 |  |
| C   | Tobullo-list DE  | Į Y  | ĮΥ  | 85556N223ALI        |  | 03/25/2022   | 03/25/2023         | AGGREGATE                           | \$ 5,                        | 000,000  |  |
|   | DED RETENTION \$ WORKERS COMPENSATION  |  |   |                     |  |  |                    | I DER                               | \$                           |          |  |
|   | AND EMPLOYERS' LIABILITY  Y/N  |  |   |                     |  |  |                    | X PER<br>STATUTE                    | OTH-<br>ER                   |          |  |
| D   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |  | <sub>Y</sub>                                  | EOWC336815          |  | 05/24/2022   | 05/24/2023         | E.L. EACH ACCIDE                    | NT \$ 1,                     | 000,000  |  |
|   |  |  | '   | 20110330013         |  |  |                    | E.L. DISEASE - EA I                 | EMPLOYEE \$ 1,               | 000,000  |  |
|   |  |  |   |                     |  |  |                    | E.L. DISEASE - POL                  | JCYLIMIT \$ 1                | 000,000  |  |
| E   | Professional Liability   |  |   | AE223157            |  | 05/04/2022   | 05/04/2023         | Each Claim: 3,000,000               |                              |          |  |
| E   | Professional Liability   |  |   | AE223157            |  | 05/04/2022   | 11/04/2023         | Aggregate: 3,00                     |                              |          |  |
|   | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES 14   | COBD  |                     | le may h   |  |                    |                                     |                              |          |  |
|   |  | •  |   | •                   |  |  | o opiavo ja toduji | ,                                   |                              |          |  |
| Certificate Holder is additional insured with respects to the General Liability and Auto Liability .  |  |  |   |                     |  |  |                    |                                     |                              |          |  |
|   |  |  |   |                     |  |  |                    |                                     |                              |          |  |
|   |  |  |   |                     |  |  |                    |                                     |                              |          |  |
|   |  |  |   |                     |  |  |                    |                                     |                              |          |  |
|   |  |  |   |                     |  | CONTRACT# C22-3197-PS  |                    |                                     |                              |          |  |
|   |  |  |   |                     |  | EOLA POWER, LLC  |                    |                                     |                              |          |  |
| CEF   | RTIFICATE HOLDER   | UPS MAINTENANCE SYSTEM                           |   |                     |  |  |                    |                                     |                              |          |  |
|   |  |  | EXPIRES: 06/30/2025 W/2(1) VR RENEWALS        |                     |  |  |                    |                                     |                              |          |  |
|   |  |  |   |                     |  |  | . ,                | , - 1-1                             |                              | AVTO SE  |  |
|   | Okaloosa County  |  |   |                     |  |  |                    |                                     |                              |          |  |
| •   |  |  |   |                     |  |  |                    |                                     |                              |          |  |
|   | 5479 Old Bethel Rd   |  |   |                     | AUTHO  | RIZED REPRESE  | TATIVE             |                                     |                              |          |  |
|   |  |  |   |                     |  | M D  |                    |                                     |                              |          |  |
|   | Crestview  |  |   | FL 32536            | Marc Rouner                                      |  |                    |                                     |                              |          |  |