CSKIDMORE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2023

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).

| | DUCER | | | | CONTA NAME: | CONTACT NAME: | | | | | |
|--|---|--------------|-------------|---------------|---|---|---------------|--|------|------------|--|
| Lowry insurance PO Box 30517 | | | | | PHONE (A/C, No, Ext): (704) 332-8871 FAX (A/C, No): | | | | | | |
| Charlotte, NC 28230 | | | | | ADDRESS: Info@lowryassoc.com | | | | | | |
| | | | | | | INS | URER(S) AFFOR | DING COVERAGE | | NAIC# | |
| | | | | | INSURE | RA: Cincinn | ati Insuran | ce Company | | 10677 | |
| INSURED | | | | | INSURER B : Employers - Workers Compensation 10346 | | | | | 10346 | |
| Boone Oakley, LLC | | | | | INSURER C : Underwriters at Lloyds London | | | | | | |
| | 1445 S Mint Street | | INSURER D: | | | | | | | | |
| | Charlotte, NC 28203 | | | | | INSURER E : | | | | | |
| | | | | | INSURE | RF: | | | | | |
| 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | WHICH THIS | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | rs | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | s | 2,000,000 | |
| | CLAIMS-MADE X OCCUR | х | x | ECP 0466856 | | 1/1/2023 | 1/1/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | MED EXP (Any one person) | \$ | 10,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | s | 2,000,000 | |
| | | | | | | | | GENERAL AGGREGATE | s | 4,000,000 | |
| | X POLICY PRO- | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 4,000,000 | |
| | OTHER: | | | | | | | | \$ | | |
| Α | AUTOMOBILE LIABILITY | | | ECP 0466856 | | 1/1/2023 | 1/1/2024 | COMBINED SINGLE LIMIT (Ea accident) | s | 1,000,000 | |
| | ANY AUTO OWNED AUTOS ONLY AUTOS | | х | | | | | BODILY INJURY (Per person) | \$ | | |
| | | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | X HIREDS ONLY X NOTES ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| | EXCESS LIAB CLAIMS-MADE | | | ECP 0466856 | | 1/1/2023 | 1/1/2024 | AGGREGATE | \$ | 1,000,000 | |
| | DED RETENTION \$ | | | | | | | | \$ | | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER OTH- | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | X | EIG256337405 | | 1/1/2023 | 1/1/2024 | E.L. EACH ACCIDENT | \$ | 500,000 | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 500,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 500,000 | |
| Α | Cyber Liability | X | | ECP 0466856 | | 1/1/2023 | | Data Defender | | 2,000,000 | |
| С | Professional Liab | | | ESK0038233577 | | 1/31/2022 | 1/31/2023 | | | 2,000,000 | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Okaloosa is named as additional insured in regards to General Liability and Automobile Liability and insurance is primary. Wavier of Subrogation applies to General Liability, Automobile Liability and Workers Compensation in favor of the additional insured. Cancellation Clause as per the policy provisions. Contract:# C19-2752-TDD BOONE OAKLEY MARKETING, ADVERTISING, AND PR FOR TDD Expires: 09/30/2025 | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | | | | | | | |
| Okaloosa County 5479A Old Bethel Road Crestview, FL 32536 | | | | | | 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 Staff: Sautt | | | | | |
| | | | | | | | | | | | |
| | ADD 15 (1046/02) | | | | | @ 40 | 00 2045 10/ | | A 11 | | |