

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/2/2023

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 PentaRisk Associates of Georgia P.O. Box 2196 Marietta GA 30061		CONTACT NAME: Robyn Byrd			
		PHONE (A/C, No, Ext): 404-809-2551	FAX (A/C, No): 404-809-2531		
		E-MAIL ADDRESS: rbyrd@pentarisk.com			
		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A: Liberty Mutual Fire Insurance Compar	23035		
Anderson Columbia Co., Inc. P.O. Box 1829 Lake City FL 32056	ANDECOL-02	INSURER B: RSUI Indemnity Company	22314		
		INSURER c : Safety National Casualty Corporation	15105		
		INSURER D: Indemnity National Insurance Compar	18468		
		INSURER E : Endurance American Specialty Insura	41718		
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: 602529278 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.

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	Y	TB2-651-289907-103	5/1/2023	5/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 300,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY	Υ	Υ	AS2-651-289907-083	5/1/2023	5/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	Х	ANY AUTO						BODILY INJURY (Per person)	\$
	Х	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
B D		UMBRELLA LIAB X OCCUR	YY	111111102110		5/1/2023	5/1/2024	EACH OCCURRENCE	\$ 10,000,000
Ĕ	Х	EXCESS LIAB CLAIMS-MADE			XS0001222 23 EXC30000098107	5/1/2023 5/1/2023	5/1/2024 5/1/2024	AGGREGATE	\$ 10,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY		Υ	SP 4066411	4/1/2023	4/1/2024	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE N		N/A					E.L. EACH ACCIDENT	\$ 1,000,000
(Mandatory in NH)		"/^					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	DES!	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

Okaloosa Board of County Commissioners is added as additional insured as required by written contract for General Liability and Auto Liability, per attached.

General Liability and Auto Liability evidenced herein are Primary & Non-Contributory to other insurance available to the additional insured as required by written contract, per attached. Waivers of Subrogation for General Liability, Auto Liability and Workers Compensation are granted in favor of the additional insured as required by written contract, per attached. Excess Liability/Umbrella is following form for general liability, and liability and employers' liability as referenced

Contract #: C21-3017-PW
ANDERSON COLUMBIA CO, INC.

CERTIFICATE HOLDER

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EXPIRES: 02/19/2025

Okaloosa County BCC	SHOUTHE EXPIRES: U2/19/2025 SHOUTHE EXPIRATION DATE THEREOF, NOTICE THE DESCRIPTION DATE THEREOF, NOTICE THE DESCRIPTION DATE THEREOF, NOTICE THE DESCRIPTION DATE THEREOF, NOTICE THEREOF, NOTICE THE DESCRIPTION DATE THEREOF, NOTICE THEREO
1759A Old Bethel Road Crestview FL 32536	AUTHORIZED REPRESENTATIVE