

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/7/2021

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 Marsh & McLennan Agency LL 6160 Golden Hills Drive	С	CONTACT NAME: Centralized Account PHONE (A/C, No, Ext):	s Servicing Team FAX (A/C, No):	100
Minneapolis MN 55416		E-MAIL ADDRESS: CAST@marshmma.com		
. 100		INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company		17370
INSURED Hawkins, Inc. 2381 Rosegate Roseville, MN 55113		INSURER B : Aspen Speciality Insurance Company		10717
		INSURER c : Great Divide Insurance Company		25224
		INSURER D: The Ins Co of the State of Pennsylvania		19429
		INSURER E:		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER: 1354509873		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.

ISR TR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		GLP20330691	9/30/2021	9/30/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 5,000,000
						MED EXP (Any one person)	\$ 25,000
6						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
0	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
С	AUTOMOBILE LIABILITY		BAP203306811	9/30/2021	9/30/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
-	X ANY AUTO					BODILY INJURY (Per person)	S
-	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
Ž	X MCS-90 X CA 99 48					Liability Deductible	\$ 25,000
4	UMBRELLA LIAB X OCCUR		FFX203307011	9/30/2021	9/30/2022	EACH OCCURRENCE	\$ 15,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 15,000,000
Î	DED X RETENTIONS 0		700				\$
DO	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		14220495	9/30/2021	9/30/2022	X PER OTH-	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		TNER/EXECUTIVE N	9/30/2021	9/30/2022	E.L. EACH ACCIDENT	\$ 1,000,000	
		117.6				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A B	Pollution Liability (Primary) Pollution Liability (Excess)		SSP201587912 EXAFVXW19	9/30/2021 9/30/2021	9/30/2024 9/30/2024	Total Limit with primary and excess	\$25,000,000 Occ \$25,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This insurance is issued pursuant to the Minnesota surplus lines insurance act. The insurer is an eligible surplus lines insurer but is not otherwise licensed by the State of Minnesota. In case of insolvency, payment of claims is not guaranteed. Companies A & B are subject to statutes and regulations of surplus lines

Re: Contract #: C19-2815-WS.

CERTIFICATE HOLDER

Okaloosa County Board of County Commissioners and their respective officials, employed required by Okaloosa County are Additional Insured on a primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are Additional Insured on the primary and non-contributory based on the county are additional Insured on the county are additiona See Attached...

CANCEL

CONTRACT # C19-2815-WS HAWKINS INC TABLET, GRANULAR & LIQUID CHLORINE & SOD HYPO EXPIRES: 9/30/2022 W/1 ONE YR RENEWAL

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview FL 32536

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID:	HAWKIINC	
LOC #:		

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ADDITIONAL REMARKS SCHEDULE

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AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Hawkins, Inc.	
POLICY NUMBER		Hawkins, Inc. 2381 Rosegate Roseville, MN 55113	
CARRIER	NAIC CODE	EFFECTIVE DATE:	
ADDITIONAL REMARKS	<u> </u>		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM	VIVIOUS CONTRACTOR CON	
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	F LIABILITY IN	ISURANCE	
Liability and Automobile Liability coverage. A Waiver of Subrogation applies in favor of the Additional Insured for Workers' Compensation, General Liability and Automobile Liability as required by written contract or agreement. Excess Liability follows form over the General Liability, Automobile Liability and Employers Liability subject to policy terms, conditions and exclusions.			