Ą	CORD <sup>®</sup>	CER	TIF	ICATE OF LIA	۱BI
CI BI	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMATIN ELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, A	/ELY O	R NE	GATIVELY AMEND, EXT ES NOT CONSTITUTE A	END
lf	IPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights	to the t	erms	and conditions of the p	olicy
PROI	DUCER				CC
Sou	thern Insurance Services, LLC				PH (A
321	N. Davis Highway				E-N AD
Pen	sacola			FL 32501	INS
NSU	RED				INS
	Aqua Verdes				INS
	725 Gulf Shore Dr				INS
					INS
	Destin			FL 32541	INS
CO	/ERAGES CE	RTIFIC	ATE	NUMBER: CL2310250	1840
IN CE E>	HIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH I	UIREME RTAIN, TI POLICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF AN SURANCE AFFORDED BY T IITS SHOWN MAY HAVE BE	Y CON HE PO
NSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	
	COMMERCIAL GENERAL LIABILITY	_		0007970440	
A		-		CPS7872410	
	OTHER: AUTOMOBILE LIABILITY				
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY				

## ILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2023

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).														
PRODUCER				CONTACT Holly Uy										
Southern Insurance Services, LLC				INFINITE FAX   PHONE (A/C, No, Ext):   (A/C, No, Ext): (850) 665-3365										
321 N. Davis Highway				ADDRESS: Holly@southern-insurance.com										
				INSURER(S) AFFORDING COVERAGE NAIC #										
Pensacola			FL 32501	INSURER A: Scottsdale Insurance Company					41297					
INSURED Aqua Verdes				INSURER B : INSURER C :										
725 Gulf Shore Dr														
					INSURER E :									
Destin		FL 32541			INSURER F :									
			NUMBER: CL231025018	RETIOION NOMBERN										
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	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s						
							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 100,	0,000 000					
							MED EXP (Any one person)	\$ 5,000						
A			CPS7872410		10/06/2023	10/08/2023	PERSONAL & ADV INJURY	\$ 1,000,000						
GEN'LAGGREGATE LIMIT APPLIES PER:							GENERALAGGREGATE	\$ 2,000,000						
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000						
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$						
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$						
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)							
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$						
								\$						
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$						
EXCESS LIAB CLAIMS-MADE	{						AGGREGATE	\$						
DED RETENTION \$							PER OTH- STATUTE ER	\$						
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$						
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE							
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL			-	-	-									
Certificate Holder is included as an Additional Ir	sured	l with 1	respects to the General Liabili	ity when	required by w	ritten contract.								
CONTRACT: C23-3344-TDD Agua Verdes, Inc. Freedive Spearfishing Tournament Management Servic EXPIRES:05/30/2024 w (4) 1 YR RENEWALS														
CERTIFICATE HOLDER				CANC	-	_0.00/30/20	~~ ** (*) I IN NENEV	ALJ						
Okaloosa County BCC			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
5479A Old Bethel Road				AUTHORIZED REPRESENTATIVE										
Crestview			FL 32536	That we										

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