

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/6/2022

CI Bi Ri	IS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	VEL' URA ID TI	/ OR NCE IE CI	NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	Exten Te a c	ND OR ALT CONTRACT	ER THE CO BETWEEN	VERAGE AFFORDED E THE ISSUING INSURER(3Y TH S), AL	E POLICIES JTHORIZED	
lf	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec is certificate does not confer rights to	t to	the	terms and conditions of	the poli ch end	icy, certain p orsement(s)	oolicies may	require an endorsement	sorb t, Asi	e endorsed. tatement on	
			φαj LI	isute nonder in ned of Su	CONTAC	T Stephani	e Estes, Cl	C, CISR			
Fitts 1806	PRODUCER Fitts Agency Inc. 1806 6th Street Tuscaloosa, AL 35401					CONTACT Stephanie Estes, CIC, CISR NAME: PHONE (A/C, No, Ext): (205) 342-3523 E-MARE appREss: sestes@fittsagency.com					
Tust	aloosa, AL 33401				ADDACS					NAIC #	
					INSURE	RA:Phoenb	k Insurance	Co		25623	
INSU					INSOLEKU. HUTGIOIO IIIU OOIII III					25666	
	J&P Construction Co Inc DBA Jamison Construction	Co								25674	
	PO Drawer 3147				INSURER D : Gray Surplus Lines Insurance Company				,	15889 23850	
	Tuscaloosa, AL 35403				INSURE		iarine Spec			23030	
CO				NUMBER:	L			REVISION NUMBER:			
IN	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH		REME	ENT, TERM OR CONDITION	N OF A	NY CONTRA THE POLICI	CT OR OTHER IES DESCRIB PAID CLAIMS.	ED HEREIN IS SUBJECT T		WHICH THIS	
	TYPE OF INSURANCE		SUBR WVD	· POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY			DT-CO-9H140481-PHX-2	2	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 300,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
в								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			810-2L931753-22-26-G		1/1/2022	1/1/2023	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE			
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ \$		
С	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	э \$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			CUP-9H365589-22-26		1/1/2022	1/1/2023	AGGREGATE	\$	5,000,000	
С				•				X PER OTH-	<u>₽</u>		
Ŭ	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		ŀ	UB-9H358550-22-26-G		1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
D	Excess Liab (x5M)			GSL100694		6/7/2022	1/1/2023	Each Occ/Aggregate		5,000,000	
Е	Excess Liab (x10M)			PUB817847		6/7/2022	1/1/2023	Per Occ/Aggregate		4,000,000	
REP Wor Proj Oka emp Liab	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC LACES PREVIOUS CERTIFICATE ISSU k Comp Coverage provided by the abov ect: Arbennie Pritchett WRF - Solids Ha loosa County Board of Commissioners loyees are Additional Insureds on a pri ility, Umbrella Liability and Excess Liat	e po ndlir (Owr	N 4/2 licy i: ng Ex ner), /	2/22 s for the following states: pansion Design Criteria Pa Ardurra Group, Inc. (Owne non-contributory basis wi	AL, FL, ackage r's Rep th respe	MS, GA resentative) : acts to Gener	and their resp ral Liability (ii	pective agents, consultan Icluding Completed Oper	ations	i), Auto	
Boa SEE	ra ATTACHED ACORD 101						ריד # ריסס ס	176 119			
CE	RTIFICATE HOLDER				<u>_C/</u>		CT # C22-3 STRUCTIO	N CO., INC/DBA			
Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, FL 32536					AU	JAMISON APWRF S EXPIRES	I CONSTRU OLIDS HA : 750 DAYS	JCTION COMPANY NDLING EXPANSION FROM NTP	N PR(∃ OJECT	
	1				$ \Lambda $	AA 9.	ίΩ				
AC	ORD 25 (2016/03)			<u></u>		© 19	988-2015 AC	ORD CORPORATION.	All rig	ghts reserved.	
	•	Th	e AC	ORD name and logo are	e regist	ered marks	of ACORD				



AGENCY CUSTOMER ID: J&PCONS-01

LOC #: 1

SESTES

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1	

AGENCY		NAMED INSURED J&P Construction Co Inc DBA Jamison Construction Co				
Fitts Agency Inc.						
POLICY NUMBER	· · · · · · · · · · · · · · · · · · ·	[─] PO Drawer 3147 Tuscaloosa, AL 35403				
SEE PAGE 1						
CARRIER	NAIC CODE		· · · ·			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
ADDITIONAL REMARKS	•					

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

of Commissioners (Owner) and Ardurra Group, Inc. (Owner's Representative) with respects to General Liability, Auto Liability, Umbrella Liability, Excess Liability and Workers Compensation coverages when required by written contract. 30 Day Notice of Cancellation applies.

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C B	ERTIFICATE DOES I ELOW. THIS CERT	NOT AFFIRMAT	IVEL) SURA	/ OF NCE	R OF INFORMATION ON R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
lf	SUBROGATION IS	WAIVED, subje	ct to	the	DITIONAL INSURED, the terms and conditions of ficate holder in lieu of su	the po	licy, certain	policies may			
	DUCER						ст Stephan		C, CISR		
1806	s Agency Inc. 5 6th Street					PHONE (A/C, N	o, Ext): (205) 3	342-3523	FAX (A/C, No)	(205)	342-3467
Tus	caloosa, AL 35401					E-Mail ADDRESS: sestes@fittsagency.com					
						INSURER(S) AFFORDING COVERAGE					NAIC #
		<u></u>				INSURE	RA:Nautilu	s Insurance	e Company		17370
INSU		uction Co Inc				INSURE	RB:				
		on Construction	Co			INSURE				····	
	PO Drawer 3					INSURE					<u></u>
	Tuscaloosa,	, AL 35403				INSURE					
						INSURE	RF:	· · · · · · · · · · · · · · · · · · ·		·	<u>/</u>
	VERAGES				URANCE LISTED BELOW		EEN ISSUED		REVISION NUMBER:		
IN CI E)	IDICATED. NOTWITHS ERTIFICATE MAY BE I XCLUSIONS AND COND	STANDING ANY F SSUED OR MAY	Requii Peri Polic	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF / DED Bי	NY CONTRA (THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	ED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSU	JRANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENE	RAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	
								*	MED EXP (Any one person)	\$	
]									PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT	APPLIES PER:						(GENERAL AGGREGATE	\$	
	POLICY PRO-	LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								·····	\$	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO								BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident	1 \$	
	AUTOS ONLY	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		<u></u>							· · · · · · · · · · · · · · · · · · ·	\$	
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
ĺ	EXCESS LIAB	CLAIMS-MADE						ĺ	AGGREGATE	\$	
ļ	DED RETENT		-							\$	
	WORKERS COMPENSATIO AND EMPLOYERS' LIABILI	FY VIN							PER OTH- STATUTE ER		
1	ANY PROPRIETOR/PARTNE OFFICER/MEMBER EXCLUD (Mandatory in NH)	R/EXECUTIVE	N/A					ł	E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERAT								E.L. DISEASE - EA EMPLOYE		
A	DÉSCRIPTION OF OPERAT Pollution &	IONS below			CPP2016846-16		1/1/2022	1/1/2023	E.L. DISEASE - POLICY LIMIT Each Occurrence	\$	5,000,000
1	Pollution Liability				CPP2016846-16		1/1/2022	1	Aggregate		5,000,000
REP Worl Proje Okal emp	LACES PREVIOUS CE k Comp Coverage prov ect: Arbennie Pritcheti loosa County Board of	RTIFICATE ISSU vided by the above WRF - Solids Ha Commissioners Insureds on a pri	ED ON ve pol andling (Own	l 4/2: icy is g Exp er), A	401, Additional Remarks Schedu 2/22 5 for the following states: / pansion Design Criteria Pa Ardurra Group, Inc. (Owner non-contributory basis wit	AL, FL, ickage r's Rep	MS, GA resentative) a	and their resp	ective agents, consultar		
CE	RTIFICATE HOLDER				· · · · · · · · · · · · · · · · · · ·	CAN	ELLATION				<u></u>
	Okaloosa County Purchasing Department 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

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SESTES

DATE (MM/DD/YYYY) 6/6/2022

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	. EXTEND OR A	LTER THE CO	OVERAGE AFFORDED E	BY THE POLICIES	S
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of su	the policy, certa	in policies may	NAL INSURED provision require an endorsement	s or be endorsed . A statement or	l. n
PRODUCER	CONTACT Steph		IC, CISR		·
Fitts Agency Inc.	PHONE (A/C, No, Ext): (20!	5) 342-3523	FAX (A/C, No):(205) 342-3467	
1806 6th Street Tuscaloosa, AL 35401	E-MAIL ADDRESS; sestes	s@fittsagency			
	ADDICEOU,	INSURER(S) AFFOI		NAIC #	
	INSURE A Mid-		sualty Company	23418	
INSURED	INSURER B :		21.80710-1.0080-2		
	INSURER C :				
Okaloosa County Board of Commissioners 1250 N Eglin Pkwy Ste 100	INSURER D :				
Shalimar, FL 32579	INSURER E :				
	INSURER F :	1			
COVERAGES CERTIFICATE NUMBER:	MOOKENT .		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUE			HE POLICY PERIO	D
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	on of any cont RDED by the po Been reduced	RACT OR OTHEF LICIES DESCRIE BY PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THE	S
INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EI (MM/DD/YY	FF POLICY EXP YY) (MM/DD/YYYY)	LIMIT		000
			EACH OCCURRENCE	\$ 5,000,	,000
CLAIMS-MADE OCCUR 040CP002003168	6/7/202	2 6/7/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
X Owner's & Contractor			MED EXP (Any one person)	\$	
			PERSONAL & ADV INJURY	\$ 5.000.	000
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$ 3,000,	,000
POLICY PRO- JECT LOC			PRODUCTS - COMP/OP AGG	\$	
OTHER:			COMBINED SINGLE LIMIT	\$	
			COMBINED SINGLE LIMIT (Ea accident)	\$	
			BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
HIRED AUTOS ONLY NON-OWNED			PROPERTY DAMAGE (Per accident)	\$	
			· · · · · · · · · · · · · · · · · · ·	\$	
			EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$	
DED RETENTION \$			PER OTH- STATUTE ER	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			E,L, EACH ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT		
			E.L. DISEASE - FOLIGI LIWIT		
		Ì			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sched Project: Arbennie Pritchett WRF - Solids Handling Expansion Project	ule, may be attached i	f more space is requi	ired)		
CERTIFICATE HOLDER	CANCELLATI	ON			
Okaloosa County Purchasing Department 5479A Old Bethei Road Crestview, FL 32536	THE EXPIRA	TION DATE TI E WITH THE POLI	DESCRIBED POLICIES BE C. HEREOF, NOTICE WILL CY PROVISIONS.	ANCELLED BEFOR BE DELIVERED I	te IN
	* *	<i>Fab</i>		All vights reason	
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CERTIFICATE OF LIABILITY INSURANCE

SESTES

DATE (MM/DD/YYYY) 6/6/2022

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C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	VELY O	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	VERAGE AFFO	RDED BY T	IE POLICIES	
l If	/PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec his certificate does not confer rights to	t to the	terms and conditions of	the po	licy, certain p	olicies may				
	DUCER						C, CISR			
ſ	Agency Inc.			CONTACT Stephanie Estes, CIC, CISR						
180	3 6th Street caloosa, AL 35401	PHONE (A/C, No, Ext): FAX (205) FAX (A/C, No): (205) 342-3523 E-MAIL ADDRESS: Sestes@fittsagency.com								
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
				INSURE	RA: Travele	rs Property	Casualty Co o	of America	25674	
INSL	RED			INSURE	RB:					
	J&P Construction Co, Inc. D			INSURE	RC:					
	Okaloosa County Board of C PO Drawer 3147	county Co	ommissioners	INSURE			<u> </u>			
	Tuscaloosa, AL 35403			INSURE					· _ · · · · · · · · · · · · · · · · · ·	
		INSURE								
0	VERAGES CER	TIEICAT	E NUMBER:	NOONL	<u>KF (</u>		REVISION NUM	050.		
	HIS IS TO CERTIFY THAT THE POLICIE						······································			
	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	equirem Pertain	ENT, TERM OR CONDITIC , THE INSURANCE AFFOR	N OF A	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB PAID CLAIMS	DOCUMENT WITH ED HEREIN IS SU	H RESPECT TO	D WHICH THIS	
	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY				(1111000) 11111	18376 CEL 1 1 17	EACH OCCURRENC	D	······································	
	CLAIMS-MADE OCCUR						PREMISES (Ea occur	rence) \$		
Į	[]						MED EXP (Any one p	erson) \$		
]						PERSONAL & ADV IN	IJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	ATE \$		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/	OP AGG \$		
	OTHER:							\$		
ļ	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	LIMIT		
	ANY AUTO						BODILY INJURY (Per	person) \$		
	OWNED SCHEDULED AUTOS	ļ					BODILY INJURY (Per			
ļ	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)			
							(reraccidency	\$		
	UMBRELLA LIAB OCCUR									
							EACH OCCURRENC			
	{						AGGREGATE	\$		
	DED RETENTION \$							\$ 0.000	······································	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE	OTH- ER	······································	
ļ		N/A					E.L. EACH ACCIDEN	т\$		
	(Mandatory in NH)						E.L. DISEASE - EA EI	MPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLI	CY LIMIT \$		
A	Builders Risk		660-5T953279-22		6/7/2022	6/7/2024	Limit		8,725,000	
DEC		E0 (6007				,,,,,			······	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ect: Arbennie Pritchett WRF - Solids Hai	.es (ACOR ndling Ex	u 101, Additional Remarks Sched	ule, may b	e attached if mor	e space is requi	ed)			
CE				CANC	ELLATION	·····				
				1			· · · · · · · · · · · · · · · · · · ·			
							ESCRIBED POLICI			
	Okaloosa County Purchasing	g Departi	nent	THE	EXPIRATION	I DATE TH	EREOF, NOTICE Y PROVISIONS.	WILL BE D	ELIVERED IN	
l	5479A Old Bethel Road	•		~~~	SUPPOP III	an an crock				
	Crestview, FL 32536			AUTUO	RIZED REPRESE	TATIVE		·		
			1 And Fato							

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