



J&PCONS-01

SESTES

CERTIFICATE OF LIABILITY INSURANCE

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

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.

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PRODUCER Fitts Agency Inc. 1806 6th Street Tuscaloosa, AL 35401	CONTACT NAME: Stephanie Estes, CIC, CISR		
	PHONE (A/C, No, Ext): (205) 342-3523	FAX (A/C, No): (205) 342-3467	
E-MAIL ADDRESS: sestes@fittsagency.com			
INSURED J&P Construction Co Inc DBA Jamison Construction Co PO Drawer 3147 Tuscaloosa, AL 35403	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Phoenix Insurance Co		25623
	INSURER B : Travelers Ind Company of America		25666
	INSURER C : Travelers Property Casualty Co of America		25674
	INSURER D : Gray Surplus Lines Insurance Company		15889
	INSURER E : Tokio Marine Specialty Ins Co		23850
INSURER F :			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			DT-CO-9H140481-PHX-22	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: When Req by Contract							
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			810-2L931753-22-26-G	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-9H365589-22-26	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			UB-9H358550-22-26-G	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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
E	Excess Liab (x10M)			PUB817847	6/7/2022	1/1/2023	Per Occ/Aggregate \$ 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REPLACES PREVIOUS CERTIFICATE ISSUED ON 4/22/22
Work Comp Coverage provided by the above policy is for the following states: AL, FL, MS, GA

Project: Arbennie Pritchett WRF - Solids Handling Expansion Design Criteria Package
Okaloosa County Board of Commissioners (Owner), Ardurra Group, Inc. (Owner's Representative) and their respective agents, consultants, servants and employees are Additional Insureds on a primary and non-contributory basis with respects to General Liability (including Completed Operations), Auto Liability, Umbrella Liability and Excess Liability coverages when required by written contract. A Waiver of Subrogation is provided for Okaloosa County Board

CERTIFICATE HOLDER	CA	CONTRACT # C22-3176-WS J&P CONSTRUCTION CO., INC/DBA JAMISON CONSTRUCTION COMPANY APWRF SOLIDS HANDLING EXPANSION PROJECT EXPIRES: 750 DAYS FROM NTP
Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, FL 32536	AU	<i>A 7/4 9/10</i>



ADDITIONAL REMARKS SCHEDULE

AGENCY Fitts Agency Inc.		NAMED INSURED J&P Construction Co Inc DBA Jamison Construction Co PO Drawer 3147 Tuscaloosa, AL 35403	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 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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PRODUCER Fitts Agency Inc. 1806 6th Street Tuscaloosa, AL 35401	CONTACT NAME: Stephanie Estes, CIC, CISR	
	PHONE (A/C, No, Ext): (205) 342-3523	FAX (A/C, No): (205) 342-3467
E-MAIL ADDRESS: sestest@fittsagency.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Nautilus Insurance Company		17370
INSURED J&P Construction Co Inc DBA Jamison Construction Co PO Drawer 3147 Tuscaloosa, AL 35403	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution &			CPP2016846-16	1/1/2022	1/1/2023	Each Occurrence 5,000,000
A	Pollution Liability			CPP2016846-16	1/1/2022	1/1/2023	Aggregate 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REPLACES PREVIOUS CERTIFICATE ISSUED ON 4/22/22
Work Comp Coverage provided by the above policy is for the following states: AL, FL, MS, GA

Project: Arbennie Pritchett WRF - Solids Handling Expansion Design Criteria Package
Okaloosa County Board of Commissioners (Owner), Ardurra Group, Inc. (Owner's Representative) and their respective agents, consultants, servants and employees are Additional Insureds on a primary and non-contributory basis with respects to Pollution Liability coverages when required by written contract. 30 Day Notice of Cancellation applies.

CERTIFICATE HOLDER Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, FL 32536	CANCELLATION 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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PRODUCER Fitts Agency Inc. 1806 6th Street Tuscaloosa, AL 35401	CONTACT NAME: Stephanie Estes, CIC, CISR PHONE (A/C, No, Ext): (205) 342-3523 FAX (A/C, No): (205) 342-3467 E-MAIL ADDRESS: sestest@fittsagency.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Okaloosa County Board of Commissioners 1250 N Eglin Pkwy Ste 100 Shalimar, FL 32579	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Mid-Continent Casualty Company</td> <td style="width: 20%;">NAIC # 23418</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Mid-Continent Casualty Company	NAIC # 23418	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Mid-Continent Casualty Company	NAIC # 23418												
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A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			04OCP002003168	6/7/2022	6/7/2024	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> Owner's & Contractor						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Project: Arbennie Pritchett WRF - Solids Handling Expansion Project

CERTIFICATE HOLDER Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, FL 32536	CANCELLATION 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 <div style="text-align: center; font-family: cursive;"> </div>
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INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Property Casualty Co of America		25674
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

J&P Construction Co, Inc. DBA Jamison Construction Co & Okaloosa County Board of County Commissioners
 PO Drawer 3147
 Tuscaloosa, AL 35403

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk			660-5T953279-22	6/7/2022	6/7/2024	Limit 8,725,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)
Project: Arbennie Pritchett WRF - Solids Handling Expansion Project

CERTIFICATE HOLDER Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, FL 32536	CANCELLATION 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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