**HSPEAKS** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2023

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.

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 liquid found and recomment(s).

| ti   | SUBROGATION IS WAIVED, subjectives subjectives subjectives to the subjection of the subjection is subjectives as the subjective subjecti | o the               | certificate holder in lieu of s  | uch endorsement(s)  | ī.  | require an endoisement.                        | A Statement off |
|--|--|---------------------|--|---|---|--|-----------------|
|  | DUCER  |                     |  | CONTACT Rachel Hutto PHONE (A/C, No, Ext): (334) 244-0004  FAX (A/C, No):                       |   |  |                 |
| PGI  | S, LLC dba Turner Insurance & Bondi<br>Drawer 230789   | ng C                | o.   |   |   |  |                 |
|  | ntgomery, AL 36123   |                     |  | E-MAIL<br>ADDRESS: rhutto@  |   |  |                 |
|  |  |                     |  | INSURER(S) AFFORDING COVERAGE   |   |  | NAIC#           |
|  |  |                     |  | INSURER A: Hartford Fire Insurance Co   |   |  | 19682           |
| INSL   | JRED   |                     |  | INSURER B: Travelers Property Casualty Co   |   |  | 25674           |
| Whitesell-Green Inc.<br>3881 N. Palafox St.                |  |                     |  | INSURER C : Hartfor   |   |  |                 |
|  |  |                     |  | INSURER D: Transguard Insurance Company of America  |   |  | ca 28886        |
| Pensacola, FL 32505  |  |                     |  | INSURER E :   |   |  |                 |
|  |  |                     |  | INSURER F:  |   |  |                 |
| CO   | VERAGES CER  | TIFIC               | CATE NUMBER:   |   |   | REVISION NUMBER:                               |                 |
| IN<br>C  | HIS IS TO CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH  | EQUI<br>PER<br>POLI | REMENT, TERM OR CONDITIC<br>TAIN, THE INSURANCE AFFOR<br>CIES. LIMITS SHOWN MAY HAVE | ON OF ANY CONTRA<br>RDED BY THE POLIC<br>EBEEN REDUCED BY                                       | CT OR OTHEF<br>IES DESCRIE<br>PAID CLAIMS | R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO | T TO WHICH THIS |
| INSR<br>LTR  | TYPE OF INSURANCE  | ADDL<br>INSD        | SUBR<br>WVD POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY)                | LIMITS   |                 |
| Α  | X COMMERCIAL GENERAL LIABILITY   |                     |  |   |   | EACH OCCURRENCE \$                             | 1,000,000       |
|  | CLAIMS-MADE X OCCUR  |                     | 21UENOD2108  | 1/1/2024  | 1/1/2025                                  | DAMAGE TO RENTED PREMISES (Ea occurrence) \$   | 1,000,000       |
|  |  |                     |  |   |   | MED EXP (Any one person) \$                    | 10,000          |
|  | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC   |                     |  |   |   | PERSONAL & ADV INJURY \$                       | 1,000,000       |
|  |  |                     |  |   |   | GENERAL AGGREGATE \$                           | 2,000,000       |
|  |  |                     |  |   |   | PRODUCTS - COMP/OP AGG \$                      | 2,000,000       |
|  | OTHER:   |                     |  |   |   | \$   |                 |
| A  | AUTOMOBILE LIABILITY   |                     |  |   |   | COMBINED SINGLE LIMIT (Ea accident) \$         | 1,000,000       |
|  | X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  |                     | 21UENOD2109  | 1/1/2024  | 1/1/2025                                  | BODILY INJURY (Per person) \$                  |                 |
|  |  |                     |  |   |   | BODILY INJURY (Per accident) \$                |                 |
|  |  |                     |  |   |   | PROPERTY DAMAGE (Per accident) \$              |                 |
|  |  |                     |  |   |   | \$   | 4 000 000       |
| В  | UMBRELLA LIAB X OCCUR  | 0                   | CUP-4R460117-24-NF   | 1/1/2024  | 1/1/2025                                  | EACH OCCURRENCE \$                             | 1,000,000       |
|  | EXCESS LIAB CLAIMS-MADE  |                     | CUP-4R400117-24-NF   | 1/1/2024  |   | AGGREGATE \$                                   | 1,000,000       |
|  | DED X KETENTIONS   |                     |  |   |   | ▼ PER OTH-                                     |                 |
| C  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                     | 21WEOD2B0H   | 1/1/2024  | 1/1/2025                                  | X PER STATUTE OTH-                             | 1,000,000       |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If ves, describe under  |                     | 214420020011   | 17172024  | 17172020                                  | E.L. EACH ACCIDENT \$                          | 1,000,000       |
|  |  |                     |  |   |   | E.L. DISEASE - EA EMPLOYEE \$                  | 1,000,000       |
| Б  | DÉSCRIPTION OF OPERATIONS below  Equipment Floater   |                     | IMP4000420-01  | 1/1/2024  | 1/1/2025                                  | E.L. DISEASE - POLICY LIMIT \$ Leased/Rented   | 500,000         |
| ט  | Equipment i loater   |                     | 11917-4000420-01   | 17172024  | 17172023                                  | Leased/Nemeu                                   | 300,000         |
| DES  | CRIPTION OF OPERATIONS:: CONTIONS / VEHICL   | FS (A               | CORD 101. Additional Remarks Sched   | ule, may be attached if mor   | e space is requi                          | red)   |                 |
| i _  | VIIIO  | ,                   |  | . ,,  |   | •  |                 |
| Oka  | loosa County & all other parties require   | d bv                | written contract are named as  | additional insured or   | a primary b                               | asis as respects General Lia                   | ability &       |
| Auto   | omobile Liability where required by writi  | ten c               | ontract. A waiver of subrogation   | or .  | . ,                                       | •  | ``ten           |
|  | tract as respects General Liability, Auto<br>cellation applies where required by writt   |                     |  | CONTRA  | ACT: C                                    | 23-3890-AP                                     |                 |
|  |  |                     |  | WHITESE   |   |  | *               |
|  |  |                     |  |   |   |  | -               |
| CE   | RTIFICATE HOLDER   |                     |  | Contruct Shade Canopies at the Destin  Fort Walton Beach Airport                                |   |  |                 |
|  |  |                     |  |   |   | -  |                 |
|  |  |                     |  | EXPIRES: 2  | -   |  | ORE             |
| Okaloosa Board of County Commissioners 302 N Wilson Street |  |                     |  | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |   |  |                 |
|  | Crestview, FL 32536  |                     |  | AUTHORIZED REPRESE  | NTATIVE                                   |  |                 |
|  |  |                     |  | 1 1   |   |  |                 |
|  |  |                     |  | David A Dire  | e-  |  |                 |