

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/6/2023

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.

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	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 Florida Sheriffs Risk Management Fund						CONTACT Wendy Ross							
	P.O. Box 12909				PHONE SECOND COST					0-320-6939			
		Tallahassee, FL 32317	17				ss: Wendy.						
						INSURER(S) AFFORDING COVERAGE NAIC							
						INSURER A : FL Sheriffs Workers' Compensation Self Insurance Program							
INSURED Okaloosa County Sheriff's Office						INSURER B:							
		50 2nd Street				INSURE							
		Shalimar, FL 32579				INSURER D:							
						INSURER E:							
L						INSURE							
	VERA	 			NUMBER:	<u>/_ D</u>	N IOCUED TO		REVISION NUMBER		IOV PERIOD		
li C	NDICAT ERTIFI	TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY I	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RED D HEREIN IS SUBJEC	SPECT TO	WHICH THIS		
INSF LTR		SIONS AND CONDITIONS OF SUCH	ADDL	SUBR	T	BEEN I	POLICY EFF (MM/DD/YYYY)		r				
LTR		TYPE OF INSURANCE RAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
	\vdash	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$			
	1	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence				
		CLAINS-WADE CCCOR							MED EXP (Any one person PERSONAL & ADV INJUR	<u> </u>			
	-								GENERAL AGGREGATE	\$			
	GEN'L	. AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMPION A				
		POLICY PRO-								\$			
	AUTO	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO							BODILY INJURY (Per pers	on) \$			
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accid	dent) \$			
	H	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
										\$			
	\vdash	JMBRELLA LIAB OCCUR		ľ					EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION \$ KERS COMPENSATION							X WC STATU- TORY LIMITS	STH-			
AND EMPLOYER ANY PROPRIETO		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE Y/N								ER	0.000		
		ER/MEMBER EXCLUDED?	N/A	1	24-FSRMF-46		10-01-23	09-30-24	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLO	\$ 1,000			
	If yes,	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI				
	BLOO	THE HOLL OF CLEANING PRICE							L.L. DIOLNOL 1 OLIO1 LI	Q,GG	-,		
DES	CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach	ACORD 101, Additional Remarks	Schedule		·					
Workers' Compensation coverage applicable to law enforcement officers when CONTRACT: C19-2763-BCC													
									nty Sheriff's O				
						1			Communicatio		:er		
	EXPIRES:Auto Renewal Yearly												
CERTIFICATE HOLDER CA							CANCELLATION 30 DAY WRITTEN NOTICE						
	Okalo	osa County Board of County	Co	mmi	ssioners								
l		. Wilson Street		-24					ESCRIBED POLICIES E				
		view, FL 32536				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
_						AUTHORIZED REPRESENTATIVE							
· ·					Wordy M. Ross								



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PRODUCER Florida Sheriffs Risk Man	CONTACT Wendy Ross									
2090 Summit Lake Dr.	PHONE 950 220 6009 FAX					0-320-6939				
Tallahassee, FL 32317	E-MAIL ADDRESS: Wendy.Ross@fsrmf.org									
•	INSURER(S) AFFORDING COVERAGE NAIC #									
				INSURER A: FLORIDA SHERIFFS SELF-INSURANCE PROGRAM						
INSURED Okaloosa County Sheriff's	INSURER B:									
50 2nd Street	INSURER C:									
Shalimar, FL 32579		INSURER D:								
Ghainnai, i E 3237 3				INSURER E :						
				INSURER F:						
COVERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO 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 IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
GENERAL LIABILITY		.,,,,,				,	EACH OCCURRENCE \$			
COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
CLAIMS-MADE OCCUR							MED EXP (Any one		\$	
							PERSONAL & ADV		\$	
						,	GENERAL AGGRE	GATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM	P/OP AGG	\$	
POLICY PRO- JECT LOC									\$	
AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	ELIMIT	\$	
ANY AUTO							BODILY INJURY (P	er person)	\$	
ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (P		\$	
HIRED AUTOS NON-OWNED AUTOS		1					PROPERTY DAMA (Per accident)	GE	\$	
									\$	
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION \$									\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH-		
AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
DÉSÉRIPTION OF OPERATIONS below			1				E.L. DISEASE - PO	LICY LIMIT	\$	
A Law Enforcement Professional Liability including Premises Liability	including Premises Liability						\$5,000,000 each occurrence;			
24-FSRMF-46				10/01/2023	10/1/2024	\$10,000,000 annual aggregate;				
				\$1,000,000 addition	al insured lim	nit				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Interlocal Agreement for Consolidated Dispatch										
CERTIFICATE HOLDER	CANC	CANCELLATION 10 DAY WRITTEN NOTICE								
Additional Insured:										
			-88				ESCRIBED POLICE			
Okaloosa County Board of Cour	ity C	omn	nissioners				EREOF, NOTICE BY PROVISIONS.	. VVILL E	'E NE	FIAEVED IM
Risk Management										
302 N. Wilson Street, Suite 301	AUTHORIZED REPRESENTATIVE									
Crestview, FL 32536					Wendy M. Ross					



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Tallahassee, FL 32317 E-MAIL ADDRESS: Wendy.Ross@fsrmf.org INSURER(S) AFFORDING COVERAGE INSURER A: SHERIFF'S AUTOMOBILE RISK PROGRAM (SHARP) INSURER B:									
Tallahassee, FL 32317 E-MAIL ADDRESS: Wendy.Ross@fsrmf.org INSURER(S) AFFORDING COVERAGE INSURER A: SHERIFF'S AUTOMOBILE RISK PROGRAM (SHARP) INSURED INSURER B:	NAME: Welldy Ross								
INSURER B: ADDRESS: Welldy.Ross@isimi.org INSURER(S) AFFORDING COVERAGE INSURER A: SHERIFF'S AUTOMOBILE RISK PROGRAM (SHARP)	0-320-6939								
INSURER A: SHERIFF'S AUTOMOBILE RISK PROGRAM (SHARP) INSURED INSURER B:									
INSURED INSURER B:	INSURER(S) AFFORDING COVERAGE NAIC #								
INSURER B.	INSURER A: SHERIFF'S AUTOMOBILE RISK PROGRAM (SHARP)								
Okalana County Shariffa Office	INSURER B:								
Okaloosa County Sheriff's Office INSURER C:	INSURER C:								
50 2nd Street INSURER D:	INSURER D:								
Shalimar, FL 32579 INSURER E:	INSURER E:								
•	INSURER F:								
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GENERAL LIABILITY EACH OCCURRENCE \$									
COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) \$									
CLAIMS-MADE OCCUR MED EXP (Any one person) \$									
PERSONAL & ADV INJURY \$									
GENERAL AGGREGATE \$									
GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$,								
POLICY PRO- LOC \$									
AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) \$ 500.	000								
ANY AUTO BODILY INJURY (Per person) \$									
ALL OWNED AUTOS X SCHEDULED AUTOS 10/01/2023 10/1/2024 BODILY INJURY (Per accident) \$									
HIRED AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) \$									
X PHYSICAL DAMAGE COVERAGE SUBJECT TO DEDUCTIBLE COMP & COLLISION: 500.00 \$									
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$									
EXCESS LIAB CLAIMS-MADE \$									
DED RETENTION\$									
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY									
ANY PROPRIETOR/PARTNER/EXECUTIVE F.I. EACH ACCIDENT \$									
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$									
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$									
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
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	micrioca agreement for consolitated properties								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Interlocal agreement for Consolidated Dispatch									
Interlocal agreement for Consolidated Dispatch									
Interlocal agreement for Consolidated Dispatch CERTIFICATE HOLDER CANCELLATION 30 DAY WRITTEN NOTICE									
Interlocal agreement for Consolidated Dispatch	.ED BEFORE								
Interlocal agreement for Consolidated Dispatch CERTIFICATE HOLDER Additional Insured: Okaloosa County Board of County Commissioners CANCELLATION 30 DAY WRITTEN NOTICE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELIED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DE									
CERTIFICATE HOLDER CANCELLATION 30 DAY WRITTEN NOTICE Additional Insured: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELIA									
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