

## 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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy certificate holder in lieu of such endors	•		nuoisement. A si	atement on th	is certificate does not co	mer rights to the			
PRODUCER Florida Sheriffs Risk Mana	gemer	nt Fund	CONTACT Wendy Ross						
2090 Summit Lake Drive	_		PHONE (A/C, No, Ext): 850-320-6908 FAX (A/C, No): 850-320-6939						
Tallahassee, FL 32317			E-MAIL ADDRESS: Wendy.Ross@fsrmf.org						
			INSURER(S) AFFORDING COVERAGE NAIC #						
			INSURER A: SHERIFF'S AUTOMOBILE RISK PROGRAM (SHARP)						
INSURED	·		INSURER B:						
Okaloosa County Sheriff's O	ffice		INSURER C:						
50 2nd Street			INSURER D:						
Shalimar, FL 32579			INSURER E:						
			INSURER F:						
		TE NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTRACTED BY THE POLICE	T OR OTHER ES DESCRIBE	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO WHICH THIS			
INSR LTR TYPE OF INSURANCE	ADDL SUI	BR		POLICY EXP (MM/DD/YYYY)	LIMITS	i			
GENERAL LIABILITY	INOK W	VD JOHN HOMBER	(MINIDDITITI	, (man > > 1 1 1 1 1 )		\$			
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	\$			
CLAIMS-MADEOCCUR					MED EXP (Any one person)	\$			
						\$			
						\$			
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						\$ \$			
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000			
ANY AUTO						\$			
ALL OWNED X SCHEDULED AUTOS		24-FSRMF-46	10/01/2023	10/1/2024		\$			
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
	E COVER	AGE SUBJECT TO DEDUCTIBLE CO	OMP & COLLISION:	500.00		\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
DED RETENTION \$					1	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				1	WC STATU- TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$			
(Mandatory in NH)  If yes, describe under					E.L. DISEASE - EA EMPLOYEE				
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Atta	ch ACORD 101, Additional Remarks	Schedule, if i	i	I	Signature.			
	•	•	•	NITO A CT	r caa aasa TDD				
Interlocal agreement for Consolidated Dispatch	h		CONTRACT: C22-3252-TDD						
			Okaloosa County Sheriff's Office						
			Marine Law Enforcement Services						
			EX	PIRES:In	definite				
				, 20 DAY	THE THE MAN TO THE				
CERTIFICATE HOLDER			CANCELLATION	Y SU DAY	WRITTEN NOTICE				
Additional Insured:			SHOULD ANY O	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELLED BEFORE			
Okaloosa County Board of Count	y Com	missioners	THE EXPIRATION	ON DATE TH	EREOF, NOTICE WILL B				
302 N. Wilson Street			ACCORDANCE WITH THE POLICY PROVISIONS.						
Crestview, FL 32536			AUTHORIZED REPRESENTATIVE						
			1 2	enaus	M. Ross				



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the cerf	terms and conditions of the policy ificate holder in lieu of such endors	, cerl	ain p	olicies may require an e	ndorse	ment. A stat	tement on th	is certificate does not co	onfer r	ights to the	
PRODUCER Florida Sheriffs Risk Management Fund					CONTACT Wendy Ross						
riorida Sherms Risk manayement Fund						PHONE 950 200 COOR FAX					
2090 Summit Lake Dr.						Mondy F			85	0-320-6939	
	Tallahassee, FL 32317				ADDRESS: Wendy.Ross@fsrmf.org						
					INSURER(S) AFFORDING COVERAGE NAIC #						
INSURE	D Okalasaa Carrety Shariffia			·	INSURER A: FLORIDA SHERIFFS SELF-INSURANCE PROGRAM						
	Okaloosa County Sheriff's	UTTIC	e		INSURER B:						
	50 2nd Street				INSURER C: INSURER D:						
	Shalimar, FL 32579				INSURER E:						
					INSURER F:						
COVE	RAGES CER	TIFIC	CATE	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 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	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
G	ENERAL 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	\$		
G	EN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$		
A	UTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
-	HIRED AUTOS AUTOS							(Per accident)	\$		
	LIMBELLA LIAB								\$		
-	UMBRELLA LIAB OCCUR		}					EACH OCCURRENCE	\$		
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
- W	DED RETENTION \$ ORKERS COMPENSATION							WC STATU- OTH-	\$		
A	ND EMPLOYERS' LIABILITY Y / N							I TORY LIMITS I ER			
10	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
lf	Mandatory in NH)  yes, describe under										
	ÉSCRIPTION OF OPERATIONS below  W Enforcement Professional Liability	_						\$5,000,000 each occurrence;	\$		
ine	cluding Premises Liability			24-FSRMF-46		10/01/2023	10/1/2024	\$10,000,000 annual aggregate;			
				24-P3KWF-40		10/01/2020	10/1/2024	\$1,000,000 additional insured lim	ıit		
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
Interlocal Agreement for Consolidated Dispatch											
CERTIFICATE HOLDER CANCELLATION 10 DAY WRITTEN NOTICE											
	dditional Insured:										
								ESCRIBED POLICIES BE CA			
Okaloosa County Board of County Commissioners								EREOF, NOTICE WILL E CYPROVISIONS.	ic Del	FIAEKED IN	
R	isk Management										
302 N. Wilson Street, Suite 301						AUTHORIZED REPRESENTATIVE					
Crestview, FL 32536						Coop. Muchanole!					
					Wendy M. Pros						



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		ns and conditions of the policy, ate holder in lieu of such endors		•		idorse	ment. A stat	tement on th	is certificate does not co	onfer ri	ghts to the		
PRODUCER Florida Sheriffs Risk Management Fund					CONTACT Wendy Ross								
P.O. Box 12909						PHONE (A/C, No, Ext): 850-320-6908 FAX (A/C, No): 850-320-6939							
		Tallahassee, FL 32317				E-MAIL ADDRESS: Wendy.Ross@fsrmf.org							
						INSURER(S) AFFORDING COVERAGE NAIC #							
						INSURER A: FL Sheriffs Workers' Compensation Self Insurance Program							
INSU	RED	Okaloosa County Sheriff's	Offic	e		INSURER B:							
		50 2nd Street				INSURER C:							
		Shalimar, FL 32579				INSURER D:							
						INSURER E:							
						INSURER F:							
CO	/ERA	GES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:							
IN CI EX	DICAT ERTIFI	TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY REICATE MAY BE ISSUED OR MAY SHOWS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EMEN AIN, T CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an' Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO V	WHICH THIS		
INSR LTR	07117		INSR	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
		RAL LIABILITY								\$			
	C	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
		CLAIMS-MADE OCCUR								\$			
	-									\$			
										\$			
		AGGREGATE LIMIT APPLIES PER:								\$			
		POLICY PRO- LOC  MOBILE LIABILITY			<u> </u>				COMBINED SINGLE LIMIT	Ф			
									(Ea accident)	\$			
		ANY AUTO ALL OWNED SCHEDULED								\$			
	F	AUTOS AUTOS NON-OWNED		İ					PROPERTY DAMAGE	\$			
	H 1	HIRED AUTOS AUTOS							(Per accident)	\$			
		JMBRELLA LIAB OCCUP											
		- OCCOR								\$			
	-	GLAING-MADE								\$			
		DED RETENTION \$  KERS COMPENSATION							X WC STATU- OTH- TORY LIMITS ER	\$			
AND		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE						1	\$ 1,000	000			
A	OFFIC	CER/MEMBER EXCLUDED?		2	24-FSRMF-46		10-01-23	09-30-24	E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE				
(Man		datory in NH) , describe under CRIPTION OF OPERATIONS below											
	DESC	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		ON OF OPERATIONS / LOCATIONS / VEHIC											
Workers' Compensation coverage applicable to law enforcement officers when performing law enforcement duties.													
CERTIFICATE HOLDER							CANCELLATION 30 DAY WRITTEN NOTICE						
Okaloosa County Board of County Commissioners						611-		TIP 150.22	FOODIDED DOLLOWS TO THE		ED DEFADE		
302 N. Wilson Street									ESCRIBED POLICIES BE CA EREOF. NOTICE WILL B				
Crestview, FL 32536						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
						AUTHORIZED REPRESENTATIVE							
							12.00						