

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/13/2023

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.									
WPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must 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 lieu of such endorsement(s).					CONTACT Daniel Gomez-Rep				
Randy Jones & Associates, Inc.					PHONE (256) 878-3271 FAX (A/C, No): (256) 878-1909				
8600 Highway 431					A/C.No.Ex0: E-MAN ADDREss: daniel-gomez@leavitt.com				
PO Box 1576					INSURER(S) AFFORDING COVERAGE NAIC #				
Albertville AL 35950					INSURERA: Sentinel Insurance Company, LTD				
INSURED					INSURER B: The Travelers Indemnity Company of Amer				
					INSURER C :				
224 Williams Rd					INSURER D :				
Mike Romano									
04110012220					INSURER F: REVISION NUMBER:				
THIS IS TO OFSTIEV THAT THE POLICIES OF	INSU	RANC	ELISTED BELOW HAVE BE	EN ISSU	ED TO THE IN	SURED NAME	D 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 TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
							EACH OCCURRENCE \$	1,000,000	
A CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$	1,000,000	
			21SBABW6654		9/2/2022	9/2/2023	MED EXP (Any one person) \$	1,000,000	
							PERSONAL & ADV INJURY \$	2,000,000	
		i					GENERALAGGREGATE \$	2,000,000	
						1	TECHL \$	,	
AUTOMOBILE LIABILITY			· · · · · · · · · · · · · · · · · · ·			<u> </u>	COMBINED SINGLE LIMIT \$		
							BODILY INJURY (Per person) \$		
ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
HIRED AUTOS							PROPERTY DAMAGE \$ (Per accident)		
					ļ	ļ	\$\$		
UMBRELLA LIAB OCCUR							EACH_OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	<u> </u>	
DED RETENTION \$	+				·	<u> </u>	X PËR OTH- STATUTE ER		
							E.L. EACH ACCIDENT \$	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		UB0T481664		1/1/2023	1/1/2024	E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
B (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	1						E.L. DISEASE - POLICY LIMIT \$	1,000,000	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, me Contract:# C19-2788-IT									
		0	DOCUSTOR						
					UNITED RETRIEVAL LICENSE				
Expires: 02/29/2024 W/2 (1) YR RENEWA								ALS	
				-					
CERTIFICATE HOLDER			· · · · · · · · · · · · · · · · · · ·	CAN	CELLATION				
							ESCRIBED POLICIES RE CANCELLE	D BEFORE	
Okaloosa County 5479 Old Bethel Road					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
							A		
				Dani	el Gomez/I		Daniel Duney		
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