Client#: 1006889

08DRUGFRE3

 $ACORD_{++}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/08/2022

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 any rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not confer any righ	nts to	the	certificate holder in lieu c			nt(s).					
	DUCER				CONTA NAME:	СТ						
McGriff Insurance Services						PHONE (A/C, No, Ext): 770 429-0482 FAX (A/C, No): 8669257122						
	5 Barrett Lakes Blvd #320				E-MAIL ADDRE							
Kennesaw, GA 30144						INSURER(S) AFFORDING COVERAGE					NAIC#	
770 429-0482						INSURER A : Evanston Insurance (Jencap)					35378	
INSURED Drug Froe Workplaces USA LLC						INSURER B:						
Drug Free Workplaces USA LLC 4300 Bayou Blvd Suite 13						INSURER C:						
Pensacola, FL 32503						INSURER D :						
i Gilodoold, i E Okovo						INSURER E :						
COVERAGES CERTIFICATE NUMBER:						INSURER F: REVISION NUMBER:					<u> </u>	
TH IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY P ICLUSIONS AND CONDITIONS OF SUCH	OF QUIRI PERTA POL	INSUI EMEN IN, T	RANCE LISTED BELOW HAY T, TERM OR CONDITION OF THE INSURANCE AFFORDER LIMITS SHOWN MAY HAY	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED F	THE INSURED R OTHER DOO DESCRIBED I BY PAID CLAI	NAMED ABOVE CUMENT WITH F HEREIN IS SUBJ	FOR THE	TO WH	IICH THIS	
INSR LTR		ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ		\$		
								MED EXP (Any one	регзоп)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$		
	POLICY JECT LOC						}	PRODUCTS - COM	P/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	E LIMIT			
						:		(Ea accident) BODILY INJURY (P	er nemon)	\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS						}	BODILY INJURY (P		\$		
	HIRED NON-OWNED							PROPERTY DAMA		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICF	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	ENT	\$		
	(Mandatory in NH)	177						E,L, DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICYLIMIT	\$		
Α	Professional			MKLV2PSM000844		12/08/2022	12/08/2023	3 \$1,000,000 Each Claim \$3,000,000 Aggregate				
on and Sch Sch (Se	cription of operations / Locations / Vehicle / Color of operations / Services: Medic / Vered Operations / Services: Medic / Orug & Alcohol Testing, Fingerpr HIV Testing Service; Claims Managed of Insured Physicians: Monedule of Insured Physicians: Rice Attached Descriptions) RTIFICATE HOLDER Okaloosa County BCC 302 N Wilson Street Suite 203	cal R intir de; F rris	evie ıg, O Retro Siml	w Services, Drug & Ale ordering Background & o Date: 12/08/05; Deduc nachalam, DO; Retro D	cohol MVR ctible: 1 to D (I	Testing Ser Checks, DN \$0 Each Cl 2/08/16 (Te 20/04/47 CONTRAC DRUG FR DRUG TES EXPIRES:	rvices, Train NA Testing, aim; rm date - 09 CT# C07- EE WORI STING SE 12/31/204	ning/Consulti TB Testing 9/27/17); 1496-HR KPLACE ERVICES	ing		FORE O IN	
Crestview, FL 32536						AUTHORIZED REPRESENTATIVE						
,						Paula D. Layton						

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	DESCRIPTIONS (Continued from Page 1)										
Schedule of Insured Physicians: Wade H. Melvin MD; Retro Date: 06/09/17; Additional Named Insured: Drug Free Workplaces, Inc. Retro Date: 12/08/05; Term Date: 12/08/18; THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.											