

## CERTIFICATE OF LIABILITY INSURANCE

OP ID: NE DATE (MM/DD/YYYY)

1

					10/09/2023				
THIS CERTIFICATE IS ISSUED AS A MATTER OF CERTIFICATE DOES NOT AFFIRMATIVELY OR NI BELOW. THIS CERTIFICATE OF INSURANCE DO REPRESENTATIVE OR PRODUCER, AND THE CERT	EGATIVELY AMEND, E DES NOT CONSTITUTE	EXTEND OR AL	TER THE CO	OVERAGE AFEORDED	TE HOLDER, THIS				
IMPORTANT: If the certificate holder is an ADDITIC If SUBROGATION IS WAIVED, subject to the terms this certificate does not confer rights to the certifica	and conditions of the	nolicy certain (	nolicies may	NAL INSURED provisio require an endorsement	ns or be endorsed. nt. A statement on				
PRODUCER 850-72									
Niceville Insurance Agency 109 Bullock Błvd Niceville, FL 32578 Garrett Floyd JDF Architecture LLC 201 Hollywood Blvd, NE Fort Walton Beach, FL 32548		CONTACT Garrett Floyd PHONE (A/C, No, Ext): 850-729-2131 E-MAIL ADDRESS: garrett@niafl.net							
									······································
								ORDING COVERAGE	NAIC #
		SURER A : South	ern Uwners	Insurance Co	10190				
		NSURER B : Progre			10192				
		INSURER C : Everest National Insurance Co							
							IN	ISURER F :	
		COVERAGES CERTIFICATE NU				<b>REVISION NUMBER:</b>			
		THIS IS TO CERTIFY THAT THE POLICIES OF INSURANC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMIT	ERM OR CONDITION OF	F ANY CONTRACT BY THE POLICIE EN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO MURCH THIS		
		LTR TYPE OF INSURANCE INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LiMi	rs		
A X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	s 1,000,000				
CLAIMS-MADE X OCCUR X 7829	2945	10/02/2023	10/02/2024		. 300,000				
				1	. 10,000				
· · · · · · · · · · · · · · · · · · ·		i	ļ	MED EXP (Any one person)					
				PERSONAL & ADV INJURY	<u>s</u> 1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	s 3,000,000				
X POLICY JECT LOC				PRODUCTS - COMP/OP AGG	s 3,000,000				
OTHER			1		·····				
B AUTOMOBILE LIABILITY		1		COMBINED SINGLE LIMIT	<u> </u>				
ANY AUTO 0382	2205	20/20/2022		(Ea accident)	\$				
OWNED SCHEDULED	£260	06/22/2023	06/22/2024	BODILY INJURY (Per person)	<u>s</u>				
AUTOS ONLY AUTOS				BODILY INJURY (Per accident)	\$				
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY				PROPERTY DAMAGE (Per accident)	s				
					•				
UMBRELLA LIAB OCCUR	······································				-				
EXCESS LIAB CLAIMS-MADE				EACH OCCURRENCE	<u></u>				
i station and a second				AGGREGATE	<u>\$</u>				
DED RETENTION \$					\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER					
ANY PROPRIETOR PARTNER/EXECUTIVE			i	E.L. BACH ACCIDENT	\$				
OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)			2						
If yes, describe under DESCRIPTION OF OPERATIONS below		1		E.L. DISEASE - EA EMPLOYEE	· · · · · · · · · · · · · · · · · · ·				
	2000424221	08/10/2023	08/40/2024	EL DISEASE - POLICY LIMIT	5				
	******	00/10/2023			2,000,000				
				EachClaim	2,000,000				
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, A he Certificate Holder is listed as Additional Insur urposes.	dditional Remarks Schedule, m ed for General Liabil	it CONTR/ JFD ARC	ACT #: C2 CHITECTL	23-3358-TDD JRE, INC.					
		ARCHIT	ECTURAL	SERVICES FOR T	DD D				
		FYDIPA		18/2026 W/2 1 YR F	RENEWALS				
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ERTIFICATE HOLDER	CA			<u>-</u> .					
	OKALO32			·····					
				SCRIBED POLICIES BE CA	NOELLED DECODE				
Okaloosa County Board of County Commissioners	דן	HE EXPIRATION	DATE THE	REOF. NOTICE WILL B	E DELIVERED IN				
5489 Old Bethel Rd	AUT	HORIZED REPRESEN	TATIVE						
Crestview, FL 32536									
	U	Bantt	5 Joyo/		Ì				
	<u> </u>								
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