

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/21/2022

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(ies) 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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER							NAME	EUC AAUU				
Gillman Insurance Problem Solvers					PHONE (678) 297-7977 FAX (A/C, No): (678) 297-9575							
1117	5 Cicero	Drive					E-MAIL					
Ruile	lina 200	Suite 575					ADDALSS					
		Cuite of C				GA 30022		Transpor	rtation Insuran	RDING COVERAGE		NAIC # 20494
	aretta					GA 30022	INSURE	RA: Hanspor	itation modrant	De Company		20434
INSU	RED						INSURE	RB:				
		Professional Pro		s, Inc			INSURE	RC:				
		327 S. Hill Stree	et, Building A				INSURE	RD:				
							INSURE	RE:				
		Buford				GA 30518	INSURER F:					
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(Mandatory in NH)					0021200002		00/10/2022	00, (0,2020	E,L. DISEASE - EA EMPLOYEE	s 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
Excl	uded Offi	cer: Clay Cox - Foi	under and Cons	ultant								
CONTRACT # C18-2718-JUD												
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CER	HEICAI	E HOLDER					C/	•			***************************************	
							SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLE	BEFORE
								EXPIRATION D	DATE THEREOF	, NOTICE WILL BE DELIVER		
Okaloosa County							ACC	ORDANCE WIT	TH THE POLICY	PROVISIONS.		
		1940 Lewis Turn	ner Blvd.									
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		Fort Walton Bea	ch			FL 32547				\mathcal{A}		
1 STEP TRANSPORT												

GENCY CUSTOMER ID:	00005939
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LOC#:

ADDITIONAL REMARKS SCHEDULE	Page	6
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AGENCY		NAMED INSURED			
Gillman Insurance Problem Solvers		PROFESSIONAL PROBATION SERVICE INC			
POLICY NUMBER					
CARRIER	NAIC CODE				
		EFFECTIVE DATE:			
ADDITIONAL DEMARKS					

CARRIER	NAIC CODE									
EFFECTIVE DATE:										
ADDITIONAL REMARKS										
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORI	D FORM,									
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	y Insurance: No	tes								
*INFORMATION PROVIDED ON A CERTIFICATE OF INSURANCE IS REGULATED BY THE GEORGIA DEPARTMENT OF INSURANCE. FOR NFORMATION REGARDING FURTHER REQUESTS FOR CHANGES TO THIS CERTIFICATE OF INSURANCE, PLEASE REFER TO THE FOLLOWING SEORGIA DEPARTMENT OF INSURANCE WEBSITE FOR GOVERNING RULES:										
https://www.oci.ga.gov/agents/certificatesofinsurance.aspx										
FAILURE TO COMPLY WITH REGULATIONS COULD RESULT IN FINES UP TO \$5,000 PER VIOLATION.										



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Sutlery McLellan & Gilbreath, Inc. 33 Bullord Village Way, Suite 329 Buford GA 30516 Buford GA 30516 Buford GA 30518 Bufor	th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	uch en	dorsement(s)).				
33 Buford Village Way, Suite 329 Buford CA 30518 MAGERS: Independent Commentary Comments (Comments) Comme			CONTACT NAME: Heather Giddens									
Buford GA 30518 Bushers Bearley Group	Sutter, McLellan & Gilbreath, Inc											2-3971
INSURER S. Specially Underwriters 13037 INSURER R. Specially Underwriters 130	But	ord GA 30518										
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INSURER B: Beazley Group						INSURE						13037
Professional Probation Services, Inc. 3927 South Hill Street, Building A Buford GA 30518 RESURER C: OBE Insurance Corporation RESURER C: OBE Insurance Company RESURT C: OB	INSU	RED			JUDIMAN-01							
BUFORD GA 30518 INSURER D. Great American Insurance Company 16691 INSURANCE DESCRIPT THAT THE POLICIES COMPANY PERIOD NUMBER: T111341948 THE INSURANCE ON OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY PAVE BEEN RESULED CO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY PAVE BEEN RESULED CO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY PAVE BEEN RESULED OR WAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH PAVE BEEN RESULED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BEEN RESULED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED HERRIN IS SUBJECT TO WHICH THIS SHOWN MAY BE DESCRIBED H									oration			39217
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Judicial Management Resources, LLC	Additional Named Insureds:											
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Crime Policy: United States Fire Insurance Company - 626038433 1 - 09/01/2021 - 09/01/2022 - Limit - 25,000			Com	рапу	- UZOUJO4JJ 1 - UB/U1/ZUZ			at - 20,000				
CERTIFICATE HOLDER CANCELLATION	CE	RTIFICATE HOLDER				CAN	LELLATION			•••		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					SHC	OHED ANY OF T	THE ABOVE D	ESCRIBED POLI	CIES BE C	ANCELI	LED BEFORE	
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN	1					THE	EXPIRATION	DATE TH	EREOF, NOTICE			
		Okologo County	ACCORDANCE WITH THE POLICY PROVISIONS.									
Okaloosa County 1940 Lewis Turner Blvd Authorized Representative		1940 Lewis Turner Blvd	AUTHORITO PERPOPINATIVE									

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Fort Walton Beach FL 32547

AUTHORIZED REPRESENTATIVE

PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART LIQUOR LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

AUTOMATIC ADDITIONAL INSURED - WHEN REQUIRED IN ANY NON-CONSTRUCTION CONTRACT OR AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. SECTION II WHO IS AN INSURED is amended to include as an additional insured any person or organization when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on this Coverage Part, but only with respect to "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf;

in the performance of "your work" operations for that additional insured. A person or organization's status as an insured under this endorsement continues for only the period of time required by the written contract or agreement, but in no event beyond the expiration date of this Coverage Part. If no period of time is required by the written contract or agreement, a person or organization's status as an insured under this endorsement ends when your operations for that insured are completed.

The written contract or agreement must be currently in effect or become effective during the term of this Coverage Part. The contract or agreement must be executed prior to the "bodily injury", "property damage" or "personal and advertising injury" to which this endorsement pertains.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering, surveying or construction management services, including:

- The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications;
- Providing or hiring independent professionals to provide engineering, architectural, surveying or construction management services; or
- c. Supervisory or inspection activities performed as part of any related architectural, engineering or construction management activities.

Professional services do not include services within construction means, methods, techniques, sequences and procedures employed by you in connection with construction work you perform.

- "Bodily injury", "property damage" or "personal and advertising injury" to any employee of you or to any obligation of the additional insured to indemnity another because of damages arising out of such injury.
- 3. "Bodily injury", "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.
- C. With respect to the insurance afforded to these additional insureds, SECTION III - LIM-ITS OF INSURANCE is amended to include:

The limits applicable to the additional insured are those specified in the written contract or agreement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the written contract or agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

D. With respect to the insurance afforded to these additional insureds, SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless you have agreed in a written contract or written agreement executed prior to any loss that this insurance will be primary. This insurance will be noncontributory only if you have so agreed in a written contract or written agreement executed prior to any loss and this coverage is determined to be primary.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - PER CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to Paragraph 8. Transfer of Rights of Recovery Against Others to Us of SECTION IV - CONDITIONS:

If you have agreed, in a written contract or agreement, to provide a waiver of any right of recovery against a person or organization, we will waive any right of recovery we may have against that person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to that person or organization for which you have agreed to in a written contract to provide said waiver.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - PER CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL EXCESS LIABILITY COVERAGE FORM

Paragraph 3. Duties in the Event of an Event, Claim or Suit, subparagraph c. (4) of Section III - Conditions is deleted and replaced by the following:

(4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of damages to which this insurance may also apply.

However, if the "controlling underlying insurance" has been amended by endorsement to waive any rights of recovery, and you have agreed, in a written contract or agreement, to provide a waiver of any right of recovery against a person or organization, we will waive any right of recovery we may have against that person or organization because of payments we make for injury or damage arising out of any event claim or suit. This waiver applies only to that person or organization for which you have agreed to in a written contract to provide said waiver.



ADDITIONAL INSURED ENDORSEMENT - AUTOMATIC COVERAGE WITH CONTRACT

Name of Parent Company:	Judicial Management Resources, LLC dba Professional Probation Services, Inc.			
Policy Number:	100003365			
Endorsement Number:	005			
Effective Date of Endorsement:	September 01, 2021			
Name of Insurer:	QBE Insurance Corporation			

This endorsement modifies insurance provided under the following:

ERRORS AND OMISSIONS LIABILITY COVERAGE PART

It is hereby agreed that:

- I. Section II. Exclusions, paragraph J. is replaced by the following:
 - I. Insured v. Insured brought by, or on behalf of:
 - 1. an Insured, in any capacity, against any other Insured; or
 - 2. any entity: (a) that is either controlled, managed or operated, directly or indirectly, in whole or in part, by an **Insured**; or (b) in which an **Insured** possesses an ownership interest of at least 10%, where such entity is a publically traded company, or 30% where such entity is a privately held company.

Provided that this exclusion shall not apply to any entity listed below.

II. The definition of Insured Person in paragraph I. of Section V. GLOSSARY is amended by the addition of the following:

Insured also means any entity listed below, but only solely to the extent that a **Claim** is made against the entity listed below for a **Wrongful Act** of any other **Insured**, provided that such **Claim** is made and continuously maintained against both the **Insured** and the entity listed below.

Entity

Any entity with which the **Parent Company** has entered into a written agreement that requires that entity to be named as an Additional Insured under the Policy.

No coverage shall be provided for any Wrongful Act committed by any entity listed above.

All other terms and conditions of this Policy remain unchanged.