

COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/07/2022

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). CONTACT PRODUCER Aon Risk Services Northeast, Inc. (866) 283-7122 (800) 363-0105 (A/C. No. Ext): New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA INSURER(S) AFFORDING COVERAGE NAIC# 23035 Liberty Mutual Fire Ins Co INSURER A: Verizon Wireless, LLC 33600 LM Insurance Corporation INSURER B 1095 Avenue of the Americas New York NY 10036 USA 42404 Liberty Insurance Corporation INSURER C: INSURER D: INSTIRER F

INSURER F

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

570095204244

CERTIFICATE NUMBER:

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested										
INSR LTR	TYPE OF INSURANCE	ADDL.	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/00/YYYY) 06/30/2023	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY	1		тв2691550588142	06/30/2022	06/30/2023	EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000		
	X XCU Coverage is Included						MED EXP (Any one person)	\$10,000		
							PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$2,000,000		
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OF AGG	\$2,000,000		
<u> </u>	OTHER:	<u> </u>								
A	AUTOMOBILE LIABILITY			AS2-691-550588-122 AOS	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000		
A	X ANY AUTO			AS2-691-550588-132	06/30/2022	06/30/2023	BODILY INJURY (Per person)			
	OMINED SCHEOULED			NH - Primary			BODILY INJURY (Per accident)			
A	AUTOS ONLY HIRED AUTOS NON-OWNED			TL2-691-550588-182 NH - Excess	06/30/2022	06/30/2023	PROPERTY DAMAGE (Per accident)			
	ONLY AUTOS ONLY						,			
	UMBRELLA LÍAB OCCUR						EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE			
	DED RETENTION	1								
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WA569D550588092	06/30/2022	06/30/2023	X PER STATUTE OTH			
В	ANY PROPRIETOR / PARTNER / EXECUTIVE	NIA		AOS WC5691550588082	06/30/2022	06/30/2023	E.L. EACH ACCIDENT	\$1,000,000		
"	(Mandatory in NH)			WI, MN	10,00,-0-	, ,	E.L. DISEASE-EA EMPLOYEE	\$1,000,000		
L	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000		
DESC	I RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AC	ORD 101	, Additio	l mai Remarks Schedule, may be attached if more s	pace is required)					
RE:	Northwest Florida Regional Air	port	Das,	Location Code: 274867, Le	ase No. L1	4-0412-AP	Okaloosa County Boar	d of County		
Insu	MISSIONERS IS INCLUDED AS ADDIT Bred parties listed herein waiv	iona e al	i ins I ric	sured with respect to the G whts against Okaloosa Count	eneral Liai v Board of	oility poil County Com	cy, wnere permitted missioners listed he	by law, the Named rein for recovery		
RE: Northwest Florida Regional Airport Das, Location Code: 274867, Lease No. L14-0412-AP. Okaloosa County Board of County Commissioners is included as Additional Insured with respect to the General Liability policy. Where permitted by law, the Named Insured parties listed herein waive all rights against Okaloosa County Board of County Commissioners listed herein for recovery of damages to the extent these damages are covered by the above-referenced of the Workers' compensation policy referenced herein and, as further limited by written contract between the parties of the workers.										
nere	ein and, as further limited by	Writ	сел с	• !	10) Ymm 1 0					
CONTRACT # L14-0412-AP										
	VERIZON WIRELESS									
CERTIFICATE HOLDER CANC DAS AT NWFRA TERMINAL										
				SHC EXP	EXPIRES: 09/15/2019 W/7-FIVE YEAR RENEWALS					
				POL						

Aon Rish Services Northeast, Inc.

REVISION NUMBER:

Okaloosa County Board of County Commissioners Attn: Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N. Eglin AFB FL 32542-1498 USA

AUTHORIZED INCIDENTIALIZE

AGENCY CUSTOMER ID: 570000027366

LOC#:



ADDITIONAL REMARKS SCHEDULE

Page _ of

	.	10011	101	17 / hm 1 / hm 1717 / 1 / 1		OOLILD.	<u> </u>					
AGENO AON	ey Risk Services Northea	ıst, Inc			NAMED INSURED Verizon Wireless, LLC							
POLICY See	YNUMBER Certificate Number: 5	7009520	4244									
CARRI				NAIC CODE	EFFECTIVE DATE:							
	Certificate Number: 5	70095204	1244		errective date:							
ADDITIONAL REMARKS												
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance												
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance												
	INSURER(S) AFFORDING COVERAGE NAIC #											
INSU	INSURER											
INSU	INSURER											
INSURER												
INSURER												
ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.												
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	riv	HITS			
	WORKERS COMPENSATION					(MANUEL LA	(HIGH DD/ 1111)					
c		N/A		WA769D550588072		06/30/2022	06/30/2023					
				MA			,					
_												