

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/20/2023

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

lf tł	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	ct to o the	the cert	terms and conditions of ificate holder in lieu of su	uch end	orsement(s)	policies may 	require an endorsemen	t. As	tatement on	
PRODUCER Fisher Brown Bottrell Insurance, Inc. 19 West Garden Street						CONTACT NAME:					
						PHONE (A/C, No, Ext): (877) 244-5159 FAX (A/C, No): (601) 208-8439					
	e 300				E-MAIL ADDRES	s: fhester@	fbbins.cor	n			
Pensacola, FL 32502 INSURED Air Force Armament Museum Foundation, Inc. 100 Museum Dr Eglin A F B, FL 32542						INSURER(S) AFFORDING COVERAGE					
						INSURER A : The Travelers Indemnity Company				NAIC#	
						INSURER B : Zenith Insurance Company				13269	
						INSURER C:					
										T	
						RD:					
					INSURE			TH 41-12-14-14-14-14-14-14-14-14-14-14-14-14-14-			
	VED A CEC	TICI	~ A TI	- AUIMOED.	INSURE	KF:		DEVICION NUMBER.		L	
				E NUMBER:	LIANTE DE	TEN ICCUED T	TO THE INCHE	REVISION NUMBER:	LIE DO	LICY PEDIOD	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR			SUBR WVD				POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INSD	VVVD			(אייאוייטטוואויאן)	(MINIOCITTIT)	EACH OCCURRENCE	\$	1,000,000	
-	CLAIMS-MADE X OCCUR	x	x	660442L6897		6/4/2023	6/4/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	<u> </u>	300,000	
		^	^	- TILLOUP		31-11 E 0 E 0	OF THE PART		\$ \$	5,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	- J. C							PRODUCTS - COMP/OP AGG Hired & Non-Own	\$	1,000,000	
	OTHER:								\$	1,000,000	
	AUTOMOBILE LIABILITY				İ			COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO SCHEDULED							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS				l			BODILY INJURY (Per accident)	\$		
	HIRED ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED LOCAL	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER X OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N (Mandatory in NH)	N/A	X 2	Z832367930		10/7/2023	10/7/2024	E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC cies are subject to the limitations and e				ıle, may be	e attached if mor	e space is requi	red)			
Okal	loosa County BBC, is listed as an Addi	tiona	l Insu	red to the general liability	policy a	as required b	y a written c	ontract. Waiver of Subrog	ation v	was issued in	
favo	r of the holder.										
						C23	3-3386-	TDD			
								ARMAMENT M	LICE	-1184	
						- EVI			U2F		
CEI	RTIFICATE HOLDER				CANC	ב דטנ	JNDATI(JN, INC			
						– Educa	aung & Ente	ertaining the Public			
Okaloosa County BCC						SHOU DATE INTEREST, NO. 10. ACCORDANCE WITH THE POLICY PROVISIONS.					
											5479A Old Bethel Road
	Crestview, FL 32536				AUTHORIZED REPRESENTATIVE						
					1.5111.01						
					- de						