Client#: 1048632 DRMPINC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/21/2022

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

| | (-) | | | | | |
|--|--|-------|--|--|--|--|
| PRODUCER | CONTACT NAME: | | | | | |
| USI Insurance Services, LLC | PHONE (A/C, No, Ext): 813 321-7500 FAX (A/C, No): | | | | | |
| 2502 N Rocky Point Drive | E-MAIL ADDRESS: | | | | | |
| Suite 400 | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| Tampa, FL 33607 | INSURER A: Travelers Indemnity Company | 25658 | | | | |
| DRMP, Inc. 941 Lake Baldwin Lane Orlando, FL 32814 | INSURER B : Travelers Property Cas. Co. of America | 25674 | | | | |
| | INSURER C: Travelers Indemnity Company of CT | 25682 | | | | |
| | INSURER D : Berkley Insurance Company | 32603 | | | | |
| | INSURER E: Phoenix Insurance Company | 25623 | | | | |
| | INSURER F: | | | | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
|-------------|--------|--|--------------|-------------|---------------|----------------------------|----------------------------|---|-----------------|-------------|
| Α | X | COMMERCIAL GENERAL LIABILITY | X | X | 6801P107763 | 12/12/2021 | 12/12/2022 | EACH OCCURRENCE | \$1,000,000 | |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 | |
| | | | | | | | | MED EXP (Any one person) | \$10,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 | |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 | |
| | | POLICY X PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 | |
| | | OTHER: | | | | | | | \$ | |
| Е | AUT | TOMOBILE LIABILITY | X | X | BA2R888359 | 12/12/2021 | 12/12/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | |
| | X | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | Χ | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| В | X | UMBRELLA LIAB X OCCUR | X | ХХ | ХХ | X CUP7957Y581 | 12/12/2021 | 12/12/2022 | EACH OCCURRENCE | \$5,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$5,000,000 | |
| | | DED X RETENTION \$10,000 | | | | | | | \$ | |
| | | RKERS COMPENSATION | N N/A | X | UB9J160752 | 01/01/2022 | 12/12/2022 | X PER STATUTE OTH- | | |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | | | | | | E.L. EACH ACCIDENT | \$1,000,000 | |
| | (Mai | ndatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 | |
| | If yes | s, describe under SCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 | |
| D | Pro | ofessional | | | AEC905562103 | 06/20/2022 | 06/20/2023 | \$5,000,000 per claim | 1 | |
| | Lia | bility | | | | | | \$5,000,000 annl agg | r. | |
| | | | | | | | | | | |

Professional Liability coverage is written on a claims-made basis.

RE:RFQ PW 50-20, Contract C20-2968-PW

Okaloosa County is named as an additional insured as respects the general liability and automobile liability as required by written contract. Thirty (30) days prior written notice of cancellation or material change except 10 days for non payment of premium will be given on all policies listed above. (See Attached Descriptions)

| CERTIFICATE HOLDER | CANCELLATION | | | |
|---|--|--|--|--|
| Okaloosa County 5479A Old Bethel Road Crestview, FL 32536 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | |
| , | AUTHORIZED REPRESENTATIVE | | | |
| | 5: M Canl | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

