

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 04/01/2024

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).

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PRODUCER MARSH USA LLC.					CONTACT NAME:	Cathy Crown			
4400 Comerica Bank Center					PHONE (A/C, No, Ext):	(210) 691-4173	FAX (A/C, No):	(210) 7	37 3584
1717 Main Street Dallas, TX 75201					E-MAIL ADDRESS:	Cathy.Crown@marsh.com			
Dallas, IX 75201						INSURER(S) AFFORDING COVERAGE			NAIC#
CN101851261-GAWU-GAWU-23-24	VPS	79000	Inter	79000	INSURER A : Na	ational Union Fire Insurance Co			19445
INSURED Clear Channel Airports, Inc.					INSURER B : Al	U Insurance Company			19399
4830 North Loop 1604W, #111					INSURER C : N/	'A			N/A
San Antonio, TX 78249					INSURER D : N/	'A			N/A
					INSURER E :				
					INSURER F:				

COVERAGES CERTIFICATE NUMBER: HOU-003503875-25 REVISION NUMBER: 11

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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Χ	COMMERCIAL GENERAL LIABILITY			GL6547077	03/31/2024	03/31/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$	2,000,000
								MED EXP (Any one person)	\$	Excluded
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						COMPINED ON OF LINE	\$	
A	AUT	OMOBILE LIABILITY			CA7030897(AOS)	03/31/2024	03/31/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	Х	ANY AUTO			CA7030899(MA)	03/31/2024	03/31/2025	BODILY INJURY (Per person)	\$	
	Х	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	7
	X	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
В		KERS COMPENSATION EMPLOYERS' LIABILITY			WC20396013(California)	03/31/2024	03/31/2025	X PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WC20396014(Wisconsin)	03/31/2024	03/31/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				Continued On Next Page			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)

RE: CLEAR CHANNEL OUTDOOR Certificate Holder is included as additional insured (except workers compensation) where required by written contract, and such insurance is primary and non-contributory, but only to the extent of the liability assumed by the Named Insured under written contract. Waiver of subrogation where required by written contract. Workers Compensation is evidenced for employees of the Named Insured only

CONTRACT: C17-2504-AP CLEAR CHANNEL AIRPORTS AIRPORT ADVERTISING EXPIRES: 04/30/2027

## **CERTIFICATE HOLDER**

Okaloosa County Board of County Commissioners 5749 A 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

Marsh USA LLC

AGENCY CUSTOMER ID: CN101851261

LOC #: San Antonio



## ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED		
MARSH USA LLC.	Clear Channel Airports, Inc. 4830 North Loop 1604W, #111 San Antonio, TX 78249			
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers' Compensation Continued:

Policy Number: WC20396012

Arizona (AZ), Colorado (CO), Delaware (DE), Georgia (GA), Illinois (IL), Indiana (IN), Kentucky (KY), Maryland (MD), Michigan (MI), Minnesota (MN), Nebraska (NE), New Mexico (NM), Nevada (NV), New Hampshire (NH), New Jersey (NJ), New York (NY), North Carolina (NC), Oregon (OR), Pennsylvania (PA), South Carolina (SC), Tennessee (TN), Texas

(TX), Virginia (VA), Florida (FL)

Effective Date (MM/DD/YYYY)\*: 03/31/2024 Expiration Date (MM/DD/YYYY)\*: 03/31/2025

Carrier: AIU Insurance Company

Workers Compensation is evidenced for employees of the Named Insured Only.

Certificate Holder included as additional insured on General Liability and Auto Liability, but only with respect to liability that arises out of the acts or omissions of the Named Insured; or, to the extent of the liability assumed by the Named Insured under written contract.

The Auto Liability policy is primary, but only with respect to liability that arises out of the acts or omissions of the Named Insured; or, to the extent of the liability assumed by the Named Insured under written contract.

The General Liability policy is primary and non-contributory, but only with respect to liability that arises out of the acts or omissions of the Named Insured; or, to the extent of the liability assumed by the Named Insured under written contract.

Waiver of subrogation is applicable with respect to General Liability, Auto Liability, and Workers' Compensation policies where required by written contract and subject to policy terms and conditions.

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity (ies) according to the notification schedule shown below. Per the most current schedule maintained by Marsh USA, Inc. and furnished to AIG no less than 45 days prior to the effective date of cancellation. Number of Days Notice of Cancellation: 30.

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity (ies) according to the notification schedule shown below. Per the most current schedule maintained by Marsh USA, Inc. and furnished to XL Catlin Insurance no less than 45 days prior to the effective date of cancellation. Number of Days Notice of Cancellation: 30.