Client#: 1049223 DAGARC

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/04/2024

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

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|--|---|-------|
| PRODUCER   | CONTACT<br>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 Property Cas. Co. of America | 25674 |
| INSURED  | INSURER B : Travelers Casualty and Surety Company | 19038 |
| DAG Architects, Inc.   | INSURER C: Allianz Underwriters Insurance Company | 36420 |
| 1223 Airport Road  | INSURER D : Kinsale Insurance Company             | 38920 |
| Destin, FL 32541   | INSURER E: Travelers Indemnity Company            | 25658 |
|  | 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<br>LTR | TYPE OF INSURANCE   | ADDL<br>INSR | SUBR<br>WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                       |             |
|-------------|---|--------------|-------------|---------------|----------------------------|----------------------------|--|-------------|
| Α           | X COMMERCIAL GENERAL LIABILITY                            | Х            | Х           | 6800J802994   | 05/11/2024                 | 05/11/2025                 | EACH OCCURRENCE                              | \$1,000,000 |
|             | CLAIMS-MADE X OCCUR                                       |              |             |               |                            |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$1,000,000 |
|             |   |              |             |               |                            |                            | MED EXP (Any one person)                     | \$10,000    |
|             |   |              |             |               |                            | .                          | PERSONAL & ADV INJURY                        | \$1,000,000 |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                        |              |             |               |                            |                            | GENERAL AGGREGATE                            | \$2,000,000 |
|             | POLICY X PRO-<br>JECT LOC                                 |              |             |               |                            |                            | PRODUCTS - COMP/OP AGG                       | \$2,000,000 |
|             | OTHER:  |              |             |               |                            |                            |  | \$          |
| E           | AUTOMOBILE LIABILITY                                      | X            | X           | BA7R792480    | 05/11/2024                 | 05/11/2025                 | COMBINED SINGLE LIMIT (Ea accident)          | \$1,000,000 |
|             | ANY AUTO  |              |             |               |                            |                            | BODILY INJURY (Per person)                   | \$          |
|             | OWNED SCHEDULED AUTOS                                     |              |             |               |                            |                            | BODILY INJURY (Per accident)                 | \$          |
|             | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY                 |              |             |               |                            |                            | PROPERTY DAMAGE (Per accident)               | \$          |
|             |   |              |             |               |                            |                            |  | \$          |
| Α           | X UMBRELLA LIAB X OCCUR                                   | Х            | X           | CUP9254Y601   | 05/11/2024                 | 05/11/2025                 | EACH OCCURRENCE                              | \$5,000,000 |
|             | EXCESS LIAB CLAIMS-MADE                                   |              |             |               |                            |                            | AGGREGATE                                    | \$5,000,000 |
|             | DED X RETENTION \$10,000                                  |              |             |               |                            |                            |  | \$          |
| В           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY             |              | X           | UB9M967508    | 05/11/2024                 | 05/11/2025                 | X PER STATUTE OTH-                           |             |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE                          | N/A          |             |               |                            |                            | E.L. EACH ACCIDENT                           | \$1,000,000 |
|             | (Mandatory in NH)   | ^            |             |               |                            |                            | E.L. DISEASE - EA EMPLOYEE                   | \$1,000,000 |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below |              |             |               |                            |                            | E.L. DISEASE - POLICY LIMIT                  | \$1,000,000 |
| С           | Professional  |              |             | USF00794224   | 03/31/2024                 | 03/31/2025                 | 5 \$5,000,000 per claim                      |             |
|             | Liability   |              |             |               |                            |                            | \$5,000,000 annl aggr.                       |             |
| D           | Excess Liab-  |              |             | 01002920050   | 03/31/2024                 | 03/31/2025                 |  |             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

Okaloosa County is named as an additional insured on all policies listed above except the workers

compensation and professional liability as required by written contract ir operations on per project basis, coverage is primary and non contributor the additional insured applies to all policies listed above as required by  $\nu$  (See Attached Descriptions)

CONTRACT: C23-3359-TDD
DAG ARCHITECTS, INC.
ARCHITECTURAL SERVICES FOR THE
TOURIST DEVELOPMENT DEPARTMENT
PIRES:07/18/2026 W/2 (1) YR RENEWALS

| CERTIFICATE HOLDER  | CANC TOURIST DEVELOPMENT DEPARTMENT   |
|---|---|
| Okaloosa County<br>5479A Old Bethel Road<br>Crestview, FL 32536 | EXPIRES:07/18/2026 W/2 (1) YR RENEWALS  SHOL  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE   |

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