



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/2/2024

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).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd Rolling Meadows IL 60008	CONTACT NAME: Marj Kasky	FAX (A/C, No): 630-285-4006
	PHONE (A/C, No, Ext): 630-285-3919	E-MAIL ADDRESS: marj_kasky@ajg.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Charter Oak Fire Insurance Company		25615
INSURER B : Travelers Property Casualty Co of America		25674
INSURER C : Travelers Indemnity Company		25658
INSURER D : Travelers Indemnity Co of America		25666
INSURER E :		
INSURER F :		

COVERAGES CERTIFICATE NUMBER: 560355904 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	Y-660-2198C97A-COF-23	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			810-8N822298-23-14-G	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-9S123045-23-NF	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB-2L177555-23-14-G	12/31/2023	12/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)
Named Insureds: Mitek Corporation; Advanced Audio Acoustics Inc; A-Line Acoustics; Aimline; Atlas Learn, Power, Racks, Support, Technologies; Atlas Sound; Atlas Sound Asia Pacific ASAP LLC; Atlas Sound LP; Atlas... Learn, Power, Racks, Support, Technologies; AtlasIED; AtlasIED Europe; AtlasIED Support Services; Avonix, Avonics; Canam Audio Corporation DBA Mitek Canada; Controlkom; Coustic; DBA Magnum Sales And Distributing Southwest; DBA Mitek Canada; DCM; Elijah Reed Corporation; ETA; Fyne Audio; Global.com; IED; IED International Sales Corporation; IED On Call; IED Support Services LLC; Innovative Electronic Designs LLC; Ivey Corporation; Ivey Enterprises LLC; Ivey Industrial Innovation Experts DBA I3E; Ivey Properties LLC; ; Y Ventures LLC; Magnum Export Corporation; Magnum Marketing Corporation; Magnum Sales And Distribution Southwest LLC; MediasPro; Mitek Asia Pacific, LLC; MTX Audio; Oldco Capital, Inc.; PAN Direct; Thunder Valley Corporation; Thunder Valley...

See Attached...

CERTIFICATE HOLDER Okaloosa County 5479A Old Bethel Road Crestview FL 32536	CANC	CONTRACT: C23-3331-AP IED SUPPORT SERVICES dba AtlasIED IEDSS PLATINUM ASSURANCE PLAN EXPIRES:05/08/2026 W AUTOMATIC (1) 3 YR RENEWAL
	SHO THE ACCT	AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Mitek Corporation One Mitek Plaza Winslow IL 61089	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

RE: Contract #: C23-3331-AP | Description: IEDSS Platinum Assurance Plan - AtlasIED Maintenance Agreement - Sole Source Okaloosa County on behalf of its Dest:11-Fort Walton Beach Airport are included as Additional Insured solely with respect to General Liability coverage, as required by written contract. A Waiver of Subrogation in favor of additional insured is included under the General Liability coverage as evidenced herein as required by written contract.



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