



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/15/2024

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 M.E. Wilson Company LLC Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548	CONTACT NAME: PHONE (A/C No. Ext): 850-581-4925 FAX (A/C No.): 850-581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : Westfield Insurance Company	NAIC # 24112
INSURED Gum Creek Farms, Inc. 1097 Highway 83 North Defuniak Springs FL 32433	GUMCREEE-01	INSURER B : XL Specialty Insurance Co 37885
		INSURER C : Builders Mutual Insurance Co. 10844
		INSURER D : James River Insurance Co. 12203
		INSURER E : Navigators Specialty Insurance Company 36056
		INSURER F :

COVERAGES **CERTIFICATE NUMBER: 1337534243** **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	TRA1574750	5/18/2023	5/18/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:	Y	Y	TRA1574750	5/18/2023	5/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	00143935-0	5/18/2023	5/18/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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	WCP1081488-02	9/28/2023	9/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B E	Leased/Rented Equipment Installation Floater Operations Pollution Liability			UM00114869MA23A UM00114869MA23A SF24ECPU01172NC	5/18/2023 5/18/2023 1/5/2024	5/18/2024 5/18/2024 1/5/2025	\$2,500 Deductible \$550,000 \$2,500 Deductible \$886,563 \$10,000 Deductible \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Deductible for Installation Floater: \$2,500 except 5% for windstorm subject to a \$25,000 minimum.
Site Pollution Liability: Each Incident Limit \$1,000,000. Deductible \$25,000.
RE: CEW South Apron Rehab at Bob Sikes Airport, Crestview, FL

Cancellation Provision: 30 Days Notice of Cancellation except 10 days for non-payment of pr Certificate Holder and FDOT is listed as Additional Insured, when required by written contract Waiver of Subrogation applies when required by written contract in favor of the Certificate Ho

CONTRACT: C24-3928-AP
Gum Creek Farms, Inc.
CEW South Apron Rehabilitation
EXPIRES: 165 Days from NTP

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview FL 32536	CANCELL 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
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SCHEDULE OF UNDERLYING INSURANCE

SCHEDULE B

COMMERCIAL EXCESS LIABILITY COVERAGE

This schedule forms a part of Policy No. 00143935-0

TYPE OF POLICY	LIMITS OF LIABILITY
A. COMMERCIAL GENERAL LIABILITY	
Company: Westfield Insurance Company	Each Occurrence: \$ 1,000,000 General Aggregate: \$ 2,000,000
Policy No.: TBD	Products-Completed Operations Aggregate: \$ 2,000,000
Policy Dates: 05/18/2023 to 05/18/2024 Occurrence <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/>	Personal & Advertising Limit: \$ 1,000,000 Retroactive Date: N/A
B. AUTOMOBILE LIABILITY	
Company: Westfield Insurance Company	Each Accident Bodily Injury & Property Damage Combined Single Limit: \$ 1,000,000
Policy No.: TBD	Hired & Non-Owned Limit Each Accident: \$ 1,000,000
Policy Dates: 05/18/2023 to 05/18/2024	
C. EMPLOYERS LIABILITY	
Company: Builders Mutual Insurance Company	Bodily Injury by Accident - Each Accident: \$ 1,000,000
Policy No.: WCP 1081488 01	Bodily Injury by Disease – Policy Limit: \$ 1,000,000
Policy Dates: 09/28/2022 to 09/28/2023	Bodily Injury by Disease – Each Employee: \$ 1,000,000