08DRUGFRE3

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

Client#: 1006889

DATE (MM/DD/YYYY) 12/16/2023

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 Paula D. Layton				
McGriff Insurance Services LLC					PHONE (A/C, No, Ext): 770 429-0482 FAX (A/C, No): 8669257122					
1825 Barrett Lakes Blvd #320					E-MAIL ADDRESS: PDLayton@mcgriff.com					
Kennesaw, GA 30144								NAIC#		
770 429-0482					INSURER A : Evanston Insurance (Jencap)			35378		
INSURED					INSURER B:					
Drug Free Workplaces USA LLC					INSURER C:					
4300 Bayou Blvd Suite 13					INSURER D :					
Pensacola, FL 32503					INSURER E:					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	OF QUIR PERTA POL	INSUI EMEN AIN, T	RANCE LISTED BELOW HAY IT, TERM OR CONDITION O THE INSURANCE AFFORDE LIMITS SHOWN MAY HAY	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED	THE INSURED R OTHER DOO DESCRIBED I BY PAID CLAI	NAMED ABOVE FOR THE POLIC CUMENT WITH RESPECT TO WI HEREIN IS SUBJECT TO ALL TH	HICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY					-,		EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY				-			PROPERTY DAMAGE \$		
	AO TOS GIVET							\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION\$							\$		
	WORKERS COMPENSATION							PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
Α	Professional			MKLV2PSM001616		12/08/2023	12/08/2024			
	1 Totossonui			MINE VZI GMOG TO TO		12/00/2020	12/00/2024	\$3,000,000 Aggregate		
Co on Fin Ma So	vered Operations/Locations/Vehic vered Operations/Services: Medic Drug & Alcohol Testing, gerprinting, Ordering Backgroun de; Retro Date: 12/08/05; Deduct thedule of Named Physicians:	cal R	evie MVR	w Services, Drug & Al Checks, DNA Testing	cohol '	Testing Ser	rvices, Train	ning/Consulting		
(See Attached Descriptions)										
CE	RTIFICATE HOLDER			.,	<u>c</u>			WORKPLACE	1	
						DRUG T	ESTING	SERVICES	Ĺ	
l	Okaloosa County BCC						EXPIRES:12/31/2041			

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Suite 203

302 N Wilson Street

Crestview, FL 32536

AUTHORIZED REPRESENTATIVE

Paula D. Leyton