

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/5/2022

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 Marsh & McLennan Agency LLC 6160 Golden Hills Drive Minneapolis MN 55416		FAX
	(A/C, No. Ext): E-MAIL ADDRESS: CAST@marshmma.com	(A/C, No):
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Nautilus Insurance Company	17370
INSURED HAWKIING Hawkins, Inc. 2381 Rosegate Roseville, MN 55113	INSURER B : Aspen Speciality Insurance Company	10717
	INSURER c : Great Divide Insurance Company	25224
	INSURER D: The Ins Co of the State of Pennsylvania	19429
	INSURER E: Continental Casualty Company	20443
	INSURER F:	

**CERTIFICATE NUMBER: 1844070980** REVISION NUMBER: **COVERAGES** 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. ADDLISUBRI POLICY EFF MM/DD/YYYY) POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER INSD WVD Χ COMMERCIAL GENERAL LIABILITY GLP20330691 9/30/2022 9/30/2023 EACH OCCURRENCE \$1,000,000 CLAIMS-MADE X OCCUR \$5,000,000 PREMISES (Ea eccurrence) MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000

PRO-JECT POLICY X Loc PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 AUTOMOBILE LIABILITY C BAP203306811 9/30/2022 9/30/2023 Χ ANY AUTO **BODILY INJURY (Per person)** \$ OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) Х Χ \$25,000 CA 99 48 Liability Deductible MCS-90 9/30/2022 9/30/2023 UMBRELLA LIAB Χ FFX203307011 \$15,000,000 EACH OCCURRENCE OCCUR Х EXCESS LIAB AGGREGATE \$15,000,000 CLAIMS-MADE DED X RETENTIONS WORKERS COMPENSATION PER STATUTE 14220495 9/30/2022 9/30/2023 AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$1,000,000 N N/A E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 \$25,000,000 Occ \$25,000,000 Agg \$10M Occ/\$10M Agg Pollution Liability (Primary) Pollution Liability (Excess) Professional Liability 9/30/2024 9/30/2024 9/30/2023 Total Limit with primary and excess Limits SSP201587912 9/30/2021 9/30/2021 9/30/2022 ADT6072376262

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This insurance is issued pursuant to the Minnesota surplus lines insurance act. The insurer is an eligible surplus lines insurer but is not otherwise licensed by the State of Minnesota. In case of insolvency, payment of claims is not guaranteed. Companies A & B are subject to statutes and regulations of surplus lines carriers.

Re: Contract #: C19-2815-WS. Okaloosa County, Okaloosa County Board of County Commissioners and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County are Additional Insured on a primary and non-contributory basis as required by written contract or agreement limited to the General Liability and Automobile Liability coverage. A Waiver of Subrogation applies in favor of the Additional See Attached...

CERTIFICATE HOLDER	CAL CONTRACT: C19-2815-WS
Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview FL 32536	HAWKINS, INC. TABLET, GRANULAR & LIQUID CHLORINE & SODIUM HYPOCHLORITE EXPIRES: 09/30/2023  ROLLA STATE

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AGENCY CUSTOMER ID:	HAWKIINC
I OC #-	



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Hawkins, Inc. 2381 Rosegate Roseville, MN 55113	
POLICY NUMBER		Roseville, MN 55113	
CARRIER	NAIC CODE		
ADDITIONAL REMARKS		EFFECTIVE DATE:	
	NDD FADRA		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  FORM NUMBER:25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE			
Insureds for Workers' Compensation, General Liability and Automobile Liability as required by written contract or agreement. Excess Liability follows form over the General Liability, Automobile Liability and Employers Liability subject to policy terms, conditions and exclusions.			