

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 1/28/2019

Contract/Lease Control #: C19-2778-PW

Procurement#:

Contract/Lease Type: AGREEMENT

Award To/Lessee: CPC Office Technologies

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 1/28/2019

Expiration Date: 1/28/2022

Description of Contract/Lease: Maintenance agreement of printers

Department: PW

Department Monitor: AUTREY

Monitor's Telephone #: 850-689-5772

Monitor's FAX # or E-mail: JAUTREY@MYOKALOOSA.COM

Closed:

Cc: Finance Department Contracts & Grants Office



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2021

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 Fisher Brown Bottrell Insurance, Inc. 19 West Garden Street Suite 300 Pensacola, FL 32502	CONTACT NAME: Lynne Tecu, CPCU, CIC		
	PHONE (A/C, No, Ext): (850) 444-7624	FAX (A/C, No): (601) 208-8341	
	E-MAIL ADDRESS: ltecu@fbbins.com		
INSURED Copy Products Company dba CPC Office Technologies P.O. Box 12904 Pensacola, FL 32591	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Property Casualty Company of America		25674
	INSURER B: Phoenix Insurance Company		25623
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 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			ZLP21P26867	5/18/2021	5/18/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA4N218725	5/18/2021	5/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<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			CUP6N500462	5/18/2021	5/18/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB3P662324	1/1/2021	1/1/2022	<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)
Certificate Holder and others as required by written contract are Additional Insureds in regard to General Liability, Auto Liability and Umbrella. Blanket Waiver of Subrogation applies in regard to General Liability, Auto Liability, Workers Compensation and Umbrella if required by written contract. General Liability and Auto Liability are Primary and Non-Contributory if required by written contract

CONTRACT#: C19-2778-PW
COPY PRODUCTS
MAINTENANCE AGREEMENT OF PRINTERS
EXPIRES: 01/28/2022

CERTIFICATE HOLDER

CA

Okaloosa County BCC
1759 S. Ferdon Blvd
Crestview, FL 32536

SH: _____
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



COPYPRO-01

JLTECU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/15/2020

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CONTACT NAME: Lynne Tecu, CPCU, CIC
PHONE (A/C, No, Ext): (850) 444-7624 FAX (A/C, No): (601) 208-8341
E-MAIL ADDRESS: ltecu@fbbins.com
INSURER(S) AFFORDING COVERAGE: INSURER A: Travelers Casualty Insurance Company of Americ 19046
INSURER B: Phoenix Insurance Company 25623

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation and Employers Liability.

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CONTRACT#: C19-2778-PW
CPC OFFICE TECHNOLOGIES
MAINT AGREEMENT FOR PRINTERS
EXPIRES: 01/28/2022

CERTIFICATE HOLDER: Okaloosa County, 1759 S. Ferdon Blvd, Crestview, FL 32536
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES... THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE



COPYPRO-01

SFRENCH

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
12/23/2019

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.

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	E-MAIL ADDRESS: ltecu@fbbins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Copy Products Company dba CPC Office Technologies P.O. Box 12904 Pensacola, FL 32591	INSURER A : Travelers Property Casualty Company of America	25674
	INSURER B : Phoenix Insurance Company	25623
	INSURER C :	
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	INSURER F :	

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		ZLP21P2686719	5/18/2019	5/18/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BA4N21872519	5/18/2019	5/18/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<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		CUP6N50046219	5/18/2019	5/18/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below		UB3P66232420	1/1/2020	1/1/2021	<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

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CONTRACT#: C19-2778-PW
CPC OFFICE TECHNOLOGIES
MAINT AGREEMENT FOR PRINTERS
EXPIRES: 01/28/2022

CERTIFICATE HOLDER

CAN1

Okaloosa County
1759 S. Ferdon Blvd
Crestview, FL 32536

SHC
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



COPYPRO-01

JLTECU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2019

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INSURED Copy Products Company dba CPC Office Technologies P.O. Box 12904 Pensacola, FL 32591	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Property Casualty Company of America	25674
	INSURER B: Phoenix Insurance Company	25623
	INSURER C: Technology Insurance Company, Inc.	42376
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA4N21872519	5/18/2019	5/18/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC3760192	1/1/2019	1/1/2020	<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

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CONTRACT#: C19-2778-PW
CPC OFFICE TECHNOLOGIES
MAINT AGREEMENT FOR PRINTERS
EXPIRES: 01/28/2022

CERTIFICATE HOLDER Okaloosa County 1759 S. Ferdon Blvd Crestview, FL 32536	CANCEL SHOULD THE EXPIRATION DATE THEREOF, NOTICE WILL BE GIVEN IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Equipment Security Blanket Maintenance Agreement

Terms and Conditions

- 1. GENERAL SCOPE OF COVERAGE:** This agreement entitles the customer to inspection "as needed" and intervening emergency calls. This agreement covers the parts and labor required for normal use of the equipment, excluding any media material, staples or as hereinafter provided. Damage to the equipment or its parts arising out of misuse, abuse, negligence, or causes beyond our control are not covered. In addition, you will be responsible for all cost arising from the equipment being modified, damaged, altered, or serviced by personnel other than those employed by us, or if parts, accessories or components not authorized by us are fitted to the equipment. This agreement does not cover any service arising from any connectivity issues resulting from customer's network or any software used in connection with equipment. This service must be covered under a separate Connectivity Technical Support agreement. All service requested by customer relating to connectivity issues will be billed separately at the published hourly rate unless covered under a separate Connectivity Technical Support agreement.
- 2. SERVICE CALLS:** Service calls under this agreement will be made during normal business hours – 8:00 a.m. to 5:00 p.m. Monday-Friday – at the installation address shown on this agreement. Travel and labor time for service calls after normal hours, on weekends and on holidays, if and when available, will be charged at overtime rates in effect at the time the service call is made.
- 3. TERMS:** Customer agrees to all the terms and conditions in this agreement and any supplement which together is a complete statement of our agreement regarding the listed equipment and supersedes any purchase order or outstanding invoice. This agreement may be modified only by written agreement signed by an officer of Copy Products Company. This agreement becomes valid upon execution by Copy Products Company and will begin on the commencement date and will continue from the first day of the following month. Renewals will be negotiated at the end of each term. Effective upon Okaloosa County signing.
- 4. CHARGES:** The initial charge for maintenance under this agreement shall be the amount set forth above. The maintenance charge, with respect to any renewal term, will be the charge in effect at the time of the renewal. Customer understands that alterations, attachments of specification changed may require an increase in maintenance charges and agrees to pay such charges promptly when due.

Our copiers are designed to give excellent performance with our supplies, including paper, toner, and copy drum. If the customer uses other than our supplies and cause abnormally frequent service calls or service problems, then we may at our option, adjust the monthly service charge to cover the additional required service. It is not a condition of this agreement that the customer uses only our authorized supplies. We request that you use our supplies and from experience know that you will have fewer machine problems, better copy quality and that the equipment will last longer.

Rense Salo revised per purchasing 1/31/2019

CONTRACT # C19-2778-PW
CPC Office Technologies
Maintenance agreement for printers
EXPIRES: 1/28/2022



EQUIPMENT ACQUISITION AGREEMENT

3150 ADORA TEAL WAY CRESTVIEW, FL 32539
 P: 850-689-4300 F: 850-689-3491

WWW.CPCTEK.COM

Date: 01/15/19 Purchase Order: Account Manager: Authorized Approval:

Installation: Customer Information

Bill To: Customer Information

Company Name: Okaloosa County		Company Name:	
Address: 1759 S. Ferdon Blvd		Address:	
City, State: Crestview, FL	Zip: 32536	City, State:	Zip:
Phone#: (850) 651-7391	Fax#:	Phone#:	Fax#:
Contact: Ann Halbert	E-mail: ahalbert@myokaloosa.com	Key Operator/Meter Readings:	E-mail:

Quantity	Product Description- Make, Model, Serial No & Meter Read	Refurb	Unit Price	Total
1	ID 35744 MX3570N - 6509455X Engineering Division	<input type="checkbox"/>		\$ 0.00
	\$2661.00 Includes 27,000 B/W images and 55,000 color images per year	<input type="checkbox"/>		\$ 0.00
	also includes all parts, labor & supplies. Excluding paper and staples.	<input type="checkbox"/>		\$ 0.00
	Excess to be billed @ @ .0086 b/w, and .0475 for color.	<input type="checkbox"/>		\$ 0.00
1	ID 35668 MXM465N - 6501645Y Road Division	<input type="checkbox"/>		\$ 0.00
	\$329.00	<input type="checkbox"/>		\$ 0.00
	Includes 30,000 B/W Images per year also includes all parts, labor & supplies	<input type="checkbox"/>		\$ 0.00
	excluding paper and staples. Excess to be billed at .0086 per image.	<input type="checkbox"/>		\$ 0.00
		<input type="checkbox"/>		\$ 0.00
	Rate Locked in for 3 years	<input type="checkbox"/>		\$ 0.00
			Sub-Total	\$ 0.00

TRANSACTION TYPE: LEASE- CASH- RENTAL-

Tax: Total: \$ 0.00

LEASE FINANCING PROVIDED BY: TAX EXEMPT: YES- NO-

IT CONTACT NAME: IT PHONE #: () CERTIFICATE #:

CPC Service Programs: (Base Charge Amount should correlate to Billing Frequency)

BASE CHARGE	B&W Images Included	Color Images Included	B&W Excess Rate	Color Excess Rate	SERVICE CONTRACT DETAIL	CTS AGREEMENT
2990.00	see above	see above	.0086	.0475	Contract Type: (Choose One) All Inclusive- <input checked="" type="checkbox"/> Parts & Labor- <input type="checkbox"/> Color Supplies Not Included- <input type="checkbox"/> Other- <input type="checkbox"/>	Contract Coverage: YES- <input type="checkbox"/> NO- <input type="checkbox"/> Price: \$ _____ Term: _____ Months
Contract Start Date:	Base Billing Frequency: Monthly- <input type="checkbox"/> Annual- <input checked="" type="checkbox"/> Quarterly- <input type="checkbox"/>		Overage/CPC Billing: Monthly- <input type="checkbox"/> Quarterly- <input type="checkbox"/> BI-Annual- <input type="checkbox"/> Annual- <input checked="" type="checkbox"/>			

Special Instructions:

CONTRACT # C19-2778-PW
 CPC Office Technologies
 Maintenance agreement for printers
 EXPIRES: 1/28/2022

By signing this document you acknowledge that the terms and conditions on the back of this document are an integral part of this agreement.
 This agreement shall not be binding on Copy Products Company until it is signed as accepted by a Manager.

Customer Representative
Jeffrey A Hyde 01/28/2019
 Authorized Signature Date
 Printed Name & Title: Jeffrey A Hyde
Purchasing Manager

CPC Representative
Renee Salo 1/15/2019
 Authorized Signature Date
 Printed Name & Title: Office Manager



COPYPRO-01

SGILBREATH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2019

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	E-MAIL ADDRESS: ltecu@fbbins.com		
INSURED Copy Products Company dba CPC Office Technologies P.O. Box 12904 Pensacola, FL 32591	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: FCCI Insurance Company		10178
	INSURER B: National Trust Insurance Company		20141
	INSURER C: Technology Insurance Company, Inc.		42376
	INSURER D: INSURER E: INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPP0024209	05/18/2018	05/18/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							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
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA10001390101	05/18/2018	05/18/2019	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			UMB10002555001	05/18/2018	05/18/2019	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			TWC3760192	01/01/2019	01/01/2020	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder and others as required by written contract are Additional Insureds in regard to General Liability, Auto Liability and Umbrella. General Liability and Auto Liability are Primary and Non-Contributory if required by written contract. Waiver of Subrogation applies in regard to General Liability, Auto Liability and Workers Compensation if required by written contract.

CONTRACT # C19-2778-PW
CPC Office Technologies
Maintenance agreement for printers
EXPIRES: 1/28/2022

CERTIFICATE HOLDER **CANCELLATION**

Okaloosa County 1759 S. Ferdon Blvd Crestview, FL 32536	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