CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: <u>1/28/2019</u>

Contract/Lease Control #: C19-2778-PW

Procurement#:

Contract/Lease Type: <u>AGREEMENT</u>

Award To/Lessee: <u>CPC Office Technologies</u>

Owner/Lessor: OKALOOSA COUNTY

Effective Date: <u>1/28/2019</u>

Expiration Date: <u>1/28/2022</u>

Description of

Contract/Lease: <u>Maintenance agreement of printers</u>

Department: <u>PW</u>

Department Monitor: <u>AUTREY</u>

Monitor's Telephone #: 850-689-5772

Monitor's FAX # or E-mail: <u>JAUTREY@MYOKALOOSA.COM</u>

Closed:

Cc: Finance Department Contracts & Grants Office

JLTECU



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(les) 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).

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PRO	DUCER				CONTACT Lynne Tecu, CPCU, CIC						
Fish	er Brown Bottrell Insurance, Inc.				PHONE (A/C, No, Ext): (850) 444-7624 FAX (A/C, No): (601) 208-8341						
	Vest Garden Street e 300				(A/C, No, Ext): (650) 444-7624 (A/C, No):(601) 208-6541						
	sacola, FL 32502				ADDRE						
	,							RDING COVERAGE		NAIC#	
					INSURE	R A : Traveler	s Property C	asualty Company of A	nerica	25674	
INSL	JRED				INSURE	RB:Phoeni	x Insurance	e Company		25623	
	Copy Products Company db	a CF	C 01	fice Technologies	INSURE	RC:					
	P.O. Box 12904				INCHE	:B D -					
	Pensacola, FL 32591				INSURER D:						
					INSURE						
					INSURE	RF:				<u>.</u>	
				NUMBER:				REVISION NUMBER:			
IN	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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS		
A	X COMMERCIAL GENERAL LIABILITY	WON	TE YU			INTERIORIST TO THE	14111/2/1113)			1,000,000	
۔ ا	CLAIMS-MADE X OCCUR			ZLP21P26867		5/18/2021	E/49/0000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CDAIMS-IMADE A OCCOR			ZLP21P26867		5/18/2021	5/18/2022	PREMISES (Ea occurrence)	\$	10,000	
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								s		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	X ANY AUTO			BA4N218725		5/18/2021	5/18/2022	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED			DATE TO LO	1 -7.	, I, IO, EGE !	0,10,2022				
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
	HIRED AUTOS ONLY AUTOS ONLY					:		(Per accident)	\$		
	1.0								\$	4 000 000	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	4,000,000	
	EXCESS LIAB CLAIMS-MADE			CUP6N500462		5/18/2021	5/18/2022	AGGREGATE	\$	4,000,000	
	DED X RETENTION \$ 10,000								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-			
				UB3P662324		1/1/2021	1/1/2022	E.L. EACH ACCIDENT	s	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	= 6	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000	
	DESCRIPTION OF OPERATIONS DRIOW							E.C. DISEASE - FOLIOT LIMIT	+*		
						i					
Cert Wai	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										
						CONTR	ACT#: C1	9-2778-PW			
							RODUCT				
									DDIN:	TEDE	
								AGREEMENT OF	LKIN	IERO _	
CE	RTIFICATE HOLDER			1	CA	EXPIRE	S: 01/28/	2022			
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	Okaloosa County BCC 1759 S. Ferdon Blvd				THE	EXPIRATION CORDANCE WI	N DATE TH	EREOF, NOTICE WILL CY PROVISIONS.	BE DE	LIVERED IN	
	Crestview, FL 32536				AUTHO	RIZED REPRESE	NTATIVE				
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JLTECU

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CERTIFICATE OF LIABILITY INSURANCE

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

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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ti	nis certificate does not confer rights to	the	cert	Ificate holder in lieu of su	ich end	lorsement(s)	i.	•			
	DDUCER				CONTACT Lynne Tecu, CPCU, CIC						
	ner Brown Bottrell Insurance, Inc. West Garden Street				PHONE (A/C, No, Ext): (850) 444-7624 FAX (A/C, No): (601) 208-8341						
	te 300 Isacola, FL 32502				E-MAIL ADDRESS: Itecu@fbbins.com						
	1840014, 1 2 32302							RDING COVERAGE	NAIC#		
					11111111111			nsurance Company of Ameri			
INSU	JRED				INSURE	RB:Phoeni	x Insurance	e Company	25623		
	Copy Products Company db P.O. Box 12904	a CP	C Of	fice Technologies	INSURER C:						
	P.O. 60x 12904 Pensacola, FL 32591				INSURE						
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A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR			ZLP21P2686719		5/18/2020	5/18/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000		
								MED EXP (Any one person) \$	10,000		
								PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
	POLICY POLICY X LOC							PRODUCTS - COMP/OP AGG \$	2,000,000		
_	OTHER:			<u> </u>		<u> </u>	<u> </u>	COMBINED SINGLE LIMIT	4 000 000		
Α	AUTOMOBILE LIABILITY							(Ea accident) \$	1,000,000		
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A	X UMBRELLA LIAB X OCCUR							\$	4,000,000		
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	DED X RETENTIONS 10,000					4,11,11	, , , , , , , , , , , , , , , , , , , ,	AGGREGATE\$			
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		İ		UB3P66232420		1/1/2020	1/1/2021	E.L. EACH ACCIDENT \$	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE NOFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
	DECOMMENDED OF ELECTRICATE SOUTH							C.S. SIOS IOC 1 OCIO: EMIT			
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CE	RTIFICATE HOLDER				CAI	EXPIR	ES: 01/2	8/2022	-RS -		
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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (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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1	PRODUCER Fisher Brown Bottrell Insurance, Inc. 19 West Garden Street								CONTACT Lynne Tecu, CPCU, CIC						
FIS									PHONE (A/C, No, Ext): (850) 444-7624 FAX (A/C, No): (601) 208-						
Sui	te 30	0	•					E-MAIL ADDRE	ss. Itecu@ft	bins.com		·,· , ,			
Per	Pensacola, FL 32502								INS	SURER(S) AFFO	RDING COVERAGE	_	NAIC #		
	-										Casualty Company of	America			
INS	JRED										e Company		25623		
		Copy Pro	duc	cts Company	iba C	PC O	ffice Technologies	INSURE							
		P.O. Box	129	004				INSURE							
		Pensacol	a, F	FL 32591				INSUR							
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		l			-						MED EXP (Any one person)	\$	10,000		
					-						PERSONAL & ADV INJURY	\$	1,000,000		
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		POLICY PR	ĊŤ	X LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000		
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	If ves	describe under									E.L. DISEASE - EA EMPLOY		1,000,000		
	DES	CRIPTION OF OPER	IA I II	UNS below	+						E.L. DISEASE - POLICY LIM	T \$	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 CPC OFFICE TECHNOLOGIES MAINT AGREEMENT FOR PRINTERS															
C=	OTIE	ICATE HOLDE	- P		_			CANI	MAINT	r agrei	EMENT FOR PI	KIN I E	KO]		
<u>v=</u> 1	<u> </u>	IVATE HOLDE	<u>, n</u>				· ·	CANI	EXPIR	RES: 01/	/28/2022		٦		
		Okaloosa 1759 S. Fe Crestview	erdo	n Élvd					EXPIRATION	DATE TH	EREOF, NOTICE WILL Y PROVISIONS.		LIVERED IN		
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JLTECU



CERTIFICATE OF LIABILITY INSURANCE

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

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t	ils certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ch end	orsement(s).					
1	DUCER						cu, CPCU,				
Fis	ner Brown Bottrell Insurance, Inc. Vest Garden Street				PHONE (A/C, No, Ext): (850) 444-7624 FAX (A/C, No): (601) 208-8341						
Sul	e 300				E-MAIL ADDRESS: Itecu@fbbins.com						
Per	sacola, FL 32502					INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
					INSURE			asualty Company of Ame	erica	25674	
INS	PRED							Company		25623	
	Copy Products Company di	CE		fice Technologies				ance Company, Inc.		42376	
	P.O. Box 12904	Ja Gr	COI	ille recissologies	INSURE		iogy mount			,	
	Pensacola, FL 32591				INSURE						
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	VERAGES CEF	TIE	~ A T E	NUMBER:	INSURE	N.F.i		REVISION NUMBER:			
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	DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORM LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSF	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
Α	X COMMERCIAL GENERAL LIABILITY	1				AND WEST TO THE		EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			ZLP21P2686719		5/18/2019	5/18/2020	DAMAGE TO BENTED	\$	300,000	
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	OWNED SCHEDULED AUTOS ONLY				ĺ				\$		
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	DED X RETENTION\$ 10,000	1							\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER			
		N/A		TWC3760192		1/1/2019	1/1/2020	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory In NH)	"'^						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
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Wai Liai	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate Holder and others as required b ver of Subrogation applies in regard to illity and Auto Liability are Primary and RTIFICATE HOLDER Okaloosa County 1759 S. Ferdon Blvd	Gene	ral Li	iability, Auto Liability, Wor	CANC	CON CPC MAII EXP	NTRACT OFFIC NT AGR IRES: 0	red) ly, Auto Liability and Umbra if required by written con #: C19-2778-P\ E TECHNOLOG REEMENT FOR F 1/28/2022 HEREOF, NOTICE WILL CY PROVISIONS.	N IES PRIM	General	
	Crestview, FL 32536				AUTHORIZED REPRESENTATIVE APril Management (1987)						

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: Custome	r Information	Bill To: Customer Information							
Company Name (Okaloosa County		Company Name							
Address 1759 S	S. Ferdon Blvd		Address							
Class Charte		^{Zip} 32536	City, State							
Phone# (850)	651-7391	Faxil	Phone# Fax#							
Contact Ann H	albert E-mail ahalber	t@myokaloosa.com	Key Operator/Meter Readings							
Quantity	S to de la companya del companya de la companya del companya de la	n- Make, Model, Serial I	No & Meter Read	Refurb	Unit Price	Total				
1	ID 35744 MX3570N - (6509455X Engineering Div	rision			\$ 0.00				
	\$2661.00 Includes 27,0	000 B/W images and 55,00	0 color images per year			\$ 0.00				
	also includes all parts, l	abor & supplies. Excluding	paper and staples.			\$ 0.00				
	Excess to be billed @ @	@ .0086 b/w, and .0475 for	color.			\$ 0.00				
11	ID 35668 MXM465N -	6501645Y Road Division				\$ 0.00				
	\$329.00					\$ 0.00				
	Includes 30,000 B/W Ima	ages per year also includes a	all parts, labor & supplies			\$ 0.00				
	excluding paper and sta	aples. Excess to be billed a	t .0086 per image.			\$ 0.00				
			~			\$ 0.00				
	Rate Locked in for 3 ye	ars ,				\$ 0.00				
					Sub-Total	\$ 0.00				
TRANSAC	TION TYPE:	LEASE- CAS	H- RENTAL-		Tax					
					Total	\$ 0.00				
LEASE FINAN	CING PROVIDED BY:			TAX EXEMPT	: YES- N	o- 🗌				
IT CONTACT I		IT PHONE#: (CERTIFICA		Section 1				
	CPC Service Program	ns: (Base Charge Amount	t should correlate to B	illing Frequ	iency)					
BASE CHARGE	Included Included	Rate Rate	SERVICE CONTRACT I	DETAIL	CTS AGREEM	ENT				
2990.00	see above see above	.0086 .0475	Contract Type: (Choose C	One)	Contract Coverage:					
Contract	Base Billing Frequency:	Overage/CPC Billing:	All Inclusive- 🕢 Parts & I	YES- NO-						
Start Date:	Monthly- Annual-	Monthly- Quarterly-	Color Supplies Not Included-	Price; \$	•					
	Quarterly-	Bi-Annual- Annual-	Other-		Term:	Months				
Special Instru	ictions:		CONTRACT # C19	1770 DV	v.					
		1	CPC Office Techno		V					
		4	Maintenance agree	_	printers					
			EXPIRES: 1/28/202		•					
•		e that the terms and condit			arpart or uno agre.	ds				
This agreemen		py Products Company until it is								
	Customer Represer	nauve / / /		<u>esentative</u>						
\rightarrow 4	four H Andl	01/28/2019	Renee Salo	·	1/15/2019					
Authorize	tl/Signature	Date // / / /	Authorized Signature	NCC: - P *	Date					
Printed N	ame & Title: Jeffre	y H Hyde	Printed Name & Title:	office Mar	nager					
Township of Marie Control	- Kuvch	asiwa knawager								

SGILBREATH

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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

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.

if the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

lf ti	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	t to	the certi	terms and conditions of ificate holder in lieu of su	the po	licy, certain lorsement(s)	policies may	require an endorsemen	t. As	tatement on		
PRO	DUCER				CONTACT Lynne Tecu, CPCU, CIC							
Fisi	ner Brown Bottrell Insurance, Inc. Vest Garden Street				PHONE (A/C, No. Ext): (850) 444-7624 FAX (A/C, No.): (601) 208-8341							
Sui	e 300		E-MAIL ADDRES	ss: Itecu@fk	bins.com							
Pen	sacola, FL 32502					INS	SURER(S) AFFOI	RDING COVERAGE		NAIC#		
ļ							surance Co			10178		
INSI	RED							urance Company		20141		
	Copy Products Company db	a CP	C Of	fice Technologies	INSURER C: Technology Insurance Company, Inc. 42376							
	P.O. Box 12904 Pensacola, FL 32591				INSURER D:							
	1 011000010, 1 111 0 11001				INSURE							
L					INSURE	RF:				<u> </u>		
ſ				NUMBER:	LAVE D	CENTIOCHED.	TO THE INCLU	REVISION NUMBER:	UE DO	LICY DEDICE		
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R											
C	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLIC	IES DESCRIE	BED HEREIN IS SUBJECT T				
INSR			SUBR WVD		DEEN	POLICY EFF (MM/DD/YYYY)		LIMIT				
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT HUMBER		(MMIDD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			CPP0024209		05/18/2018	05/18/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
							00,10,2010	MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	ŝ	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER;								\$			
В	AUTOMOBILE LIABILITY		i					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			CA10001390101	05/18/2018	05/18/2018	05/18/2019	BODILY INJURY (Per person)	s			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	HUREDS ONLY KON-SYNED						PROPERTY DAMAGE (Per accident)	\$				
			_						\$	2 200 200		
В	X UMBRELLA LIAB X OCCUR			I IMPANOSEEENNA		05/18/2018	0514013040	EACH OCCURRENCE	\$	3,000,000		
	EXCESS LIAB CLAIMS-MADE			UMB10002555001			05/18/2019	AGGREGATE	\$	3,000,000		
С	I DES 1 1 (SELENTION)							X PER OTH-	\$			
١	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		TWC3760192		01/01/2019	01/01/2020			1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						0 0 2020	E.L. EACH ACCIDENT	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		1,000,000		
-	DESCRIPTION OF OPERATIONS Delow		 				<u> </u>	E.L. DISEASE - POLICY LIMIT	\$			
						-						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	ule, may b	e attached If mo	re space is requi	ired)		_		
Cer	ificate Holder and others as required by bility and Auto Liability are Primary and	/ writ	ten c	ontract are Additional Ins	ureds ir	regard to Go	eneral Liabili	ty, Auto Liability and Umb				
	oility and Workers Compensation if requ					itiact. Waive		e ii e e ii e e ii e e e e e e e e e e				
							CON	NTRACT # C19-2	778	-PW		
							CPC	Coffice Technology	gies			
							Mair	ntenance agreem	ent :	for printers		
<u></u>								IRES: 1/28/2022				
CE	RTIFICATE HOLDER				CAN	CELLATION						
						NB B 4407.55	THE ADOLES		ANCE:	I ED DEFASE		
	Obologos Occupio							DESCRIBED POLICIES BE C HEREOF, NOTICE WILL				
	Okaloosa County 1759 S. Ferdon Blvd							CY PROVISIONS.				
	Crestview, FL 32536											

ACORD 25 (2016/03)

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AUTHORIZED REPRESENTATIVE

(Home Francisco