ACORD [®] CERTIFICA	TE OF LIAB	ILITY IN	ISURA	NCE		(MM/DD/YYYY) 6/2023			
THIS CERTIFICATE IS ISSUED AS A MATTER OF CERTIFICATE DOES NOT AFFIRMATIVELY OR I BELOW. THIS CERTIFICATE OF INSURANCE D REPRESENTATIVE OR PRODUCER, AND THE CEF IMPORTANT: If the certificate holder is an ADDIT the terms and conditions of the policy, certain pol	NEGATIVELY AMEND, EX OES NOT CONSTITUTE A RTIFICATE HOLDER. FIONAL INSURED, the poli	TEND OR ALT A CONTRACT icy(ies) must be	ER THE CO BETWEEN T	VERAGE AFFORDED HE ISSUING INSURE	BY THE R(S), AU WAIVED	E POLICIES JTHORIZED			
certificate holder in lieu of such endorsement(s).	icles may require an endo	rsement. A sta	tement on th	is certificate does not	comer i	ignus to the			
PRODUCER Florida Sheriffs Risk Management Fi	und NAI			FAX					
2090 Summit Lake Drive	(A/0	ONE 850-32 C. No, Ext): Wondy): 85	0-320-6939					
Tallahassee, FL 32317	- ADI	DRESS: Wentuy		1					
		INS	(ARP)	NAIC #					
INSURED		INSURER A : SHERIFF'S AUTOMOBILE RISK PROGRAM (SHARP)							
Okaloosa County Sheriff's Office		URER C :							
50 2nd Street	INS	URER D :							
Shalimar, FL 32579	INS	URER E :							
COVERAGES CERTIFICATE N		URER F :		DEVISION 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 TYPE OF INSURANCE ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS				
GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$				
COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	\$				
				MED EXP (Any one person) PERSONAL & ADV INJURY	\$	× a , , , , , , , , , , , , , , , , , , ,			
				GENERAL AGGREGATE	\$				
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$\$				
POLICY PRO- JECT LOC					\$				
		10/01/2023		COMBINED SINGLE LIMIT (Ea accident)	\$ 500	,000			
ANY AUTO ALL OWNED X SCHEDULED	24-FSRMF-46		10/1/2024	BODILY INJURY (Per person) BODILY INJURY (Per acciden					
A AUTOS AUTOS NON-OWNED				PROPERTY DAMAGE	\$	· · · ·			
HIRED AUTOS AUTOS AUTOS (Per accident) 4									
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$				
DED RETENTION \$				WC STATU- OTH	\$	<u></u>			
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE				WC STATU- TORY LIMITS ER	\$	<u></u>			
OFFICERMEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYE					
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach AC	ORD 101. Additional Remarks Sche	dule, i	1	-					
Interlocal agreement for Consolidated Dispatch CONTRACT: C19-2841-AP Okaloosa County Sheriff's Office Security, Law Enforcement and Airport Operations EXPIRES:09/30/2023									
CERTIFICATE HOLDER	CA	NCELLATION	30 DAY V	WRITTEN NOTICE					
Additional Insured:					CANCE				
Okaloosa County Board of County Commiss 302 N. Wilson Street	sioners 7	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Crestview, FL 32536		AUTHORIZED REPRESENTATIVE							
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ACORD [®] CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) 10/6/2023			
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 the terms and conditions of the policy certificate holder in lieu of such endo	, certai	n policies may require an e							
			CONTACT Wendy F	2055		· · · · · · · · ·			
Fiorida Sherifi's Risk mai	agem	ent runa	PHONE (A/C, No, Ext): 850-32		FAX (A/C, No		200 0020		
2090 Summit Lake Dr. Tallahassee, FL 32317	(A/C, No, Ext): 000 02 E-MAIL ADDRESS: Wendy.	<u>): 851</u>	0-320-6939						
	INSURER A ; FLOI	RAM	NAIC #						
INSURED OF LOOP 157	INSURED				·····				
Ukaloosa County Sheriff's	INSURER B :								
50 2nd Street			INSURER C :						
Shalimar, FL 32579			INSURER D :						
			INSURER E :						
			INSURER F :		DEVICION NUMPED.				
		ATE 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 TYPE OF INSURANCE	ADDL SU			POLICY EXP (MM/DD/YYYY)	1	AITS			
GENERAL LIABILITY	UNSR W	VVD POLICY NUMBER			EACH OCCURRENCE	\$			
					DAMAGE TO RENTED	\$			
					PREMISES (Ea occurrence)				
CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$			
	•				PERSONAL & ADV INJURY	\$			
					GENERAL AGGREGATE	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGO				
POLICY PRO- JECT LOC					COMBINED SINGLE LIMIT	\$			
					(Ea accident)	\$			
ANY AUTO					BODILY INJURY (Per person))\$			
ALL OWNED SCHEDULED AUTOS NON-OWNED					BODILY INJURY (Per accider	nt) \$			
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
						\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MAD					AGGREGATE	\$			
DED RETENTION \$	7		r.			\$			
WORKERS COMPENSATION					WC STATU- TORY LIMITS EF	H-	· · · · · · · · · · · · · · · · · · ·		
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOY				
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMI				
A Law Enforcement Professional Liability					\$5,000,000 each occurrence;				
including Premises Liability		24-FSRMF-46	10/01/2023	10/1/2024	\$10,000,000 annual aggregat				
		24-F3RMF-40			\$1,000,000 additional insured				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Interlocal Agreement for Consolidated Dispatch									
CERTIFICATE HOLDER			CANCELLATION 10 DAY WRITTEN NOTICE						
Additional Insured:			ESCRIBED POLICIES BE						
Okaloosa County Board of Cou	THE EXPIRATIO		EREOF, NOTICE WILL	BE DE	LIVERED IN				
Risk Management									
302 N. Wilson Street, Suite 30 ⁻	AUTHORIZED REPRESI	INTATIVE	<u> </u>						
Crestview, FL 32536									
Clestview, FL J2JJU					Jendym. &		~		
<u></u>			© 19		ORD CORPORATION				

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ACORD [®] CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 10/6/2023			
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	of the policy,	certa	ADDITIONAL INSURED, the in policies may require an er at(s).	ndorsem	ent. A stat						
PRODUCER Florida Sheriffs	s Risk Mana	geme	ent Fund	CONTACT	Wendy R	oss					
P.O. Box 12909 Tallahassee, FL 32317					PHONE (A/C, No, Ext): 850-320-6908 [A/C, No): 850-320-6939 E-MAL Wondy Boog@formf.org						
					ADDRESS: WEITUS, KOSS (JIIII. OF G INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A : FL Sheriffs Workers' Compensation Self Insurance Program						
INSURED Okaloosa County Sheriff's Office					INSURER B :						
50 2nd Street					INSURER C :						
Shalimar, FL 32	579			INSURER	D:						
				INSURER	E:						
001/574.059				INSURER	F:						
COVERAGES			ATE NUMBER:		ISSUED TO		REVISION NUMBER:				
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INSR LTR TYPE OF INSURAL		ADDL S	UBR			POLICY EXP (MM/DD/YYYY)	LIM	ITS	······		
GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
COMMERCIAL GENERAL							PREMISES (Ea occurrence)	\$			
							MED EXP (Any one person) PERSONAL & ADV INJURY	\$\$			
							GENERAL AGGREGATE	s			
GEN'L AGGREGATE LIMIT APF	PLIES PER:		-				PRODUCTS - COMP/OP AGO				
POLICY PRO- JECT	LOC							\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO							BODILY INJURY (Per person)	\$			
ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per acciden	t) \$				
HIRED AUTOS	ON-OWNED UTOS						PROPERTY DAMAGE (Per accident)	\$			
	1							\$			
UMBRELLA LIAB EXCESS LIAB	OCCUR						EACH OCCURRENCE	\$			
	CLAIMS-MADE						AGGREGATE	\$\$			
WORKERS COMPENSATION	<u>ې</u>						X WC STATU- TORY LIMITS EF	1-			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/E							I TORY LIMITS EF E.L. EACH ACCIDENT	\$ 1,00	0.000		
A OFFICER/MEMBER EXCLUDED? N/A 24-FSRMF-46 (Mandatory in NH)		24-FSRMF-46	1	10-01-23	09-30-24	E.L. DISEASE - EA EMPLOYE					
If yes, describe under DESCRIPTION OF OPERATION	IS below						E.L. DISEASE - POLICY LIMI	r \$ 1,00	0,000		
DESCRIPTION OF OPERATIONS / LO	CATIONS / VEHICI	ES (At	tach ACORD 101, Additional Remarks	Schedule, i	f more space is	required)					
Workers' Compensation	coverage app	licabl	e to law enforcement officers	s when p	erforming l	aw enforcem	nent duties.				
CERTIFICATE HOLDER			//////////////////////////////////////	CANOT		ע גע 02	WRITTEN NOTICE				
	nd of 0		missionare		ELLATION						
Okaloosa County Board of County Commissioners							ESCRIBED POLICIES BE				
302 N. Wilson Street Crestview, FL 32536				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHORIZED REPRESENTATIVE						
Wardy M. Ross											
<u> </u>			······································	•	© 19	88-2010 AC	ORD CORPORATION.	All righ	nts reserved.		

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