



ONESTEP-01

PGARCIA

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
**9/26/2022**

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).

<b>PRODUCER</b> Fiscus Commercial Insurance Services, Inc. 1164 Road Runner Way Simi Valley, CA 93065	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(805) 523-8600</b>	<b>FAX (A/C, No):</b> <b>(805) 523-8611</b>
	<b>E-MAIL ADDRESS:</b> <b>certs@fcisonline.com</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Travelers Property Casualty Company of America		<b>25674</b>
<b>INSURER B:</b> Travelers Indemnity Company		<b>25658</b>
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			ZLP51N58598	9/26/2022	9/26/2023	EACH OCCURRENCE                                  \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X				DAMAGE TO RENTED PREMISES (Ea occurrence)                                  \$ <b>100,000</b>
							MED EXP (Any one person)                                  \$ <b>5,000</b>
							PERSONAL & ADV INJURY                                  \$ <b>1,000,000</b>
							GENERAL AGGREGATE                                  \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG                                  \$ <b>2,000,000</b>
							OTHER:                                  \$
<b>B</b>	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>			ZLP51N58598	9/26/2022	9/26/2023	COMBINED SINGLE LIMIT (Ea accident)                                  \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person)                                  \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY		X				BODILY INJURY (Per accident)                                  \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)                                  \$
							\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b>						EACH OCCURRENCE                                  \$
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE                                  \$
							\$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE                                  OTH-ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT                                  \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE                                  \$
							E.L. DISEASE - POLICY LIMIT                                  \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**General Liability**  
 The entity or entities listed in this section is/are hereby named as Additional Insured(s) if required in a written contract or written agreement with the Named Insured. Primary and Non-Contributory provisions apply to the entity or entities listed in this section if required in a written contract or written agreement with the Insured. Waiver of Subrogation is in favor of the entity or entities listed in this section if required in a written contract or written agreement with the Named Insured.

**Auto Liability**  
 SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  Okaloosa BCC 101 E James Lee Blvd Rm 108 Crestview, FL 32536	<b>CONTRACT: C20-2925-FLT</b> <b>ONESTEP, GPS</b> <b>GPS MONITORING &amp; TRACKING SERVICES</b> <b>EXPIRES: 03/08/2024</b>
	<b>RE IN</b>
<b>AUTHORIZED REPRESENTATIVE</b> 	



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Fiscus Commercial Insurance Services, Inc.		NAMED INSURED ONE STEP GPS, LLC 675 Glenoaks Blvd., Suite C San Fernando, CA 91340	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

The entity or entities listed in this section is/are hereby named as Additional Insured(s) if required in a written contract or written agreement with the Named Insured. Primary and Non-Contributory provisions apply to the entity or entities listed in this section if required in a written contract or written agreement with the Named Insured. Waiver of Subrogation is in favor of the entity or entities listed in this section if required in a written contract or written agreement with the Named Insured.

ENTITY: Okaloosa BCC.