

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DĐ/YYYY) 06/29/2022

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).

CONTACT Kevin Campbell

PRODUCER					CONTACT Kevin Campbell					
J Kevin Campbell Agency					PHONE (800) 508-9126 FAX (A/C, No, Ext): (877) 234-6089					
P O Box 9435					E-MAIL ADDRESS: kcampbell@workcompspecialists.com					
					INSURER(S) AFFORDING COVERAGE				NAIC#	
Panama City Beach FL 32417					INSURER A: Retail First Insurance Company				10700	
INSURED					INSURER B:					
GSC Systems, Inc.					INSURER C:					
15 Industrial St NW					INSURER D:					
					INSURER E:					
Ft Walton Beach FL 32548					INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL226291317										
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 SUB INSD WVI			POLICY EFF (MM/DD/YYYY)			IMITS	,,.,.,.,,,,	
LTR	COMMERCIAL GENERAL LIABILITY	INSD WV	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
GEN	LAGGREGATE LIMIT APPLIES PER:						GENERALAGGREGATE	\$		
l	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AG			
	OTHER:						COMBINED SINGLE LIMIT	\$		
AUT	AUTOMOBILE LIABILITY						(Ea accident)	\$		
IЩ	ANY AUTO						BODILY INJURY (Per person			
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accide	nt) \$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY	1 1					PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	IKERS COMPENSATION EMPLOYERS' LIABILITY				07/26/2022	07/26/2023	➤ PER OT STATUTE ER	H-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE ()	N/A	0520-42628				E.L. EACH ACCIDENT	\$ 1,000,000		
(Man	Mandatory in NH)		0020 12020		**************************************		E.L. DISEASE - EA EMPLOY	YEE \$ 1,000,000		
If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIM	IIT \$ 1,00	§ 1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
Blanket waiver of subrogation applies in favor of certificate holder for workers comp only.										
CONTENT A CITIL COLL OCOO VAC										
			CONTRACT# C01-0509-WS							
CERTIFICATE HOLDER					GSC SYSTEMS, INC					
VEITH I VAIL II VEDER					CUSTOMER SERVICE ALARM MONITORIN G					
		SI	st EXPIRES: 01/20/2024							
					Ti					
Okaloosa County					Ai					
	5479A Old Bethel Road	AUTHORIZED REPRESENTATIVE								
Crestview FL 32536					J. Kvin Campbell					
		<u> </u>								