



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2023

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 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 Comegys Insurance Agency One Beach Drive S. E. Ste. 230 Saint Petersburg FL 33701	CONTACT NAME: Jennifer Lynch PHONE (A/C, No, Ext): (727) 521-2100 E-MAIL ADDRESS: jenniferl@comegys.com	FAX (A/C, No): (727) 528-0626
	INSURER(S) AFFORDING COVERAGE	
INSURED AQUA MARKETING & COMMUNICATION 360 CENTRAL AVE SUITE 420 SAINT PETERSBURG FL 33701-3836	INSURER A : Main Street America Protection Ins Co	NAIC # 13026
	INSURER B : Old Dominion Insurance Co	40231
	INSURER C : United States Liability Insurance Co	25895
	INSURER D : Hartford Casualty Insurance Company	29424
	INSURER E : Houston Casualty Company	
	INSURER F :	

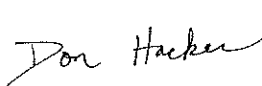
COVERAGES **CERTIFICATE NUMBER:** 23/24 ALL Lines **REVISION NUMBER:**

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		BPG6263N	07/26/2023	07/26/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y		B1G6263N	10/18/2023	10/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		XL 1595810D	05/08/2023	05/08/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	21WECAS1032	10/19/2023	10/19/2024	<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
E	Cyber Liability			H23NGP21506401	05/08/2023	05/08/2024	Multimedia Liability \$1,000,000 Security&Privacy Liability \$1,000,000 Third party Liability \$1,000,000	

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

SP1563866F 07/26/2023-07/26/2024 - Professional Liability written through United States Liability Company. Aggregate: \$2,000,000 - Each Claim \$1,000,000 - Retention: \$2,500
The Certificate Holder is included as additional insured per written contract with respect to General Liability, Auto, Umbrella, and Cyber Liability policies. The Workers Compensation policy contains a Waiver of Subrogation in favor of the certificate holder providing the contract is executed prior to any loss as required by written contract. Contract # C19-2782-AP

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners C/O Destin-Fort 1701 State Road 85, North Eglin AFB FL 32542	CAI SIGNATURE AUTHORIZED REPRESENTATIVE	CONTRACT: C19-2782-AP AQUA MARKETING AND COMMUNICATIONS MEDIA BUYING, MARKETING AND ADVERTISING SERVICES EXPIRES: 2/5/2024
		

© 1988-2015 ACORD CORPORATION. All rights reserved.