

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/31/2022

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).										
PRODUCER					CONTACT NAME: Sara Penri Hamilin					
Sterling Seacrest Pritchard, Inc.					PHONE (A/C, No, Ext): 404-238-9090 [A/C, No): 404-261-5440					
950 East Paces Ferry Rd NE Ste 2000					E-MAIL ADDRESS: shamlin@pjins.com					
Atlanta GA 30326					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A : Continental Casualty Company 20					
INSURED OASIS-1					INSURER B : Travelers Indemnity Co. of CT 25682					
Oasis Management Systems, Inc. Karvn Ibert					INSURER C : Travelers Indemnity Company 25658					
5320 Lake Pointe Ctr Dr Ste A					INSURER D : Travelers Property Casually 36161					
Cumming GA 30041					RE:					
					INSURER F :					
COVERAGES CERTIFICATE NUMBER: 246722783					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.										
LTR TYPE OF INSURANCE	INSD W	vvo į	POLICY NUMBER		MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
C X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	Y	660- 1T308982		2/1/2022	2/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence	\$1,000 (51,000		
							MED EXP (Any one perso		00	
	Í						PERSONAL & ADV INJUR			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	\$ 2,000,000	
POLICY PRO- JECT LOC		-					PRODUCTS - COMP/OP	AGG \$ 2,00	0,000	
OTHER:								\$		
D AUTOMOBILE LIABILITY	Y	Y	BA-1T313629-22-43-G		2/1/2022	2/1/2023	COMBINED SINGLE LIMI (Ea accident)	IT \$1,004	0,000	
X ANY AUTO						BODILY INJURY (Per per	person) \$			
AUTOS ONLY AUTOS	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per acc	cident) \$	ent) \$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								<u>s</u>		
D X UMBRELLA LIAB X OCCUR			CUP-1T324472		2/1/2022	2/1/2023	EACH OCCURRENCE	\$ 5,00	0,000	
EXCESS LIAB CLAIMS-MADE		1					AGGREGATE	<u> </u>		
DED RETENTIONS			· · · · · · · · · · · · · · · · · · ·					S		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	l l		UB-8R486738-22-43-G	1	2/1/2022	2/1/2023	X PER O STATUTE E	DTH- R		
I ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ 1,000,000		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPL	·····		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L			
A Crime A Cybeł Liability			652192685 425538309		2/1/2022 2/1/2022	2/1/2023 2/1/2023	Limit Umit	\$1,0	00,000 10,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached it more space is required) Certificate Holder is included as an additional insured on the General Liability and Automobile Liability policies as per attached forms SL1202 (12/15) and SA3000 (06/08). Waiver of Subrogation is in place in favor of Certificate Holder for General Liability, Automobile Liability, and Workers' Compensation as per attached forms										
SL1202 (12/15), SA3000 (06/08), WC 00 03 13 (00)-001.										
				(	CONTRAC	T# C21-2995	-COK			
					OASIS MANAGEMENT SYSTEM. INC.					
					C COMMISSARY & FIDUCIARY MANAGEMENT SERVICES FOROKALOOSA COUNTY					
					DEPARTMENT OF CORRECTIONS					
Okaloosa County Board of Commissioners					EXPIRES: 09/30/2023 W/2 ONE YR RENEWALS					
602-C N. Pearl St Crestview FL 32536	AUTHORIZED REPRESENTATIVE									
					fre					
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