

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/30/2023

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).

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PRODUCER				CONTACT NAME:	Jim Goodwyne				
			PHONE (A/C, No. Ext)	(404) 503-9100	FAX (A/C, No): (404) 503-9101				
4404 Northeide Deduces NIM			E-MÂIL jgoodwyne@ironwoodins.com						
Suite 800					INSURER(S) AFFORDING COVERAGE			NAIC#	
Atlanta		GΑ	30327	INSURER A :	Continental Insurance Company			35289	
INSURED				INSURER B :	Continental Casualty Company			20443	
INF	FAX, INC.			INSURER C :	National Fire Insurance Company of Har	tford		20478	
590	00 WINDWARD PKWY STE 525			INSURER D :	Lloyds of London				
				INSURER E :					
ALF	PHARETTA	GA	30005	INSURER F :					
COVERAGES	CERTIFICATE NUMB	FR:	CL238304824	4	REVISION NUM	IBER:			

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. POLICY EFF ADDLISUBR POLICY EFF (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER (MM/DD/YYYY) INSD WVD 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE X OCCUR 15,000 MED EXP (Any one person) 1,000,000 Υ Υ 6050273205 09/01/2023 09/01/2024 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT \$ 1,000,000 AUTOMOBILE LIABILITY (Ea accident) X ANY AUTO RODILY INJURY (Per person) OWNED SCHEDULED 6050273186 09/01/2023 09/01/2024 BODILY INJURY (Per accident) В \$ AUTOS ONLY AUTOS PROPERTY DAMAGE HIRED NON-OWNED AUTOS ONLY AUTOS ONLY W UMBRELLA LIAB 10,000,000 EACH OCCURRENCE OCCUR EXCESS LIAB 6050273169 09/01/2023 09/01/2024 10,000.000 Α AGGREGATE CLAIMS-MADE 10,000 DED | RETENTION \$ WORKERS COMPENSATION ➤ PER STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N 6050273172 09/01/2023 09/01/2024 N/A 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT Each Claim \$5,000,000 Professional Liability/Cyber Liability \$5,000.000 D ESM0039747016 09/01/2023 09/01/2024 Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Okaloosa County, its officers and employees are additional insured on the General Liability and Automobile Liability policies with respect to the liability resulting from the operations of the Named Insured as required by written contract. Waiver of Subrogation is in place in favor of Certificate Holder for General Liability and Automobile Liability as required by written contract. Waiver of Subrogation is in place in favor of Certificate Holder for Workers Compensation as required by written contract. CONTRACT: C18-2641-AP Infax-Flightview XML CERTIFICATE HOLDER **Data Feed Agreement** EXPIRES:07/31/2024 Okaloosa County 5479A Old Bethel Road AUTHORIZED REPRESENTATIVE

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Crestview

FL 32536

AGENCY CUSTOMER ID:	00001604
LOC #:	



ADDITIONAL RE	MARKS SCHEDULE	Page of
AGENCY Ironwood, a Marsh & McLennan Agency, LLC Co	NAMED INSURED INFAX, INC.	
POLICY NUMBER		
CARRIER NAIC C	CODE EFFECTIVE DATE:	
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FOR	M,	
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insur	ance: Notes	
CA Workers Compensation - POL#:6050155347 The Continental Insurance Company Effective: 9/1/2023-9/1/2024 Employers Liability: \$1M/\$1M/\$1M		