

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2022

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)

_th	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of si	ich en	dorsement(s).				
Arthur J. Gallagher Risk Management Services, Inc. 1050 Crown Pointe Pkwy, Suite 600 Atlanta GA 30338						CONTACT NAME: Linda Smith					
						PHONE (A/C, No, Ext); 678-393-5228 FAX (A/C, No); 678-393-5240					
						E-MAIL ADDRESS: linda_smith@ajg.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: National Union Fire Insurance Company of Pittsburg 19445					
INSURED						INSURER B : AIU Insurance Company 19399					
Cox Communications, Inc.					INSURER C:						
Cox Communications Florida PO Box 105357					INSURER D:						
Atlanta GA 30348					INSURER E:						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 2125989973						REVISION NUMBER:					
т	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD										
IN C	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	QUIF	REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	of an' Ed by	y contract The policie	OR OTHER (S DESCRIBED	OCUMENT WITH RESPE	CT TO '	WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INSP. TYPE OF INSURANCE INSD. WYD POLICY NUMBER						POLICY EFF POLICY EXP , , , , , , , , , , , , , , , , , ,					
<u>LTR</u> A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER GL3980281		(MM/DD/YYYY) 1/1/2023	(MM/DD/YYYY) 1/1/2024	EACH OCCURRENCE	\$4,500	000	
^				GL3980281		17172023	17172024	DAMAGE TO RENTED			
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$4,500		
	X XS of \$500,000							MED EXP (Any one person)	\$ 5,000		
	X SELF INSURED RET							PERSONAL & ADV INJURY	\$4,500,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 30,000,000		
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$6,000	,000	
OTHER:			<u> </u>	01 (000000/100)		41410000	11110001	COMBINED SINGLE LIMIT	\$10,000,000		
A	AUTOMOBILE LIABILITY	Y		CA4888803(AOS) CA4888804(VA)		1/1/2023 1/1/2023	1/1/2024 1/1/2024	(Ea accident)			
Α	X ANY AUTO OWNED SCHEDULED			CA7281099(MA)		1/1/2023	1/1/2024	BODILY INJURY (Per person)			
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$		ļ				/// 1000/	v IPER OTH-	\$		
B B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	Y	WC080880503 (AOS) WC080880504 (CA)		1/1/2023 1/1/2023	1/1/2024 1/1/2024 1/1/2024	X PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?			WC080880505 (WI)		1/1/2023		E.L. EACH ACCIDENT	\$1,000,000		
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	E \$1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	- POLICY LIMIT \$ 1,000,000		
RE Lial	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL COX Operation: 1032 - CC FLORIDA bility policies, pursuant to and subject to rkers Compensation policy, pursuant to	Custo the c	mer olicy	Services Agreement. Okald 's terms. definitions. condit	oosa C ions an	ounty BCC is d exclusions.	Additional Ins Waiver of Su	ured as respects Genera brogation applies to Addi	l Liabili tional Ir	y and Auto sured on	
							÷				
		CONTRACT# C16-2427-PS									
	OTICIOATE ISOLDED		- · · ·								
CERTIFICATE HOLDER					COX COMMUNICATIONS, INC.						
						EXPPIRES: 09/30/2024					
Okaloosa County BCC 5479A Old Bethel Road Crestview FL 32536											
						AUTHORIZED REPRESENTATIVE Chirobolin R. Ward					

ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2023 forms a part of

policy No. GL 398-02-81

issued to COXENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
LIQUOR LIABILITY COVERAGE
FORM MOTOR CARRIER COVERAGE
FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM
RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

COX COMMUNICATIONS, INC.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2023 forms a part of

policy No. CA 488-88-03

issued to COXENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
LIQUOR LIABILITY COVERAGE
FORM MOTOR CARRIER COVERAGE
FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM
RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

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COX COMMUNICATIONS, INC.