



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/11/2023

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 Commercial Lines - (404) 923-3700 USI Insurance Services LLC 1 Concourse Parkway NE, Suite 700 Atlanta, GA 30328	CONTACT NAME: Jack Holder PHONE (A/C, No, Ext): 470-875-0359 E-MAIL ADDRESS: Jack.holder@usi.com	FAX (A/C, No): 610-537-1929
	INSURER(S) AFFORDING COVERAGE	
INSURED FleetCor Technologies Operating Company, LLC d/b/a Fuelman 3280 Peachtree Road Suite 2400 Atlanta, GA 30305	INSURER A: Great Northern Insurance Company	NAIC # 20303
	INSURER B: Federal Insurance Company	20281
	INSURER C: Chubb National Insurance Company	10052
	INSURER D: Chubb Indemnity Insurance Co.	12777
	INSURER E: Munich Reinsurance America	10227
	INSURER F: Lloyd's of London	

COVERAGES **CERTIFICATE NUMBER:** 15747660 **REVISION NUMBER:** See below

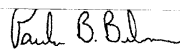
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3606-93-48	07/10/2023	07/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7362-28-11 Physical Damage Deductibles: \$1,000 Comp \$1,000 Collision	07/10/2023	07/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			7818-85-91	07/10/2023	07/10/2024	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
C	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	7183-29-22 (AOS) 7183-29-23 (HI,MS,SC)	07/10/2023 07/10/2023	07/10/2024 07/10/2024	<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 F	E&O / Cyber / Media Excess E&O / Cyber / Media			FN2303987 FN2306084	07/10/2023 07/10/2023	07/10/2024 07/10/2024	\$5,000,000 \$5,000,000 xs \$5,000,000

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

Okaloosa County, Florida, and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County are included as Additional Insured per the terms and conditions of the general liability and automobile liability policy on a primary and non-contributory basis.

Okaloosa County, Florida, and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County are granted a waiver of subrogation as respects to general liability, automobile liability and workers compensation/employers liability per the terms and conditions of policies.

CERTIFICATE HOLDER Okaloosa County, Florida 5479A Old Bethel Road Crestview, FL 32536	C CONTRACT: C11-1909-FLT FLEETCOR TECH. OPERATING CO.,LLC, DBA FUELMAN FUEL TRANSACTION TRACKING AGREEMENT EXPIRES:10/04/2023 W/ auto RENEWALS	FORE D IN
	A 	

Additional Remarks Schedule (Continued from Page 1)

Okaloosa County, Florida, and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County are granted 30 days notice of cancellation in accordance with the terms and conditions of the General Liability, Automobile Liability, Workers Compensation and Umbrella Policies.