

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/24/2023

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		CONTACT NAME: Larry Sue Dunn				
Higginbotham Insurance Agency, 1221 S. Mopac Expy., Suite 160	, Inc.	PHONE (A/C, No, Ext): 817-347-6816	FAX (A/C, No): 817-347-6981			
Austin TX 78746		E-MAIL ADDRESS: Idunn@higginbotham.net	·			
		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A : Starr Indemnity & Liability Company	38318			
T F R Enterprises Inc 601 Leander Drive	TFRENTE-02	INSURER B: Texas Mutual Insurance Company	22945			
		INSURER C : Starr Surplus Lines Ins. Co.	13604			
Leander TX 78641		INSURER D : Argonaut Insurance Company	19801			
		INSURER E : Tokio Marine Specialty Insurance Co.	23850			
		INSURER F: Travelers Lloyds Insurance Company	41262			
COVERAGES	CERTIFICATE NUMBER: 1859975292	REVISION NUM	MBER:			

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
С	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			1000066507211	3/31/2023	3/31/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 50,000
	X \$5,000 Ded BI/PD						MED EXP (Any one person)	\$ 5,000
	X *SEE DESCRIPTION						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						ContractorsPollution	\$ 1,000,000
Α	AUTOMOBILE LIABILITY			1000199116211	3/31/2023	3/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					:	BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
E	UMBRELLA LIAB X OCCUR			PUB798753	3/31/2023	3/31/2024	EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
L	DED X RETENTION \$ 0							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0001209012 928948359384	3/31/2023 3/31/2023	3/31/2024 3/31/2024	X PER X OTH-	** SEE DESCRIP
١	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		M / A				E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
F A	Leased/Rented Equipment Leased/Rented/Hired Phy Damage			QT-660-8071X472-TLC-23 1000199116211	3/31/2023 3/31/2023	3/31/2024 3/31/2024	Limit - \$700,000 Limit Comp/Collision Ded	\$2,500 Actual Cash Value \$1,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*General Liability Deductible: \$5,000 BI/PD Per Occurrence *XCU is not excluded.

*The General Liability policy includes a \$1,000,000 Contractors Pollution Limit.

**Texas Workers' Compensation Policy - 0001209012 **All Other States (incl California) - Policy 928828359384

The General Liability and Automobile Liability policies include a blanket automatic a See Attached...

CONTRACT: C22-3223-PW TFR ENTERPRISES, INC. EMERGENCY DEBRIS REMOVAL/

EMERGENCY SERVICES

EXPIRES: 12/31/2025 W/2 1 YR RENEWALS

CERTIFICATE HOLDER

Okaloosa County BCC 1250 N. Eglin Parkway Suite 100 Shalimar FL 32579

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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