

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/17/2022

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

if SUBROGATION IS WAIVED, subjethis certificate does not confer rights				ich end	orsement(s).				
PRODUCER Rupp & Fiore Insurance Management, Inc. 504 Pittsburgh St Mars, PA 16046 INSURED Mission Critical Partners LLC					CONTACT NAME:				
					PHONE (A/C, No, Ext): (724) 625-4600 FAX (A/C, No): (724) 625-4680				
					ADDRESS: info@ruppfiore.com				
					INSURER(S) AFFORDING COVERAGE				#
					INSURER A: Cincinnati Insurance Co				
					INSURER B : Lloyd's of London				
					INSURER C: Travelers Insurance Company				
690 Gray's Woods Blvd Port Matilda, PA 16870				INSURE	RD:				
				INSURER E:					
				INSURE	RF:		· · · · · · · · · · · · · · · · · · ·		
			NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	n of a DED by	NY CONTRAC THE POLICI REDUCED BY I	OT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO WHICH T	HIS
INSR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITE		
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	Φ	0,000
CLAIMS-MADE X OCCUR	x		EPP 0604769		2/16/2022	2/16/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	<u> </u>	0,000
							MED EXP (Any one person)	Ψ	0,000
					ļ		PERSONAL & ADV INJURY		0,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	<u>. P </u>	0,000
POLICY PRO LOC OTHER: General Aggregate							PRODUCTS - COMP/OP AGG	\$ 2,00°	0,000
A AUTOMOBILE LIABILITY		х	EPP 0604769		2/16/2022	2/16/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
X ANY AUTO	X						BODILY INJURY (Per person)	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OWNED AUTOS ONLY X HIRED SCHEDULED AUTOS X AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
								\$	
A X UMBRELLA LIAB X OCCUR	l	х	EPP 0604769		2/16/2022	2/16/2023	EACH OCCURRENCE	\$ 5,00	0,000
EXCESS LIAB CLAIMS-MADE	X						AGGREGATE	\$ 5.00	0.000
DED RETENTION\$	<u> </u>						Aggregate	\$ 5,00	0,000
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWO 0004770		242/222	0/46/0000	X PER STATUTE CTH-	1.00	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		X	EWC 0604770		2/16/2022	2/16/2023	E.L. EACH ACCIDENT	·	0,000
	'	}		į			E.L. DISEASE - EA EMPLOYEE	3 1 00	
If yes, describe under DESCRIPTION OF OPERATIONS below	┼—		MDI 4047004 00		0/46/0000	0/46/0000	E.L. DISEASE - POLICY LIMIT	D '	0,000
B Professional Liablit	1		MPL4047321.22		2/16/2022	2/16/2023	and Cyber		10,000
C Directors & Officers			0107048442		2/16/2022	2/16/2023		3,00	· 0 ,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIONS / VEHIONS / LOCATIONS / VEHIONS / VEHIONS / LOCATIONS / VEHIONS / LOCATIONS / VEHIONS / VEHIONS / LOCATIONS / VEHIONS / LOCATIONS / VEHIONS / VEHIONS / LOCATIONS / VEHIONS	iong	as a	written contract is in place	ule, may b sured as e. 30 Da	CONTRACT MISSON CR OVERSEE/A	Eancellation i # C21-3077-I ITICAL PART DMINISTER	is in effect.		E N
Okaloosa County Board of County Commisioners 302 N Wilson St Crestview, FL 32536					AUTHORIZED REPRESENTATIVE				