

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 9/28/2023

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: Centralized Accounts Servicing Team					
Marsh & McLennan Agency LLC 6160 Golden Hills Drive					PHONE (A/C, No, Ext): (A/C, No):					
Minneapolis MN 55416					E-MAIL ADDRESS: CAST@marshmma.com					
					INSURER(S) AFFORDING COVERAGE NA					
					INSURER A: Nautilus Insurance Company				17370	
INSURED HAWKIINC					INSURER B : Aspen Speciality Insurance Company				10717	
Hawkins, Inc.					INSURER c : Great Divide Insurance Company				25224	
2381 Rosegate Roseville, MN 55113					INSURER D: Continental Casualty Company					
Trosevine, ivity so i to					INSURER E : American Casualty Company of Reading PA					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER: 1371886045					REVISION NUMBER:					
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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A X COMMERCIAL GENERAL LIABILITY		1,,,,,	GLP203306913		9/30/2023	9/30/2024	EACH OCCURRENCE \$1,00		,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,		
							MED EXP (Any one person)	\$ 25,000		
							PERSONAL & ADV INJURY	\$1,000,		
GEN'L AGGREGATE LIMIT APPLIES PER:				ĺ			GENERAL AGGREGATE	\$3,000,		
POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	\$3,000.	,000	
OTHER:								\$		
C AUTOMOBILE LIABILITY			BAP203306813		9/30/2023	9/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
X ANY AUTO							BODILY INJURY (Per person)	) \$		
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) \$			
							PROPERTY DAMAGE (Per accident) \$			
X MCS-90 X CA 99 48							Liability Deductible	ble \$25,000		
A UMBRELLA LIAB X OCCUR			FFX203307013	X203307013 9/30/2023 9/30/202		9/30/2024	EACH OCCURRENCE \$15,00		0,000	
V =						AGGREGATE \$15,00		0,000		
DED X RETENTION \$ 0	1						\$			
E WORKERS COMPENSATION E AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			7040063575 7040063527		9/30/2023 9/30/2023	9/30/2024 9/30/2024	X PER OTH-			
							E.L. EACH ACCIDENT			
							E.L. DISEASE - EA EMPLOYEE \$ 1,000			
							E.L. DISEASE - POLICY LIMIT \$ 1,000			
A Pollution Liability (Primary)	<del>                                     </del>		SSP201587912		9/30/2021	9/30/2024	Total Limit with	\$25,0	00,000 Occ	
B Pollution Liability (Excess) D Prod./Prof. Liab.			EXAFVXW19 ADT6072376262		9/30/2021 9/30/2023	9/30/2024 9/30/2024	primary and excess Limits		00,000 Agg Occ/\$10M Agg	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Contract #: C19-2815-WS. Okaloosa County, Okaloosa County Board of County Commissioners and their respective officials, employees & volunteers of each and all other interests as may be reasonably required by Okaloosa County are Additional Insured on a primary and non-contributory basis as required by. written contract or agreement limited to the General Liability and Automobile Liability coverage. A Waiver of Subrogation applies in favor of the Additional Insureds for Workers' Compensation, General Liability and Automobile Liability as required by written contract or agreement. Excess Liability follows form over the General Liability, Automobile Liability and Employers Liability subject to policy terms, conditions and exclusions.  CONTRACT: C19-2815-WS										
CERTIFICATE HOLDER					CANCEL Hawkins, Inc.					
Okaloosa County Board of County Commissioners					Tablet, Granular & Liquid Chlorine & Sod Hypo EX EXPIRES:09/30/2023					
5479A Old Bethel Road					ALITHORIZED REPRESENTATIVE					

© 1988-2015 ACORD CORPORATION. All rights reserved.

Crestview FL 32536

AUTHORIZED REPRESENTATIVE