

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/14/2022

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.

	EPRESENTATIVE OR PRODUCER, A				/1L A	CONTINUE	DE1**	illa loodiiw maartais	(0), 7 (0		
lf tl	MPORTANT: If the certificate holds SUBROGATION IS WAIVED, subjects Subscritificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may	NAL INSURED provision require an endorsemen	s or b at. As	e endorsed. tatement on	
PRODUCER License # L100460 Acentria Insurance - Niceville I10 Partin Drive North Niceville, FL 32578						CONTACT NAME:					
						PHONE (A/C, No, Ext): (850) 678-2514 [A/C, No): (850) 678-9354					
						ADDRESS:					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Auto-Owners Insurance Company					
NSU	RED			INSURE	R в : Southe	rn-Owners	Insurance Company		10190		
Heritage Museum Assoc Inc 115 Westview Ave Valparaiso, FL 325801387					INSURE	RC:					
					INSURER D:						
						INSURER E :					
						INSURER F: REVISION NUMBER:					
0;	VERAGES CER IS IS TO CERTIFY THAT THE POLICE	CO O	CATE	NUMBER:	UAVE B	EEN IRRITED	TO THE INSUI		HE PO	I ICY PERIOD	
IN	HIS IS TO CERTIFY THAT THE PULICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQU	IREMI	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIE	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	:0110	WHICH THIS	
ISR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	5		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X		78167951		1/20/2022	1/20/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000	
Ì		^`	^					MED EXP (Any one person)	5	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					-		GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO LOC OTHER: General Aggregate							PRODUCTS - COMP/OP AGG	<u>s</u> s	2,000,000	
-	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
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	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
В	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$	and the second second	
	DED RETENTION\$		ļ					PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		v	78055507		2/13/2022	2/13/2023			100,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	^	1000001		L, 10, 20		E.L. EACH ACCIDENT	5	100,000	
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE		500,000	
	DÉSCRIPTION OF OPERATIONS below		 					E.L. DISEASE - POLICY LIMIT	\$		
		<u></u>	<u> </u>								
ES(kal	RIPTION OF OPERATIONS / LOCATIONS / VEHIC COSA County is included as an addition	LES (A	ACORD sured	i 101, Additional Remarks Schedu In respects to the general	ie, may b Hiabilit	e attached if mor y as required	e space is requir by written co	entract or agreement.			
alv	er of Subrogation applies in favor of O	kaloc	sa C	ounty.							
						CONTD A	CT # C22	2221 TDD			
								2-3231-TDD	ATT	NN T	
CERTIFICATE HOLDER					THE HERITAGE MUSEUM ASSOCIATION						
ا ساء	MICALLINEDLIN							NTERTAINING TH	IE PU	JBLIC [
					:	EXPIRES	: 09/30/20)23			
Okaloosa County 5479A Old Bethel Rd Crestview, FL 32539											
					AUTHORIZED REPRESENTATIVE						
					Chil H. Lahl						
						- ~ V~~ 7 ~	-				