

Client#: 238970

RS&HINC

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/27/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Edgewood Partners Ins. Center, 3780 Mansell Rd. Suite 370, Alpharetta, GA 30022. CONTACT NAME: Sharon Brubaker, PHONE: 770.756.6599, E-MAIL ADDRESS: greylingcerts@greyling.com. INSURER(S) AFFORDING COVERAGE: Lloyd's of London, NAIC #: 0000.

COVERAGES CERTIFICATE NUMBER: 23-24 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Professional Liab.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project #: 2011915.XXX; Project Name: Okaloosa County Airports General Aviation Engineering Services. Should any of the above described policies be cancelled by the issuing insurer before the expiration date thereof, we will endeavor to provide 30 days' written notice (except 10 days for nonpayment of premium) to the Certificate Holder.

CERTIFICATE HOLDER: Okaloosa County Board of County Commissioners, 5479A Old Bethel Road, Crestview, FL 32536-0000. CONTRACT: C20-2959-AP REYNOLDS, SMITH & HILL GENERAL AVIATION ENGINEERING SERVICES FOR OC APS EXPIRES: 3 YRS W 2 (1) ONE YR RENEWALS. AUTHORIZED REPRESENTATIVE: D.H. Colting



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/16/2023

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.

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PRODUCER Brown & Brown of Florida, Inc. 10151 Deerwood Park Blvd Bldg 100, Ste 100 Jacksonville FL 32256	CONTACT NAME: Lori Duvall CIC	PHONE (A/C, No, Ext): (904) 565-1952	FAX (A/C, No): (904) 565-2440
	E-MAIL ADDRESS: Lori.Duvall@bbrown.com		
INSURED RS&H, Inc 10748 Deerwood Pk Blvd S Jacksonville FL 32256	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Zurich American Insurance Company	16535
	INSURER B:	American Guarantee and Liability Insurance Company	26247
	INSURER C:	Travelers Property Casualty Company of America	25674
	INSURER D:	Continental Insurance Company	
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 23.24 REVISION NUMBER:

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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 <input checked="" type="checkbox"/> Bikt AI - Prim & Non Contrib <input checked="" type="checkbox"/> Bikt WOS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		GLO1466409-01	06/28/2023	06/28/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Bikt AI <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Bikt WOS	Y	Y	BAP1469564-01	06/28/2023	06/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000	
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			see attached	06/28/2023	06/28/2024	EACH OCCURRENCE \$ 29,000,000 AGGREGATE \$ 29,000,000 \$	
B	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	N/A	Y	WC0411471-01	06/28/2023	06/28/2024	<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

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

Project #: 2011915.XXX; Project Name: Okaloosa County Airports General Aviation Engineering Services
Okaloosa County is included as Additional Insured on a primary and non-contributory basis with respect to the General Liability and Auto Liability policy when required by written contract. Waiver of subrogation in favor of Okaloosa County is included with respect to the Auto Liability and Workers' Compensation policies when required by written contract. 30 day notice of cancellation provided per policy provisions.

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County 5479A Old Bethel Road Crestview FL 32536	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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Additional Named Insureds

Other Named Insureds

REYNOLDS, SMITH AND HILLS ARCHITECTS-ENGINEERS PLAN	Additional Named Insured
REYNOLDS, SMITH AND HILLS CS, INCORPORATED	Additional Named Insured
Reynolds, Smith and Hills, Inc.	Additional Named Insured
RS&H ALABAMA, INC.	Additional Named Insured
RS&H ARCHITECT AND ENGINEER, P.C.	Additional Named Insured
RS&H ARCHITECTS-ENGINEERS-PLANNERS, INC.	Additional Named Insured
RS&H CALIFORNIA, INC.	Additional Named Insured
RS&H COMMERCIAL REALTY, INC.	Additional Named Insured
RS&H IDAHO, P.C.	Additional Named Insured
RS&H ILLINOIS, INC.	Additional Named Insured
RS&H IOWA, P.C.	Additional Named Insured
RS&H MARYLAND, INC.	Additional Named Insured
RS&H MASSACHUSETTS, INC.	Additional Named Insured
RS&H MICHIGAN, INC.	Additional Named Insured
RS&H MISSISSIPPI, P.C.	Additional Named Insured
RS&H MONTANA, P.C.	Additional Named Insured
RS&H NEVADA, INC.	Additional Named Insured
RS&H OHIO, INC.	Additional Named Insured
RS&H OREGON, ARCHITECTS-ENGINEERS-PLANNERS, P.C.	Additional Named Insured
RS&H PENNSYLVANIA, INC.	Additional Named Insured
TSIOUVARAS SIMMONS HOLDERNESS, INC.	Additional Named Insured
RS&H Arkansas Inc	Additional Named Insured

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Brown & Brown of Florida, Inc.		NAMED INSURED RS&H, Inc	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

Umbrella - Total Limit \$29,000,000
Primary \$9M Policy #AUC-1469558-01 American Guarantee and Liability Insurance Company
\$10M XS \$9M Policy #EX-6T35064A-23-NF Travelers Property Casualty Company of America
\$10M XS \$19M Policy #7039681430 Continental Insurance Company

