

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 07/07/2023

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).

Certificate does not content tiginte to the				CONTAC	- ' '				
PRODUCER AON Risk Services Northeast, Inc. New York NY Office					CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 [A/C. No.): (800) 363-0105				
.65 Broadway, Suite 3201 New York NY 10006 USA					INSU	RER(S) AFFOR	RDING COVERAGE	NAIC#	
NSURED				INSURER	A: Liber	ty Mutual	Fire Ins Co	23035	
erizon Communications Inc.				INSURER	-				
095 Avenue of the Americas lew York NY 10036 USA				INSURER	I C:	·			
NEW TOLK NT 10030 03A		INSURER D:							
		INSURER E:							
		INSURER F:							
COVERAGES CERT	TIFIC/	ATE N	NUMBER: 5701006942	48			VISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	QUIRE	MENT	F, TERM OR CONDITION HE INSURANCE AFFORD	OF ANY ED BY 1	HE POLICIES REDUCED B	DESCRIBE Y PAID CLAIM	D HEREIN IS SUBJECT TO		
NSR TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A X COMMERCIAL GENERAL LIABILITY			TB2691550588143		06/30/2023	06/30/2024		\$1,000,00	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,00	
X XCU Coverage is Included						,	MED EXP (Any one person)	\$10,00	
X Standard Contractual Liability		}					PERSONAL & ADV INJURY	\$1,000,00	
GEN'L AGGREGATE LIMIT APPLIES PER:	l i			i			GENERAL AGGREGATE	\$1,000,00	
X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$1,000,00	
OTHER:							COMBINED SINGLE LIMIT		
AUTOMOBILE LIABILITY							(Ea accident)		
ANY AUTO							BODILY INJURY (Per person)		
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE		
AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY					 		(Per accident)		
UMBRELLA LIAB OCCUR	 - 				<u> </u>		EACH OCCURRENCE		
⊢							AGGREGATE		
EXCESS LIAB CLAIMS-MADE		ì							
DED RETENTION WORKERS COMPENSATION AND	 						PER STATUTE OTH-		
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE Y / N	<u>.</u>					ļ	E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED?							E.L. DISEASE-EA EMPLOYEE		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below]	. 1			}		E.L. DISEASE-POLICY LIMIT		
DESCRIPTION OF OPERATIONS below					-	-		***	
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			<u> </u>			<u> </u>	<u>l</u> ,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD 1	01, Additional Remarks Schedu	ile, may be	attached if more	space is require	ed)	loosa County i	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Named Insured includes: Verizon W included as Additional Insured wit	irele: h resi	SS, Dect	Risk Management Dept to the General Liab	:., One	Verizon wa	ıy, Baskin <u>c</u>) Klage, NJ 0/920. OKa	illoosa County i	
Included as Additional Insuled wit		pecc	co che dellerar area				C15-2291-IS		
					_		010-220110		
					VERIZ		E MECCACINIC	DI ANG	
			·		ENTERPRISE MESSAGING PLANS				
CERTIFICATE HOLDER CA					NCE EXPIRES:INDEFINITE				
F				SHOU					

Okaloosa County 5479A Old Bethel Road Crestview FL 32536 USA AUTHORIZED REPRESENTATIVE