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MARA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

IMPO	RTANT: If the certificate holder BROGATION IS WAIVED, subject ertificate does not confer rights to	t to t	he terms and conditions of	the policy, certain	policies may			
PRODUCE		Janeo	ertificate noider in lieu of si	CONTACT NAME:	<u>}.</u>			
Earl Bacon Agency, Inc. Post Office Box 12039			PHONE (A/C, No, Ext): (850) 878-2121 FAX (A/C, No): (850) 878-2128					
Tallahassee, FL 32317 INSURED Sky Base Communications, LLC				E-MAIL ADDRESS:				
				INSURER(S) AFFORDING COVERAGE				NAIC #
				INSURER B: Allied Insurance Company of America				10127
				INSURER C :				
2518 Cathay Court			INSURER D ;					
Tallahassee, FL 32308								
				INSURER F :				
			ATE NUMBER:			REVISION NUMBER:		
INDIC, CERT	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIRI PERTA	EMENT, TERM OR CONDITIC	IN OF ANY CONTRA IDED BY THE POLIC BEEN REDUCED BY	CT OR OTHE DIES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPI SED HEREIN IS SUBJECT	ECT TO	WHICH THIS
NSR TR	TYPE OF INSURANCE	ADDL SU	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		ſS	· ·
						EACH OCCURRENCE	\$	1,000,00
	CLAIMS-MADE X OCCUR	x	ACP3048702309	5/1/2022	5/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
						MED EXP (Any one person)	\$	5,00
	J					PERSONAL & ADV INJURY	\$	1,000,00
GEI	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC					GENERAL AGGREGATE	\$	2,000,00
Â						PRODUCTS - COMP/OP AGG EMPLOYMENT PRAC	\$	50,00
B AU	OTHER:					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
X	ANY AUTO		ACP3048702309	5/1/2022	5/1/2023	BODILY INJURY (Per person)	s	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	1	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
вх	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	10,000,00
	EXCESS LIAB CLAIMS-MADE		ACP3048702309	5/1/2022	5/1/2023	AGGREGATE	\$	10.000.00
	DED RETENTION \$						\$	10,000,00
AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N					PER STATUTE ER		
ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
lf ye	s, describe under SCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE		
UES	SCRIPTION OF OPERATIONS DOLD					EL DISEASE - POLICY LIMIT	- -	
)kaloos	TION OF OPERATIONS / LOCATIONS / VEHICL a County listed as additional insure	d i		ule, may be attached if ma	ore space is requi	ired)		
о Бау Г	notice of Cancellation provided per	written	contract	CONT	ACT# C1	7-2597-PS		
						MUNICATIONS		
		PUBLIC SAFETY MOBILE COMMAND POST						
		EXPIRES. 06/30/2022						
FOTH	FICATE HOLDER				JG. VUI JU/ 4	in C had had		-
								_
					N DATE TH	DESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
				AUTHORIZED REPRES				
	Okaloosa County				O R.			
5479A Bethel Rd. Crestvlew. FL 32536				1 1 / J. V.	MAN	LIAA S		

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