

PRODUCER

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/16/2021

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).

CONTACT NAME:

	gluff United Insurance South Oates St.	(A)	PHONE (A/C, No, Ext): (334) 792-5101 FAX (A/C, No): (334) 792-4552							
P.O.	. Box 6947		젊	MAIL DRESS:						
Doth	nan, AL 36302-6947			INS		NAIC#				
			INS	SURER A : OWNER	RS			32700		
INSU	RED		SURER B : Auto O	18988						
	Poly, Inc.	ins	INSURER C:							
	P.O. Box 837		ins	INSURER D:						
	Dothan, AL 36302			SURER E :						
				INSURER F:						
COV	VERAGES CERT	IFICATE	NUMBER:			REVISION NUMBE	R:			
IN: CE EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH P	S OF INS QUIREMI PERTAIN, OLICIES.	SURANCE LISTED BELOW HAY ENT, TERM OR CONDITION O THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BE	OF ANY CONTRAC O BY THE POLICI EN REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH R	ESPECT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	DDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	YYY) LIMITS				
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurren	s ce) \$			
Ì						MED EXP (Any one perso	i			
Ì						PERSONAL & ADV INJU				
[	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP	AGG \$			
	OTHER:					0011501155 001015	\$			
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIM (Ea accident)	'' <b>\$</b>	1,000,000		
- 1	X ANY AUTO	x	49-299338-00	11/1/2021	11/1/2022	BODILY INJURY (Per per	rson) \$			
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per acc	cident) \$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
							\$			
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
	DED RETENTION\$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER C STATUTE E	TH- R			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$			
						E,L. DISEASE - EA EMPI	LOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY	LIMIT \$			
В	Bus Auto Florida	X	49-299338-01	11/1/2021	11/1/2022	CSL		1,000,000		
Cont	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE tract #C18-2677-WS loosa County is listed as additional insur	•		-		ed}				
			CONTRACT # C18-2677-WS POLY, INC. MASTER SERVICE AGREEMENT -							
CEF	RTIFICATE HOLDER	С		THOMETONO 1						
	Okaloosa County 5479A Old Bethel Road Crestview, FL 32536	EXPIRES: 09/30/2022  SHC THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE								

58504 (1-15)

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE - BLANKET COVERAGE

This endorsement modifies insurance provided under the following:

**COMMERCIAL AUTO POLICY** 

**SECTION II - COVERED AUTOS LIABILITY COVER- AGE** is amended. The following provision is added.
Any person or organization is an **insured** for Covered Autos Liability Coverage, but only to the extent that

person or organization qualifies as an **insured** under **SECTION II - COVERED AUTOS LIABILITY COVER-AGE**, **A. COVERAGE**, **1. Who Is An Insured**.

All other policy terms and conditions apply.

58504 (1-15)

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Page 1 of 1

58583 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF OUR RIGHT TO RECOVER PAYMENTS (WAIVER OF SUBROGATION) - BLANKET

This endorsement modifies insurance provided under the following:

**COMMERCIAL AUTO POLICY** 

SECTION V CONDITIONS, A. LOSS CONDITIONS is amended. 5. Our Right to Recover Payments is deleted and replaced by the following condition.

5. Our Right to Recover Payments
If we make a payment under this policy and the person to or for whom payment is made has a right to recover damages from another, we will be entitled to that right. That person shall do everything necessary to transfer that right to us and do nothing to prejudice it.

However, **we** waive **our** right to recover payments made for **bodily injury** or **property damage**:

- a. Covered by the policy; and
- b. Arising out of the operation of autos covered by the policy, in accordance with the terms and conditions of a written contract between you and such person or entity

only if such rights have been waived by the written contract prior to the accident or loss which caused the bodily injury or property damage.

All other policy terms and conditions apply.

58583 (1-15)

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### **CERTIFICATE OF LIABILITY INSURANCE**

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	DUCE					NAME: Jackie Murk						
RSC Insurance Brokerage, inc.						PHONE FAX (A/C, No, Ext): (A/C, No):						
109 Columbiana Road						E-MAIL ADDRESS: jmurk@risk-strategies.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
Віп	ningl	nam			AL 35209	INSURER A: Travelers Indemnity Company of America					25666	
INSL	RED				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	INSURER B: Travelers Property Casualty Company of America					25674	
l		Poly, Inc.				INSURER C: The Travelers Indemnity Company					25658	
		Polyenvironmental Corporation				VI Consider to					37885	
		P.O. Box 837				MODILIED:						
		Dothan			AL 36302	INSURER E:						
CO	VER	AGES CER	TIEIC	ATE	NUMBER:	INSURER F :						
						LISSUET	TO THE INSU		REVISION NUMBER:	NOD		
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		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	×	COMMERCIAL GENERAL LIABILITY	5405	1112			(unineer 111)	(manusstr ( 1 ))	EACH OCCURRENCE		0,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	1 000 000		
l	Г	35 4.10 14.102 [1-4] 35351(		7					PREMISES (Ea occurrence)	5.000		
Α	$\vdash$		Y		6806H40680A		11/01/2021	11/01/2022	MED EXP (Any one person)	1,000,000		
	CE	N'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	2 000 000		
	GE	PRO-							GENERAL AGGREGATE	\$ 2,000,000		
		1					-		PRODUCTS - COMP/OP AGG	\$ 2,00		
	AU	OTHER:							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANYAUTO								<u> </u>		
		OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
		AUTOS ONLY AUTOS NON-OWNED	ľ						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB X OCCUP		<del> </del>						\$		
В	-	EXCESS LIAB OCCUR		CUD4CCCCTCC				11/01/2022	EACH OCCURRENCE	\$ 5,000,000		
· ·	<u> </u>	CLAIMS-MADE			CUP4C228788	11/01/2021	AGGREGATE		\$ 5,00	0,000		
	WOR	DED RETENTION \$ 10,000 RKERS COMPENSATION		ļ	***************************************				a DED	\$		
		EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE OTH-	<u> </u>		
С	ANY OFF	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		Y UB7J652799		11/01/2021	11/01/2022	E.L. EACH ACCIDENT	\$ 1,000,000			
	(Mar								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
_	Pro	ofessional Liability										
D		•			DPR9985481		11/01/2021	11/01/2022	Each Claim	\$5,0	00,000	
<u> </u>	<u> </u>								Aggregate	\$5,0	00,000	
		TON OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
		tract #C18-2677-WS.										
Sub	roga	a County and Okaloosa County Board of tion applies to Workers' Compensation.	if Con	nmıssı	oners are included as an Ado	fitional l	nsured as respe	ects the Gener	al Liability. Waiver of			
The	se pi	rovisions must be required by and accep	oted b	y the	insured in written contract or	agreeme	ent.					
CERTIFICATE HOLDER						CANC	ELLATION					
									SCRIBED POLICIES BE CAN		BEFORE	
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Okaloosa County							ACCORDANCE WITH THE POLICY PROVISIONS.					
5479A Old Bethel Road						AUTHORIZED REPRESENTATIVE						
AUTHORIZED REPRESENTATIVE												

Crestview

FL 32536