EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 10/22/2003

Contract/Lease Control #: C03-0997-ISI-36

Bid #: N/A Contract/Lease Type: AGREEMENT

Award To/Lessee: COX COMMUNICATIONS

Lessor:

Effective Date: 9/23/2003 \$0

Term: INDEFINITE

Description of Contract/Lease: CONFERENCE CENTER PROPERTY EASEMENT

Department Manager: INFORMATION SYSTEMS

Department Monitor: D. VANDERHOEK

Monitor's Telephone #: 651-7570

Monitor's FAX #: 651-7576

Date Closed:



DATE (MM/DD/YYYY) 2/5/2021

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 PRODUCER		rsement(s Linda Smit							
Arthur J. Gallagher Risk Management Services, Inc.				FAX	678-393	2 5240			
1050 Crown Pointe Pkwy, Suite 600 Atlanta GA 30338	(A/C, No, E) E-MAIL	(inda sm	ith@ajg.com	(A/C, No):	070-39	3-3240			
Allanta GA 50556	AUDRESS:			IDING COVERAGE		NAIC #			
	INSURER A			surance Company of Pitt	sburg	19445			
INSURED	INSURER B	a : AIU Insu	rance Compa	any		19399			
Cox Communications, Inc. Cox Communications Florida	INSURER C	: New Har	mpshire Insur	ance Company		23841			
PO Box 105357	INSURER D) :		the second s					
Atlanta GA 30348	INSURER E	l:		town to be a set of the set					
	INSURER F	₹:							
COVERAGES CERTIFICATE NUMBER: 139949136 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H				REVISION NUMBER:					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAN	N OF ANY C	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	WHICH THIS			
INSR TYPE OF INSURANCE INSP WVD POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMI	rs				
A X COMMERCIAL GENERAL LIABILITY Y GL3980281		1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 4,500	,000			
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$4,500	,000			
X XS of \$500,000				MED EXP (Any one person)	\$ Exclus	ded			
X SELF INSURED RET				PERSONAL & ADV INJURY	\$ 4,500	,000			
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 30,00	0,000			
X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$6,000,000				
		1/1/0001	41410000	COMBINED SINGLE LIMIT	\$	0.000			
A AUTOMOBILE LIABILITY Y CA4888803 (AOS) A X ANY AUTO Y CA4888804 (VA)		1/1/2021 1/1/2021	1/1/2022 1/1/2022	(Ea accident) BODILY INJURY (Per person)	\$ 10,000 \$	0,000			
OWNED SCHEDULED				BODILY INJURY (Per accident)	-				
AUTOS ONLY AUTOS HIRED X NON-OWNED				PROPERTY DAMAGE	s				
AUTOS ONLY AUTOS ONLY				(Per accident)	s				
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	s				
EXCESS LIAB CLAIMS-MADE				AGGREGATE	s				
DED RETENTION \$					s				
B WORKERS COMPENSATION Y WC058240101 (AOS) AND EMPLOYERS' LIABILITY Y/N WC058240102 (CA)		1/1/2021 1/1/2021	1/1/2022	X PER OTH- STATUTE ER					
B ANYPROPRIETOR/PARTNER/EXECUTIVE N WC058240103 (FL)		1/1/2021	1/1/2022 1/1/2022 1/1/2022	E.L. EACH ACCIDENT	\$ 1,000,000				
C OFFICER/MEMBEREXCLUDED? WC058240104 (Mandatory in NH) If yes, describe under (MA,ND,OH,WA,WI,WY)		1/1/2021		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,	,000			
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,	,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sche	dule, may t								
RE: Cox Operation: 1032 - CC FLORIDA Customer Services Agreement.									
Okaloosa County BCC is Additional Insured as respects General Liability and conditions and exclusions. Waiver of Subrogation applies to Additional Insured	i on Worl		ACT# C03						
definitions, conditions and exclusions.			OMMUNIC						
				ENTER PROPERTY	EASE	IMENT			
		EXPIRE	S: INDEFI	NILE					
					Long-				
CERTIFICATE HOLDER	CANCEL	LLATION							
	SHOULD	D ANY OF T	HE ABOVE D	ESCRIBED POLICIES BE C		ED BEFORE			
	THE E	EXPIRATION	DATE THE	REOF, NOTICE WILL					
Okaloosa County BCC	ACCOR	RDANCE WI	TH THE POLIC	Y PROVISIONS.					
5479A Old Bethel Road	AUTHORIZE	ED REPRESE	TATIVE	the second s					
Crestview FL 32536	-								
1	Churt	bythen R.	Wall						
© 1988-2015 ACORD CORPORATION. All rights reserved.									

ACORD 25 (2016/03)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

This endorsement, effective 12:01 A.M. 01/01/2021

forms a part of

policy No. GL 398-02-81 issued to COXENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM COMMERCIAL GENERAL LIABILITY COVERAGE FORM BUSINESS AUTO COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

COX COMMUNICATIONS, INC.

3

This endorsement, effective12:01 A.M. 01/01/2021

8

¢

forms a part of

policy No. CA 488-88-03 issued to COX ENTERPRISES, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM COMMERCIAL GENERAL LIABILITY COVERAGE FORM BUSINESS AUTO COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:



DATE (MM/DD/YYYY) 12/11/2017

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.							
If	PORTANT: If the certificate holder is an SUBROGATION IS WAIVED, subject to the is certificate does not confer rights to the	e terms and conditions of the	policy uch en	/, certain pol dorsement(s	icies may re	NAL INSURED provisi quire an endorsement.	ons or be endorsed. A statement on
	pucer ur 1. Gallachar Disk Managament Sarvia	inc Inc	CONTA NAME:	Linda S			
1104	ur J. Gallagher Risk Management Servic 0 Crown Pointe Parkway Suite 700	es, mu	PHONE (A/C, N	E 678-39	93-5228	FAX (A/C, No): 678-393-5240
Atla	nta GA 30338			ss; linda_sm	iith@ajg.cor	n	
						RDING COVERAGE	NAIC #
						Insurance Company	of :19445
INSU						surance Company	23841
	Communications, Inc. Communications Florida					surance Company	19380
PO	Box 105357		INSURI	erd Illinois N	Vational Insi	urance Company	23817
Atla	nta GA 30348		INSUR				
			INSURI	ERF:			
	VERAGES CERTIFIC	ATE NUMBER: 1872402943				REVISION NUMBER:	
IN C E	DICATED. NOTWITHSTANDING ANY REQUIRI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH POLIC	EMENT, TERM OR CONDITION NN, THE INSURANCE AFFORD IES, LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO WHICH THIS
INSR LTR	TYPE OF INSURANCE INSU	WVD POLICY NUMBER		POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS
A	X COMMERCIAL GENERAL LIABILITY	GL4611450		1/1/2018	1/1/2019	EACH OCCURRENCE	\$4,500,000
	CLAIMS-MADE X OCCUR				1	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$4,500,000
	X XS of \$500,000					MED EXP (Any one person)	\$Excluded
	X SELF INSURED RET			-	:	PERSONAL & ADV INJURY	\$4,500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			1		GENERAL AGGREGATE	\$30,000,000
	X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	1000	
A	AUTOMOBILE LIABILITY			4/4/2010	4/4/0010	COMBINED SINGLE LIMIT	\$
Â	X ANY AUTO	CA7093399(AOS) CA7093400(MA)		1/1/2018 1/1/2018	1/1/2019 1/1/2019	(Ea accident) BODILY INJURY (Per person)	\$5,000,000 \$
A		CA7093401(VA)	1/1/2018	1/1/2019	BODILY INJURY (Per accident		
	OWNED SCHEDULED AUTOS ONLY AUTOS X HIRED AUTOS ONLY X AUTOS ONLY AUTOS					PROPERTY DAMAGE	// > /s
						(Per accident)	
			····			· • • • • • • • • • • • • • • • • • • •	
	EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE	\$
	DED RETENTION \$:				AGGREGATE	, ,
В	WORKERS COMPENSATION	WC013779015(AOS)		1/1/2018	1/1/2019	X PER OTH- STATUTE ER	\$
С	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	WC013779016(CA) WC013779017(FL)		1/1/2018 1/1/2018 1/1/2018 1/1/2018	1/1/2019 1/1/2019 1/1/2019 1/1/2019	E.L. EACH ACCIDENT	+1 000 000
Ă	(Mandatory in NH)	WC013779018(ME)				E.L. DISEASE - EA EMPLOYE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
В	WORK COMP/EMPLOYERS LIAB	WC013779019(AZ/IL/KY-		1/1/2018	1/1/2019	SEE ABOVE AMT	OFINSURANCE
В	WORK COMP/EMPLOYERS LIAB	(NC/NH/NJ/PA/UT/VA/VT) WC013779020(MA/ND/OH/W /WY)		1/1/2018		SEE ABOVE AMT	OFINSURANCE
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AC						······
Ok	aloosa County, the Emerald Coast Conve	ention Center and all officer	s are /	Additional In	sured as re	spects General	
Lla	bility policy pursuant to and subject to the	e policy's terms, definitions,	condi	tions and ex	clusions,		
				C (03-6	997-151	- 71.
							50
	NAMES BALLEN BOAL SES ST. 180 - 191 - 19						
CEF	TIFICATE HOLDER	······································	CANC	ELLATION			
	Okaloosa County, the Emerald Coas	t Convention Center	SHO THE	ULD ANY OF T EXPIRATION	THE ABOVE D	ESCRIBED POLICIES BE (EREOF, NOTICE WILL	BE DELIVERED IN
	1250 Miracle Strip Parkway SE					Y PROVISIONS.	DE DELIVERED IN
	Fort Walton Beach FL 32548 USA						
			AUTHO	RIZED REPRESE	NTATIVE		
			Cart	h.J. Buy			
				v			
				© 19	88-2015 AC	ORD CORPORATION.	All rights reserved.

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This endorsement, effective 12:01 A.M.1/1/2018forms a part ofPolicy No.CA7093399issued toCOX ENTERPRISES, INCBy NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM, BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM TRUCKERS COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

This endorsement, effective 12:01 A.M.1/1/2018forms a part ofPolicy No.CA7093399issued toCOX ENTERPRISES, INCBy NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM, BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM TRUCKERS COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	FIVELY O SURANCI	R NEGATIVELY AMEND, E DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED I	BY THE POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	: to the ter	rms and conditions of the	policy,	, certain pol	icies may re	NAL INSURED provisio quire an endorsement.	ons or be endorsed. A statement on
PRODUCER			CONTAC NAME:			·····	······································
Arthur J. Gallagher Risk Management 1040 Crown Pointe Parkway Suite 700	Services,	Inc.		Ext): 678-39		FAX (A/C, No)	678-393-5240
Atlanta GA 30338			E-MAIL ADDRES	ss. linda_sm	ith@ajg.cor	 n	
						RDING COVERAGE	NAIC #
		-	INSURF			Insurance Compa	19445
INSURED			-			urance Company	23841
Cox Communications, Inc.						surance Company	19380
Cox Communications Arizona, LLC		-				rance Company	23817
PO Box 105357 Atlanta GA 30348		-	INSURE	•			23017
		-	INSURE				
COVERAGES CEF	TIFICAT	E NUMBER: 1546941311		<u>N F (</u>		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES	S OF INSU	RANCE LISTED BELOW HAV	VE BEEN	V ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equireme Pertain,	INT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY ED BY 1	CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO MURCH THE
INSR	ADDL SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYY)	LIMI	rs
A X COMMERCIAL GENERAL LIABILITY		GL3629850	1	1/1/2017	1/1/2018	EACH OCCURRENCE	\$ 4,500,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$4,500,000
X XS of \$500,000						MED EXP (Any one person)	\$4,300,000 \$Excluded
X SELF INSURED RET						PERSONAL & ADV INJURY	· · · · · · · · · · · · · · · · · · ·
GEN'L AGGREGATE LIMIT APPLIES PER:			Í			GENERAL AGGREGATE	\$4,500,000
						PRODUCTS - COMP/OP AGG	\$30,000,000
OTHER:						PRODUCTS COMPTOP AGG	\$6,000,000 \$
A AUTOMOBILE LIABILITY		CA1921752(AOS)		1/1/2017	1/1/2018	COMBINED SINGLE LIMIT	
		CA1921753(MA)		1/1/2017 1/1/2017	1/1/2018 1/1/2018	(Ea accident) BODILY INJURY (Per person)	\$5,000,000 \$
		CA1921754(VA)	ļ	1112011	1/1/2018	BODILY INJURY (Per accident)	
OWNED AUTOS ONLY X HIRED X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY				1		PROPERTY DAMAGE	\$
AUTOS ONLY AUTOS ONLY						(Per accident)	\$ \$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
B WORKERS COMPENSATION		WC014649518(AOS)		1/1/2017	1/1/2018	V PER OTH-	\$
C AND EMPLOYERS' LIABILITY Y/N		WC014649519(CA)	1.	1/1/2017	1/1/2018	^ I STATUTE ER	
D ANY PROPRIETOR/PARTNER/EXECUTIVE N A OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	WC014649520(FL) WC014649521(MÉ)		1/1/2017 1/1/2017	1/1/2018 1/1/2018	E.L. EACH ACCIDENT	\$1,000,000
(Wandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	· · · · · · · · · · · · · · · · · · ·
	1					E.L. DISEASE - POLICY LIMIT	\$1,000,000
B WORK COMP/EMPLOYERS LIAB B WORK COMP/EMPLOYERS LIAB		WC014649522(MA/ND/OH/WA /WY)		1/1/2017 1/1/2017		SEE ABOVE AMT	OFINSURANCE OFINSURANCE
		WCÓ14649523(AZ/IL/KY- /NC/NH/NJ/PA/UT/VA/VT)	1				OFINDURANCE
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI			le, 1		• •	A	
COX COMMUNICATIONS GULF COA	·		C	OX COM	C03-0997-	ONS	
; 2 - 13 - 16 43	13 - 1	1,010	E	XPIRES:		ER PROPERTY EAS	SEMENT
CERTIFICATE HOLDER			CANC	ELLATION			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a på		
OKALOOSA COUNTY BOARI COMMISSIONERS 101 E. JAI CHESTVIEW FL 32536	BLVD.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
USA		ſ	AUTHORI	ZED REPRESEN	NTATIVE		
			<u>.</u>	© 198	38-2015 AC	ORD CORPORATION.	All rights reserved

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DATE (MM/DD/YYYY) 12/11/2015

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C B	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.								
tł	MPORTANT: If the certificate holder is an ADDITIONA he terms and conditions of the policy, certain policies ertificate holder in lieu of such endorsement(s).	L INSURED, the policy may require an endorse	(ies) must be ement. A stat	e endorsed. ement on th	If SUBROGATION IS W is certificate does not c	AIVED onfer r	, subject to ights to the		
PRO	DUCER	CONTA NAME:	Linda S	mith	III				
Arth	hur J. Gallagher Risk Management Services, Inc. 10 Crown Pointe Parkway		o, Ext): 678-39	3-5228	FAX (A/C, No):	678-3	93-5240		
Suit	te 700	É-MÁIL ADDRE	ss: linda_sm	ith@ajg.con	1	_			
Atla	anta GA 30338		INSURER(S) AFFORDING COVERAGE						
					Insurance Compa		19445		
12 Capitaliana					urance Company		23841		
	x Communications, Inc. x Communications Arizona, LLC		CARDON CONTRACTOR OF CONTRACTO		surance Company		19380		
PO	Box 105357			lational Insu	rance Company		23817		
Atla	anta GA 30348	INSURI	100100.00						
CO	VERAGES CERTIFICATE NUMB	ED: 502292352	ERF:		REVISION NUMBER:				
TI	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L	ISTED BELOW HAVE BEE	EN ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POL	ICY PERIOD		
C	NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INS XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS 3	URANCE AFFORDED BY	THE POLICIE	S DESCRIBED	DOCUMENT WITH RESPEND HEREIN IS SUBJECT TO	CT TO Y D ALL 1	WHICH THIS THE TERMS,		
INSR LTR	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY GL2039		1/1/2016	1/1/2017	EACH OCCURRENCE	\$4,500	.000		
	CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$4,500,	.000		
	X XS of \$500,000				MED EXP (Any one person)	\$Exclue	ded		
	X SELF INSURED RET				PERSONAL & ADV INJURY	\$4,500,	000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$30,000	0,000		
	X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$6,000,	000		
A	OTHER:	220(4.0.5)	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT	\$			
A B A	CA9734		1/1/2016	1/1/2017	(Ea accident) BODILY INJURY (Per person)	\$5,000, \$.000		
	CA9734	222(VA)	1/1/2016	1/1/2017	BODILY INJURY (Per accident)	\$			
	ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS			-	PROPERTY DAMAGE (Per accident)	\$			
	A0103				(Per accident)	\$			
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$			
	DED RETENTION \$					\$			
BC		22399(AOS) 22400(CA)	1/1/2016 1/1/2016	1/1/2017	X PER OTH- STATUTE ER				
DA	ANY PROPRIETOR/PARTNER/EXECUTIVE WC0680	22401 (FL) 22404 (ME)	1/1/2016 1/1/2016	1/1/2017	E.L. EACH ACCIDENT	\$1,000,000			
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	22404(MC)	111/2010	a nzorr	E.L. DISEASE - EA EMPLOYEE	\$1,000,	000		
В					E.L. DISEASE - POLICY LIMIT				
B	WORK COMP/EMPLOYERS LIAB /NC/NH/	22402(AZ/IL/KY - NJ/PA/UT/VA/VT) 22403(MA/ND/OH/WA/WI -	1/1/2016 1/1/2016				IRANCE IRANCE		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addi	tional Remarks Schedule, may b	be attached if mor	e space is require	ed)				
CO)	X COMMUNICATIONS GULF COAST, LLC								
			Ξ.		<i>38</i>				
			12						
				-					
OF		0.011	TLATION						
UE	RTIFICATE HOLDER		CELLATION				1		
	OKALOOSA COUNTY BOARD OF COMMISSIONERS 101 E, JAMES LEE BLVD.								
	CHESTVIEW FL 32536 USA	ter address	RIZED REPRESE	NTATIVE					
		9	h.J. Buy						
			© 19	38-2014 ACC	ORD CORPORATION.	All righ	its reserved.		

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This endorsement, effective 12:01 A.M.01/01/2016forms a part ofPolicy No.GL 203-91-24issued toCOX ENTERPRISES, INCBy NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM, BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM TRUCKERS COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

This endorsement, effective 12:01 A.M.01/01/2016forms a part ofPolicy No.CA 973-42-20issued toCOX ENTERPRISES, INCBy NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM, BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM TRUCKERS COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

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A	CORD C	ER	TIF	ICATE OF LIAI	BILI	TY INSU	JRANC	E [DATE 12/19/	(MM/DD/YYYY) 2014
C E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTER	ND OR ALTE	ER THE COV	VERAGE AFFORDED	TE HOI BY THE	DER. THIS
 t	MPORTANT: If the certificate holder he terms and conditions of the policy certificate holder in lieu of such endo	is ar , cerl	ADE ain p	DITIONAL INSURED, the policies may require an en	policy(Idorse	ies) must be ment. A stat	endorsed. ement on th	If SUBROGATION IS V is certificate does not o	VAIVED	, subject to ights to the
PRO Art 104	DRUCER hur J. Gallagher Risk Management 10 Crown Pointe Parkway				CONTA NAME: PHONE (A/C, No E-MAIL	^{CT} Línda Sr 5, _{Ext)} : 678-39 ss: línda_smi	3-5228	FAX (A/C, No)	, 678-3	93-5240
	te 700 anta GA 30338				INSURE	INS RA:National	urer(s) Affor Union Fire	ding coverage Ins Co Pittsbur		naic# 19445
	URED							urance Company		23841
	x Communications, Inc. x Comminications Florida						ational insu	rance Company		23817
) Box 105357 anta GA 30348				INSURE			<u> </u>		
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CC	OVERAGES CE	TIF	ÇATE	NUMBER: 1067523328	}			REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equif Pert Pert	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an' Ed by	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT 1	ECT TO	WHICH THIS
INSI LTF	TYPE OF INSURANCE	ADDU	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMI	TS	
A				GL9645408		1/1/2015	1/1/2016	EACH OCCURRENCE DAMAGE TO RENTED	\$4,500	
								PREMISES (Ea occurrence) MED EXP (Any one person)	\$4,500 \$Exclu	· · · · · · · · · · · · · · · · · · ·
	X XS of \$500,000 X SELF INSURED RET	·						PERSONAL & ADV INJURY	\$4,500	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$30,00	····
								PRODUCTS - COMP/OP AGG	\$6,000	0,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
B				CA4875685(VA) CA4875684(MA)		1/1/2015	1/1/2016 1/1/2016	(Ea accident) BODILY INJURY (Per person)	\$5,000 \$),000
A	X ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS			CA4875683(AOS)		1/1/2015	1/1/2016	BODILY INJURY (Per accident		
	ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	Auros								\$	 -
	UMBRELLA LIAB OCCUR		-					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MAD	<u> </u>						AGGREGATE	\$	
	DED RETENTION \$					14/00/17	4410040		\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	4		WC024508422(AOS) WC024508423(CA)		1/1/2015	1/1/2016 1/1/2016	X PER OTH-		000
A C	ANY PROPRIETOR/PARTNER/EXECUTIVE] N / A	.	WC024508428(OR) WC024508424(FL)		1/1/2015	1/1/2016 1/1/2016	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	\$1,000	
В	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC024508427(MÉ)		1/1/2015	1/1/2016	E.L. DISEASE - POLICY LIMIT		-
B	WORK COMP/EMPLOYERS LIAB WORK COMP/EMPLOYERS LIAB WORK COMP/EMPLOYERS LIAB			WC024508425(AZ\IL\KY- \NC\NHNJ;PA\UT\VA\VT) WC024508426(MA/ND/OH/W, /WY)	A/WI-		1/1/2016 1/1/2016	SEE ABOVE AMT SEE ABOVE AMT SEE ABOVE AMT	OFINS OFINS	URANCE URANCE URANCE
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CC	X COMMUNICATIONS GULF CO	\SΤ, Ι	LLC							
	ERTIFICATE HOLDER				CAN	CELLATION	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	OKALOOSA COUNTY B	JARI) D OF		THE	E EXPIRATION	N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.		
	COMMISSIONERS 101 I	E. JAI	MES	LEE BLVD.				<u> </u>		
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This endorsement, effective 12:01 A.M.01/01/2015forms a part ofPolicy No. GL 964-54-08issued toCOX ENTERPRISES, INCBy NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM, BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM TRUCKERS COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

COX COMMUNICATIONS, INC.

015062

This endorsement, effective 12:01 A.M.01/01/2015forms a part ofPolicy No.CA 487-56-83issued toCOX ENTERPRISES, INCBy NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM, BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM MOTOR CARRIER COVERAGE FORM OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM PRODUCTS-COMPLETED OPERATIONS LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM TRUCKERS COVERAGE FORM

EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

Arthur J. Gallagher Risk Management Services, Inc. 1040 Crown Pointe Parkway Suite 700 Atlanta GA 30338 USA

OKALOOSA COUNTY BOARD OF
101 E James Lee Blvd
Crestview FL 32536-3501

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This document was brought to you by Arthur J. Gallagher Risk Management Services, Inc.

Any documents forwarded with the certificate request were reviewed for the sole purpose of completing the certificate.

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If you have questions regarding the content of this document, please contact the Producer/Agent listed on the certificate of insurance.

The data included in this notice and in the attached document is confidential to Arthur J. Gallagher Risk Management Services, Inc.

CONTRACT: CONF CENTER PROPERTY EASEMENT CONTRACT NO.: C03-0997-ISI-36 COX COMMUNICATIONS EXPIRES: INDEFINITE

TELECOMMUNICATIONS FACILITIES AND EASEMENT AGREEMENT (Commercial)

This Telecommunications Facilities and Easement Agreement ("Agreement") is entered into this 23rd day of September, 2003, by and between Cox Communications Gulf Coast, LLC. ("Cox") and <u>CONCOSA</u> <u>COMPLA</u>"Owner"). Owner holds title to, or is the authorized agent of the titleholder of, certain real property located at 1250 Miracle Strip Pkwy, SE, Ft Walton Beach, Florida and commonly known as Emerald Coast Conference Center ("Property"). Owner and Cox desire to enter into this Agreement for Cox to provide its services to the Property under the terms and conditions herein.

Grant of Access and Easement. Owner hereby grants to Cox 1. permission to install and maintain its telecommunications distribution facilities ("Facilities") on the Property to provide services including voice, video and data and other telecommunications, cable, and information services ("Services") to Owner's tenants and/or other persons occupying the Property ("Tenants"). Owner further grants to Cox a perpetual nonexclusive easement and the right to enter the Property to install, connect, disconnect, transfer, service, remove or repair the Facilities. Upon termination of Cox's provision of Services to the Property, Cox may at its option enter upon the Property and remove the Facilities. Cox's right to enter upon the Property for the purpose of removing the Facilities shall survive termination of this Agreement. At Owner's written request, however, Cox shall remove the Facilities (excluding "Internal Wiring" (defined below)) within ninety (90) days after termination of this Agreement.

2. Ownership of Facilities. Except for Internal Wiring, the Facilities are and shall remain the sole and exclusive property of Cox and shall not become fixtures of the Property. Internal Wiring is defined as the wiring, ports and outlets located within a commercial unit receiving Services back up to the demarcation point. The demarcation point in the case of telephone Services is the building's minimum point of entry, and for all other telecommunications, cable, and information Services is that point roughly twelve (12) inches outside of the Tenant's individual commercial unit.

3. Obligations of Cox. Cox agrees: (i) to pay for any materials and labor reasonably necessary to install the Facilities in accordance with the attached Exhibit A ("Installation Plans"), including dirt trenching, backfill, compacting and boring, cable, conduit, electronics, pedestals and splitters; (ii) to keep the Property free of liens resulting from the installation of the Facilities; (iii) Owner shall have no responsibility for the Services provided by Cox to Tenants or for the proper functioning of the Facilities; (iv) to repair any damage to Owner's landscaping, personal property or underground facilities located on the Property (including any necessary replacements), if such damage results directly from Cox's installation of the Facilities, and to restore the Property to as near its condition prior to installation of the Facilities as may be practicable to Owner's reasonable satisfaction; and (v) to obtain all necessary governmental authorizations for the construction and operation of the Facilities on the Property and to perform such construction in accordance with Exhibit "A" ("Installation Plans").

4. Obligations of Owner. Owner agrees: (i) not to use or permit others to use the Facilities or any equipment that interferes with the Facilities' operation; (ii) not to move, disturb, or alter the Facilities or permit any third party to do so without Cox's prior written consent; (iii) that this Agreement and Cox's rights granted herein shall be binding upon Owner's successors and assigns; (iv) to notify any successor Property owner of Cox's rights under this Agreement; (v) that Owner has full authority to execute this Agreement and grant the rights herein granted and there are no prior or existing agreements, nor will there be any agreements during the Term, that would be breached by the execution by Owner of this Agreement of Agreement and Grant of Easement" to evidence Cox's rights hereunder; and (vii) to be responsible for locating all private utility lines within the Property which are not identified or covered by the local Utility Protection laws.

5. Indemnification. Cox agrees to indemnify, defend and hold Owner harmless from all claims, suits, proceedings, liabilities, losses, costs, damages, and expenses, including reasonable attorneys' fees (the "Claims") for personal injury or property damages arising out of (a) Cox's negligence in the installation or removal of the Facilities; or (b) Cox's breach of this Agreement. Owner agrees to indemnify, defend and hold Cox harmless from all Claims arising out of (a) the renting, leasing or purchasing of space at the Property, (b) injuries or damage to Cox's employees, agents or the Facilities arising out of the negligent acts or omissions of Owner, its agents or employees; or (c) Owner's breach of this Agreement. This Section 5 (Indemnification) shall survive the expiration or termination of this Agreement.

6. Term. The "Term" shall begin upon execution by the parties and continue for five (5) years from the first day of the first full calendar month following both parties' execution of this Agreement. Thereafter, the Term shall continue for as long as Cox is providing Services to Tenants. The foregoing notwithstanding, Cox may terminate this Agreement if Cox is unable to provide any Services because of any law, rule, regulation or judgment of any court, or any similar reason beyond the reasonable control of Cox, or if the applicable franchise or licenses are assigned, terminated, surrendered or revoked for any reason.

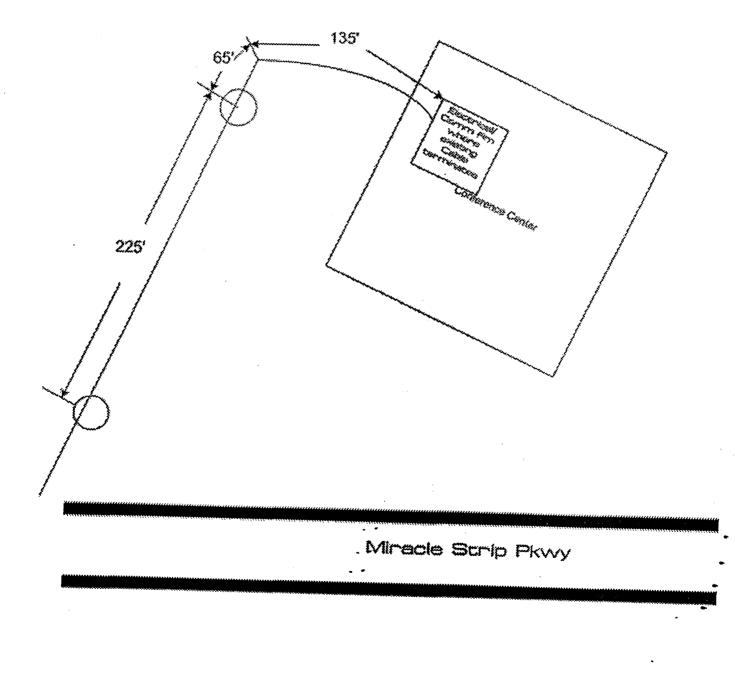
7. Default. If either party fails to perform any material obligation and such default is not cured within thirty (30) days after written notice from the other party, the non-defaulting party may immediately terminate this Agreement by providing written notice to the defaulting party.

8. Miscellaneous. This Agreement is the entire understanding between the parties and supercedes any prior agreements or understandings related to this subject matter, whether oral or written. This Agreement may not be amended except in a writing signed by both parties. Cox may assign this Agreement, in whole or part, to (i) to any affiliate; (ii) any entity merging with or acquiring substantially all of, the assets of Cox or (iii) any telecommunications or information carrier providing Services to Tenants. Notices shall be sent by United States Certified Mail or nationally recognized courier to the address set forth below. This Agreement shall be governed by the laws of the state where the property is located.

OWNER:
Name: CHRIS HOLLEY
Title: <u>COUNTY MANAGER</u>
Date: 10 / 20 / 07
Company Name: OKALOOSA COUNTY, FL
Address: 602C N. PEARL STREET CRESTVIEW, FL 32536
Telephone: 850-689-5960 (PURCHASING DEPT)
Fax: 850-689-5998 (PURCHASING DEPT)
COX: Signature: Y- Wich Sug
Name: L. Keith Gregory
Title: Vice-President and General Manager
Date: 10-27-03
Company Name: Cox Communications Gulf Coast, LLC.
Address: 2205 LaVista Avenue
- Pensacola, FL 32504
Telephone: 850-478-0200
Fax: 850-857-4682

Exhibit "A"





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DATE (MM/DD/YYYY)

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THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY OF BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE C	R NEGATIVELY AMEND, EXTEN E DOES NOT CONSTITUTE A C CERTIFICATE HOLDER.	ID OR ALTE	R THE CON	/ERAGE AFFORDED BY T HE ISSUING INSURER(S),	HE POLICIES
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PRODUCER	CONTAC NAME:	Linda Sr	nith		
Arthur J. Gallagher Risk Management Services,		, Ext): 678-39		FAX (A/C, No): 678	3-393-5240
1040 Crown Pointe Parkway Suite 700	E-MAIL ADDRES	ss: linda_smi	th@ajg.com		
Atlanta GA 30338				DING COVERAGE	NAIC #
	INSURE	RA:National	Union Fire	Ins Co Pittsbur	19445
INSURED	INSURE	кв:New Hai	mpshire Ins	urance Company	23841
Cox Communications, Inc.	INSURE	R c : Illinois N	ational Insu	rance Company	23817
Cox Comminications Florida PO Box 105357	INSURE	RD:			
Atlanta GA 30348	INSURE	RE:			
	INSURE	RF:			
COVERAGES CERTIFICAT THIS IS TO CERTIFY THAT THE POLICIES OF INSU	ENUMBER: 1067523328			REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY 5. LIMITS SHOWN MAY HAVE BEEN F	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT	TO WHICH THIS
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A X COMMERCIAL GENERAL LIABILITY	GL9645408	1/1/2015	1/1/2016	DAMAGE TO RENTED	500,000
CLAIMS-MADE X OCCUR				PREMISES (Ea occurrence) \$4,	500,000
X XS of \$500,000					kcluded
X SELF INSURED RET				027	500,000
GEN'L AGGREGATE LIMIT APPLIES PER:					0,000,000
X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG \$6,	000,000
A AUTOMOBILE LIABILITY	CA4875685(VA)	1/1/2015	1/1/2016		000,000
B A X ANY AUTO	CA4875684(MÁ)	1/1/2015	1/1/2016 1/1/2016	(Ea accident) \$5, BODILY INJURY (Per person) \$	000,000
ALL OWNED AUTOS AUTOS NON-OWNED	CA4875683(AOS)	1/1/2013	17 172010	BODILY INJURY (Per accident) \$	
X HIRED AUTOS X AUTOS				PROPERTY DAMAGE \$	
				\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE \$	
DED RETENTION \$				\$	
B WORKERS COMPENSATION A AND EMPLOYERS' LIABILITY Y / N	WC024508422(AOS) WC024508423(CA)	1/1/2015 1/1/2015	1/1/2016 1/1/2016	X PER OTH- STATUTE ER	
A ANY PROPRIETOR/PARTNER/EXECUTIVE	WC024508428(OR) WC024508428(OR) WC024508424(FL)	1/1/2015	1/1/2016	E.L. EACH ACCIDENT \$1	,000,000
C OFFICER/MEMBER EXCLUDED? IN INTO B (Mandatory in NH) If yes, describe under	WC024508424(FL) WC024508427(ME)		1/1/2016 1/1/2016	E.L. DISEASE - EA EMPLOYEE \$1	,000,000
DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$1	,000,000
B WORK COMP/EMPLOYERS LIAB WORK COMP/EMPLOYERS LIAB WORK COMP/EMPLOYERS LIAB	WC024508425(AZ\IL\KY- \NC\NH\NJ\PA\UT\VA\VT) WC024508426(MA/ND/OH/WA/WI- /WY)	1/1/2015 1/1/2015	1/1/2016 1/1/2016	SEE ABOVE AMT OF	NSURANCE NSURANCE NSURANCE
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR	RD 101, Additional Remarks Schedule, may I	be attached if mo	re space is requi	red)	
COX COMMUNICATIONS GULF COAST, LLC					
CERTIFICATE HOLDER	CAN	CELLATION			
CO3-O997-15 OKALOOSA COUNTY BOARD OF COMMISSIONERS 101 E. JAMES LEE BLVD.					
CHESTVIEW FL 32536 USA 01-07-15A10:14 R					
		© 19	88-2014 AC	ORD CORPORATION. All	rights reserved.

ACORD 25 (2014/01)

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This endorsement, effective 12:01 A.M.01/01/2015forms a part ofPolicy No. GL 964-54-08issued toCOX ENTERPRISES, INCBy NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

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EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named insured shown on the declarations page and the following Named insureds:

Arthur J. Gallagher Risk Management Services, Inc. 1040 Crown Pointe Parkway Suite 700 Atlanta GA 30338 USA

OKALOOSA COUNTY BOARD OF
101 E James Lee Bivd
Crestview FL 32536-3501

This document was brought to you by Arthur J. Gallagher Risk Management Services, Inc.

Any documents forwarded with the certificate request were reviewed for the sole purpose of completing the certificate.

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If you have questions regarding the content of this document, please contact the Producer/Agent listed on the certificate of insurance.

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