

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:

ENDORSEMENT

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 INSURED

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

COX COMMUNICATIONS, INC.

ENDORSEMENT

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

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

COX COMMUNICATIONS, INC.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. 1/1/2018 forms a part of
Policy No. CA7093399 issued to COX ENTERPRISES, INC
By 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.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. 1/1/2018 forms a part of
Policy No. CA7093399 Issued to COX ENTERPRISES, INC
By 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 INSURED

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

COX COMMUNICATIONS, INC.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/6/2016

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).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 1040 Crown Pointe Parkway Suite 700 Atlanta GA 30338	CONTACT NAME: Linda Smith PHONE (A/C, No, Ext): 678-393-5228 E-MAIL ADDRESS: linda_smith@ajg.com	FAX (A/C, No): 678-393-5240
	INSURER(S) AFFORDING COVERAGE	
INSURED Cox Communications, Inc. Cox Communications Arizona, LLC PO Box 105357 Atlanta GA 30348	INSURER A: National Union Fire Insurance Compa 19445	
	INSURER B: New Hampshire Insurance Company 23841	
	INSURER C: American Home Assurance Company 19380	
	INSURER D: Illinois National Insurance Company 23817	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1546941311 **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.

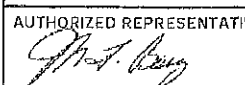
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XS of \$500,000 <input checked="" type="checkbox"/> SELF INSURED RET GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:		GL3629850	1/1/2017	1/1/2018	EACH OCCURRENCE	\$4,500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$4,500,000
						MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$4,500,000
						GENERAL AGGREGATE	\$30,000,000
						PRODUCTS - COMP/OP AGG	\$6,000,000
							\$
A A A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA1921752(AOS) CA1921753(MA) CA1921754(VA)	1/1/2017 1/1/2017 1/1/2017	1/1/2018 1/1/2018 1/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
B C D A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC014649518(AOS) WC014649519(CA) WC014649520(FL) WC014649521(ME)	1/1/2017 1/1/2017 1/1/2017 1/1/2017	1/1/2018 1/1/2018 1/1/2018 1/1/2018	<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
B B	WORK COMP/EMPLOYERS LIAB WORK COMP/EMPLOYERS LIAB			WC014649522(MA/ND/OH/WA/WI/WY) WC014649523(AZ/IL/KY/NC/NH/NJ/PA/UT/VA/VT)	1/1/2017 1/1/2017	1/1/2018 1/1/2018	SEE ABOVE AMT OF INSURANCE SEE ABOVE AMT OF INSURANCE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, r)

COX COMMUNICATIONS GULF COAST, LLC

Contract # C03-0997-IS
COX COMMUNICATIONS
CONFERENCE CENTER PROPERTY EASEMENT
EXPIRES: INDEFINITE

12-13-16A03:17 RCVD

CERTIFICATE HOLDER OKALOOSA COUNTY BOARD OF COMMISSIONERS 101 E. JAMES LEE BLVD. CHESTVIEW FL 32536 USA	CANCELLATION 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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CERTIFICATE OF LIABILITY INSURANCE

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

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 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).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 1040 Crown Pointe Parkway Suite 700 Atlanta GA 30338	CONTACT NAME: Linda Smith PHONE (A/C, No, Ext): 678-393-5228 E-MAIL ADDRESS: linda_smith@ajg.com	FAX (A/C, No): 678-393-5240
	INSURER(S) AFFORDING COVERAGE	
INSURED Cox Communications, Inc. Cox Communications Arizona, LLC PO Box 105357 Atlanta GA 30348	INSURER A: National Union Fire Insurance Compa 19445	
	INSURER B: New Hampshire Insurance Company 23841	
	INSURER C: American Home Assurance Company 19380	
	INSURER D: Illinois National Insurance Company 23817	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 502292352 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XS of \$500,000 <input checked="" type="checkbox"/> SELF INSURED RET GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL2039124	1/1/2016	1/1/2017	EACH OCCURRENCE \$4,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$4,500,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$4,500,000 GENERAL AGGREGATE \$30,000,000 PRODUCTS - COMP/OP AGG \$6,000,000 \$
A B A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA9734220(AOS) CA9734221(MA) CA9734222(VA)	1/1/2016 1/1/2016 1/1/2016	1/1/2017 1/1/2017 1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B C D A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC068022399(AOS) WC068022400(CA) WC068022401(FL) WC068022404(ME)	1/1/2016 1/1/2016 1/1/2016 1/1/2016	1/1/2017 1/1/2017 1/1/2017 1/1/2017	<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
B B	WORK COMP/EMPLOYERS LIAB WORK COMP/EMPLOYERS LIAB			WC068022402(AZ/IL/KY-NC/NH/NJ/PA/UT/VA/VT) WC068022403(MA/ND/OH/WA/WI/WY)	1/1/2016 1/1/2016	1/1/2017 1/1/2017	SEE ABOVE AMT OF INSURANCE SEE ABOVE AMT OF INSURANCE

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

COX COMMUNICATIONS GULF COAST, LLC

CERTIFICATE HOLDER OKALOOSA COUNTY BOARD OF COMMISSIONERS 101 E. JAMES LEE BLVD. CHESTVIEW FL 32536 USA	CANCELLATION 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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0997

ENDORSEMENT #

This endorsement, effective 12:01 A.M. 01/01/2016 forms a part of
Policy No. GL 203-91-24 issued to COX ENTERPRISES, INC
By 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.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. 01/01/2016 forms a part of
Policy No. CA 973-42-20 Issued to COX ENTERPRISES, INC
By 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.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. 01/01/2015 forms a part of
Policy No. GL 964-54-08 issued to COX ENTERPRISES, INC
By 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.

ENDORSEMENT #

This endorsement, effective 12:01 A.M. 01/01/2015 forms a part of
Policy No. CA 487-56-83 issued to COX ENTERPRISES, INC
By 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 INSURED\$

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

COX COMMUNICATIONS, INC.

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

015062



OKALOOSA COUNTY BOARD OF
101 E James Lee Blvd
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.

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 OKALOOSA COUNTY ("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.

1. **Grant of Access and Easement.** Owner hereby grants to Cox 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 non-exclusive 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 or by Cox's provision of the Services; (vi) to execute a "Memorandum 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) 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:

Signature: 

Name: CHRIS HOLLEY

Title: COUNTY MANAGER

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: 

Name: L. Keith Gregory

Title: Vice-President and General Manager

Date: 10-27-03

Company Name: Cox Communications Gulf Coast, LLC.

Address: 2205 La Vista Avenue

Pensacola, FL 32504

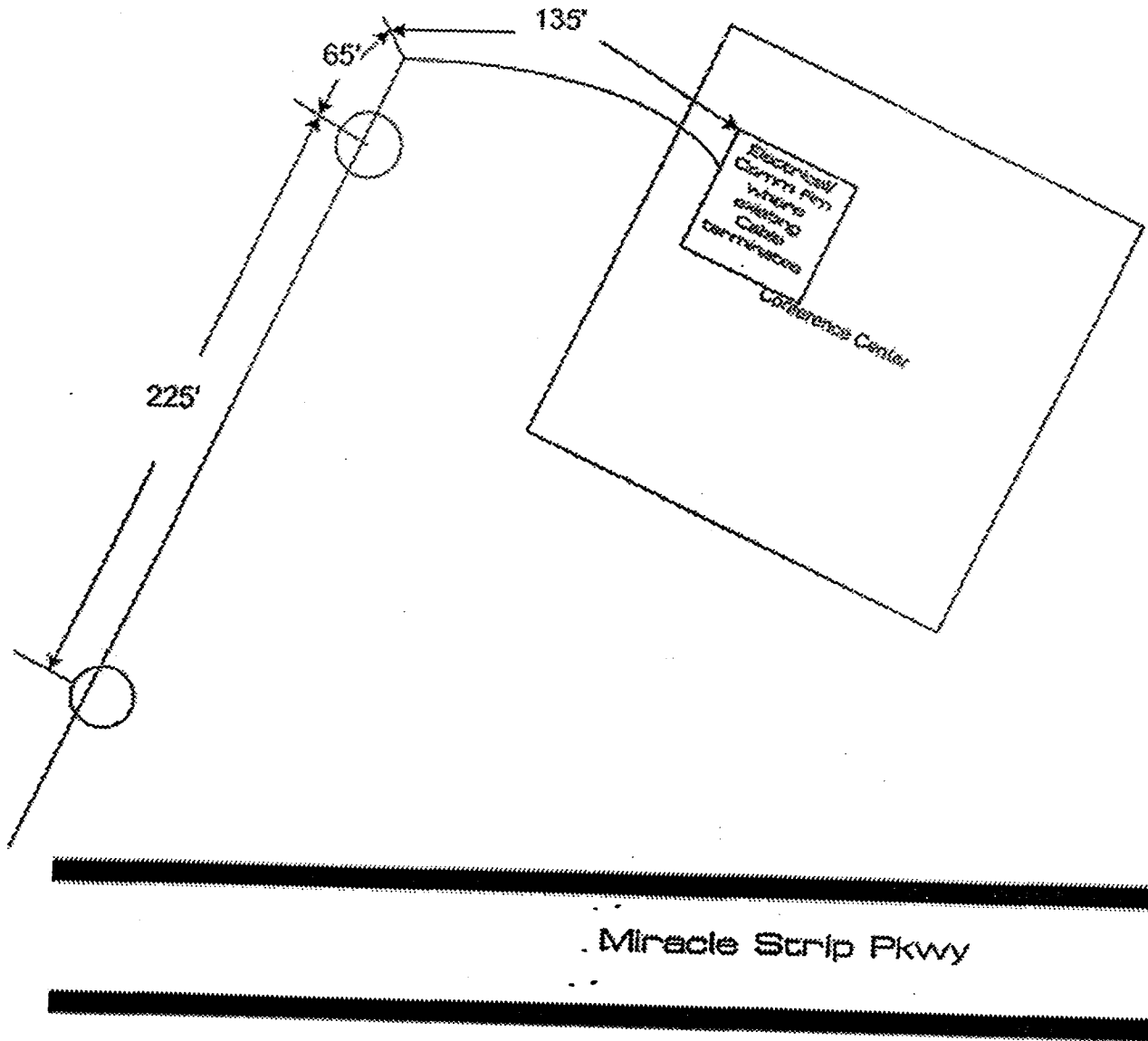
Telephone: 850-478-0200

Fax: 850-857-4682

Exhibit "A"

Diagram

1251 MIRACLE STRIP PKWY



ENDORSEMENT #

This endorsement, effective 12:01 A.M. 01/01/2015 forms a part of
Policy No. GL 964-54-08 issued to COX ENTERPRISES, INC
By 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
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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:

COX COMMUNICATIONS, INC.

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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.

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

015062



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

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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.