# Walton County Beach Code Compliance

46 Coastal Centre Blvd Santa Rosa Beach, Florida 32459 Phone: (850) 622-0000

# BEACH VENDOR PERMIT

Permit #BCHV-21-0104

Expiration Date: 2/1/2022

Issued To:

<u>VacayZen</u> <u>Destin Ho</u>lland - Owner

Santa Rosa Beach, FI 32459 4042 E Co Hwy 30A

Permitted Items: Chairs / Umbrellas / Bonfires

During turtle nesting season vendors shall be allowed access to the beach between 7:30 AM (or after the morning nesting survey has been completed) and sunset.

Permit Type: Delivery

Vending Type: Delivery

Vending Location: Delivery

Amount Paid: \$1000.00

Walton County Authorized Signature Beach Code Enforcement

# Walton County Code Compliance 46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459 Phone 850-622-0000

#### 2021 BEACH VENDING APPLICATION

BCHV-21-0104

Beach Vendor Permit Fee: \$1000.00 Miscellaneous Operations Permit Fee: \$150.00 **Additional Fees May Apply** 

NAME/TITLE: Des	tin Holland
SECONDARY CONT	ACT: Aubrey Lipscomb III (502) 500-2327
BUSINESS NAME:	Vaccu Zen
MAILING ADDRESS:	4042 E. Co. Hmy 30 A, Santa Rosa Beach, FL, 32450
TELEPHONE: 85	0-797-6801
MOBILE: _ <b>N/A</b>	
FAX NUMBER:	<b>/</b> A
EMAIL ADDRESS (RI	EQUIRED): Destina rentgearhere com
APPLICATION TYPE:	
VENDING TYPE (I.E.	Chairs, Paddleboards, Bonfires, Event Planners etc.): Chairs
PLEASE LIST BUSINI	ESS INVENTORY (BEACH ITEMS) BELOW
QUANTITY	DESCRIPTION
+/- 150	Approximately 150 sets of chain + umbrellas Bonfire Pits
	Bonfire Pits
	Tiki Toches

### Walton County Code Compliance 46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459

Phone 850-622-0000

#### REQUIRED SIGNATURE

I agree that the Walton County personnel or any assigned agents may inspect for the purpose of verifying the conditions that affect this application and to verify information that I provided as part of this application.

#### FLORIDA STATUTES 837.06 -- FALSE OFFICIAL STATEMENT

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

I have read and understand all the information, and agree to proceed to the county. The information I have provide knowledge  Applicant's Signature	ed on this application is true and corr	acted by Malton
STATE OF Florida		
COUNTY OF Walton		
BEFORE ME, the undersigned Notary Public in	n and for said County and State, appeared	
	, who is personally known to me	or who has produced
	as identification, and who executed	
Given under my hand and seal this $25$ day	y of February 2021.	
Notary Public State of Florida Carolines Engith My Commission GG 232739 Expires 06/27/2022	Signed Name of Notary Public  Caroline Smit  Printed Name of Notary Public  Commission Number: CsC1 2  Expiration Date: Ote 27 20	n 32739 22
NOTE: This application will not be processed	ed without a Notary Public Witnessed Sig	nature by the Applicant.
THIS SUBMITTAL WAS CHECKED BY:  Walton County Staff Signature	Date	5/21

## Walton County Code Compliance 46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459 Phone 850-822-0000

#### Acknowledgment Letter

Acknowledgment of Receipt of, and Acknowledgment to Comply with,

Walton County Municipal Code, Chapter 22 Walton County Waterways and Beach Activities Ordinance

(Referred to as the Walton County Beach Activities Ordinance)

The undersigned, by and for (Company Name) Vacay Zen by execution of this document hereby acknowledges receipt of the Walton County Beach Activities commonly referred to as the current Walton County Beach Activities Ordinance, and hereby agrees to read said ordinance and require all persons working for the above named entity to adhere, abide and comply with and to the provisions contained therein.

The undersigned, acting on behalf of and with full authority to commit the entity identified below, acknowledge receipt of, and agrees to be bound by all terms contained in, the above-referenced ordinance.

Aubrey Lipscomb III
Printed Name
T
Signature
VacayZen
Company
Beach Service Manager
Title ,
2/25/21
Date



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 06/02/2020

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 certificat If SUBROGATION IS WAIVED this certificate does not confe	), subject	to th	ne tei	ms and conditions of th	e polic	y, certain po	olicies may i	IAL INSURED pr equire an endor	ovisions sement.	or b A s	e endorsed. tatement on
PRODUCER				<u>, , , , , , , , , , , , , , , , , , , </u>	CONTA NAME:	CT Garr	ett Fulle	or .			
Fuller Insurance LLC PO Box 1583					PHONE (A/C, No, Ext): (850) 622-5283 FAX (A/C, No): (850) 622-5287						622-5287
FO BOX 1363					E-MAIL ADDRESS: chris@fuller.insure						
Santa Rosa Beach FL 3245	9										NAIO #
											NAIC #
INSURED				(850) 832-8715	INSURER A: National Casualty Company 1199						
Rent Gear Here LLC dba Ba	y Baits				INSURER B:						
4042 E County Hwy 30A, Un	44 71				INSURER C:						
4042 E Councy hwy SoA, Ol	1100				INSURER D:						
Santa Rosa Beach FL 32459	j				INSURE	RE:					<u> </u>
					INSURE	RF:					
COVERAGES		NUMBER: Cert ID 31				REVISION NUM					
THIS IS TO CERTIFY THAT THE INDICATED. NOTWITHSTANDIN CERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITIONS	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH	RESPECT	TO.	WHICH THIS		
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER						POLICY EFF (MIM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A X COMMERCIAL GENERAL LIAB								EACH OCCURRENCE	<b>=</b> \$		1,000,000
CLAIMS-MADE X OC	CUR			KK00000024389000		05/03/2020	05/03/2021	DAMAGE TO RENTE PREMISES (Ea occur	D rence) \$		300,000
								MED EXP (Any one pe			EXCLUDED
								PERSONAL & ADV IN	**********		1,000,000
GEN'L AGGREGATE LIMIT APPLIES	PER:							GENERAL AGGREGA			2,000,000
PRO-	LOC							PRODUCTS - COMP/	OP AGG \$		2,000,000
OTHER:								COMBINED SINGLE I	\$		
AUTOMOBILE LIABILITY								(Ea accident)			
ANY AUTO OWNED SCHE	NII ED							BODILY INJURY (Per			
L AUTOS ONLY AUTOS	DULED							BODILY INJURY (Per			
	WNED SONLY							PROPERTY DAMAGE (Per accident)	\$		
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UMBRELLA LIAB OC	CUR			!				EACH OCCURRENCE	E \$		
EXCESS LIAB CL	AIMS-MADE							AGGREGATE	\$		
DED RETENTION \$									\$		
WORKERS COMPENSATION					•			PER STATUTE	OTH- ER		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUT	IVE Y/N			·  -  -				E.L. EACH ACCIDEN			
ANYPROPRIETOR/PARTNER/EXECUT OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA E	-		
If yes, describe under DESCRIPTION OF OPERATIONS belo								E.L. DISEASE - POLIC			
DESCRIPTION OF OPERATIONS BER	DW .							E.L. DISEASE - POLI	CT LIVIII 2 9		
									\$		
									s		
DESCRIPTION OF OPERATIONS / LOCATIONS	ONS/VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
CERTIFICATE HOLDER					CANG	ELLATION					
AFIGURALE HATAEL					CANC	ELLATION					
Walton County Board of Co	ounty Co	mmis	sion	ners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
76 N 6th Street						RIZED REPRESE	NTATIVE	•			
DeFuniak Springs FL 32433	ı				Marko July						

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/02/2020

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lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjection is certificate does not confer rights.	t to t	he te	rms and conditions of th	e polic	cy, certain pe	olicles may r				
	DUCER				CONTA	CT.	ett Fulle	· · ·			
Fu.	ler Insurance LLC Box 1583				PHONE (A/C, No, Ext): (850) 622-5283 FAX (A/C, No): (850) 622-5283						
60.	ta Rosa Beach FL 32459				E-MAIL ADDRESS: chris@fuller.insure						
pai	ita kosa beach FL 32459				INSURER(S) AFFORDING COVERAGE						NAIC#
					INSURER A: National Casualty Company						11991
INSU				(850) 832-8715	INSURE						
Ren	t Gear Here LLC dba Bay Baits	•			INSURE						
404	2 E County Hwy 30A, Unit C				INSURE						
San	ta Rosa Beach FL 32459	INSURE	RE:								
				INSURE	RF:						
		NUMBER: Cert ID 31				REVISION NUM					
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	REME I'AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPEC	T TO Y	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	}		KK00000024389000		05/03/2020	05/03/2021	DAMAGE TO RENTE PREMISES (Ea occu	ED rrence)	\$	300,000
								MED EXP (Any one )		\$	EXCLUDED
								PERSONAL & ADV I	NJURY	\$ :	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	f		2,000,000
	X POLICY PRO-							PRODUCTS - COMP	OP AGG	\$ :	2,000,000
	OTHER:	┞	ļ					COMPINED CINCLE		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Pe		\$ 	
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	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE	4	İ					AGGREGATE		\$	
	DED RETENTION\$	<u> </u>	ļ					Teco I		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		ļ					PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT I	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below	ļ						E.L. DISEASE - POL	ICY LIMIT	\$	
										\$	
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DECC	DIDTION OF OPENATIONS /LOCATIONS /VEINS	L	10000	dad a dallala and Danier de Calandal				. n		Ψ	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD	101, Additional Remarks Schedul	e, may b	e attached if mor	e space is require	ed)			
						•					
CEF	RTIFICATE HOLDER				CAN	CELLATION					
Wal	ton County Beach Code Enforce	emen	t		THE	EXPIRATION	N DATE THE	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
924	S Co Hwy 383				AUTHO	RIZED REPRESE	NTATIVE				
San	ta Rosa Beach FL 32459				Marko pell-						

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Walton County BCC  Thousand Three Hundred and 00/100*********************************	30A Beach Hospitality Holdings, LLC 5555 San Felipe Suite 2100 Houston, Texas 77056	Woodforest National Bank 25231 Grogan's Mill Road The Woodlands, TX 77380 (832) 375-2009	001607
o Thousand Three Hundred and 00/100*********************************		An A	
30 LEO 711" 12 L 3 3 0 G L E 512 L 3 L 2 0 3 3 E O E 11"	o Thousand Three Hundred and 00/100************	****	
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AND AND THE CONTRIVED CONTRIVED TO SECURITATION OF THE PROPERTY OF THE PROPERT

# Walton County Code Compliance 46 Coastal Centre Blvd., Santa Rosa Beach, Florida 32459 Phone 850-622-0000

#### 2021 BEACH VENDOR CHECK LIST

#### **DELIVERY PERMIT**

VEN	IDOR/BUSINESS NAME: Vacay Zen	
1	. Acknowledgment Letter	_ \ \ \ \
2	. Completed Application	
	a. Notarized affidavit     b. Inventory list	1 06
3	Liability Insurance – Two (2) Certificate Holders Required (1) Walton County Board of County Commissioners Address: 76 N 6th Street, Defuniak Springs, FL 32433 (2) Walton County Beach Code Compliance Address: 46 Coastal Centre Bivd., Santa Rosa Beach, FL 32459	
4.	Phone Numbers (Marine radio or cell phone/proof For Watersports)	X
5.	Lifesaving Training Certification/CPR Certification Mandatory for ALL Watersports per 22-60 (e) (4)	
6.	Check payable to: Walton County BCC (due when approved)	



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/08/2021

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PRO	DUCER				NAME: Amy O'Neal					
Iro	wood, a Marsh & McLennan Agency, LLC	Co			PHONE (404) 503-9100 FAX (A/C, No, Ext): (404) 503-9101					503-9101
1	1 Northside Parkway NW				E-MAIL ADDRESS; acneal@ironwoodins.com					
Sui	te 800					IN	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Atla	inta		GA 30327			INSURER A : Fireman's Fund Insurance Company				
INS	RED				INSURER B: American Automobile Insurance Company				21849.	
	Sandestin Beach Hotel Ltd									20699
l	4000 Sandestin Blvd. S.			INSURE	RD: Zenith In	surance Comp	pany		13269	
l					Tenreles	Casualty & S	urety Company of America		31194	
	Miramar Beach			FL 32550	INSURER F: 174 Veler's Casually & Surety Company of America 31114 INSURER F:					
CO	VERAGES CEI	TIFIC	ATE	NUMBER: CL213832723				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	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 1,00	0,000
								MED EXP (Any one person)	s 10,0	00
Α		Y		USC013543210		03/01/2021	03/01/2022	PERSONAL & ADV INJURY	s 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000
l	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
ŀ	OTHER:							Employee Benefits	\$ 1,00	
	AUTOMOBILE LIABILITY					1		COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	ANYAUTO							BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS ONLY AUTOS		i	SCV0093192101		03/01/2021	03/01/2022	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	ŝ	
<b>!</b>	➤ UMBRELLA LIAB ➤ OCCUR	╁┈—							100	000,000
С	EXCESS LIAB CLAIMS-MADE			PUMB20-A-G27655093		02/27/2021	02/27/2022	EACH OCCURRENCE	120	000,000
		1					VIIII / EVEL	AGGREGATE	\$ .	000,000
	DED   RETENTION \$   WORKERS COMPENSATION	1						➤ PER OTH-	\$	
	AND EMPLOYERS' LIABILITY							· · · · · · · · · · · · · · · · · · ·	s 1,00	0.000
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		M1018712	01/01/2021	01/01/2022	E.L. EACH ACCIDENT		0,000	
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,00	
-	DESCRIPTION OF OPERATIONS below					<u> </u>		E.L. DISEASE - POLICY LIMIT Per Occ/Agg	· ·	/\$2 <b>M</b>
A/E	A. Liquor Liability			USC013543210 / 10557241	10	03/01/2021	03/01/2022	Per Occ/Agg		·
"-	D. Employee Dishonesty			0000100402107 [000724]	10	03/01/2021	03/01/2022	Fell Occ/Agg	<b>⊅</b> 1,5	00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Walton County Board of County Commissioners is included as additional insured with respects to General Liability Coverage when required by written contract.										
CEI	RTIFICATE HOLDER				CANC	ELLATION				
					<u></u>					
	Walton County Board of County 76 N 6th Street	Com	missio	ners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					) BEFÖRE
	to work officer				AUTHO	RIZED REPRESEN	ITATIVE			
	Defuniak Springs			FL 32433	Silver Julan					



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DATE (MM/DD/YYYY) 03/08/2021

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Dac	I CONTACT A CONTACT										
	DUCER				CONTACT Amy O'Neal NAME:						
	wood, a Marsh & McLennan Agency, LLC C	0			PHONE (404) 503-9100 FAX (A/C, No, Ext): (404) 503-9101 F-MAIL appeal@iropwoodins.com						
440	1 Northside Parkway NW				ADDRESS: aoneal@ironwoodins.com						
Suit	e 800				INSURER(S) AFFORDING COVERAGE				NAIC#		
Atla	nta			GA 30327	INSURER A: Fireman's Fund Insurance Company					21873,	
INSL	RED				INSURER B: American Automobile Insurance Company					21849.	
	Sandestin Beach Hotel Ltd				INSURE	ACE Des	perty & Casua	ty Insurance Co		20699	
	4000 Sandestin Blvd. S.				INSURE	Zanith In	surance Comp	any		13269	
					INSURE	Travalar	s Casualty & S	urety Company of America		31194	
	Miramar Beach			FL 32550		<u> </u>		, , , , , , , , , , , , , , , , , , , ,			
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL213832723	INSURE	XF:		REVISION NUMBER:			
					ISSUED	TO THE INSU			OD		
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	·	• • • •	
	COMMERCIAL GENERAL LIABILITY	1130	.,,,,,			1	THE PROPERTY OF THE PARTY OF TH			0,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	φ .	0,000	
	CEANVIONINADE 2 0000K							PREMISES (Ea occurrence)	40.0		
Α	GEN'LAGGREGATE LIMIT APPLIES PER:		ĺ	USC013543210		03/01/2021	03/01/2022	vily in privily	φ .	0,000	
						***************************************	00/01/2022	PERSONAL & ADV INJURY	Ψ	0,000	
								GENERALAGGREGATE	\$ 2,00		
	POLICY JECT LOC	1							.т.		
	OTHER:	-							\$ 1,000,000		
								(Ea accident)	\$ 1,000,000		
ь	ANY AUTO OWNED SCHEDULED			CC) (00004 004 04		00/04/0004	00/04/0000		· · · · ·		
В	AUTOS ONLY AUTOS NON-OWNED			SCV0093192101		03/01/2021	03/01/2022		· ·		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
_	UMBRELLA LIAB COCCUR							EACH OCCURRENCE	φ	000,000	
С	EXCESS LIAB CLAIMS-MADE			PUMB20-A-G27655093	02/27/2021		02/27/2022	AGGREGATE	\$ 130,000,000		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	_			l		01/01/2022	➤ PER OTH- STATUTE ER			
D		N/A		M1018712		01/01/2021		E.L. EACH ACCIDENT	\$ 1,00	0,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A   W1016/12		3,101,2021		0110172022		\$ 1,000,000		
	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
	A. Liquor Liability							Per Occ/Agg	\$1M	/\$2M	
A/E	D. Employee Dishonesty			USC013543210 / 10557241	0	03/01/2021	03/01/2022	Per Occ/Agg	\$1,5	00,000	
			<u> </u>								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	-		·	•			•			
Cer	ficate Holder is included as an additional in	sured	on the	e General Liability policy with	respect	to the liability r	resulting from t	he operations of the Named			
Insu	red as required by written contract.										
CE	RTIFICATE HOLDER				CANC	FII ATION					
<u> </u>	Walton County Beach Code En	orcen	nent		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,					BEFORE	
	46 Coastal Centre Blvd.				AUTHOR	IZED REPRESE!	NTATIVE				
					/)						

Santa Rosa Beach

FL 32459