

INSURANCE FACT SHEET

Lessee Name: Walton County Board of Commissioners Lessee Schedule No.: 5529011

Address: Sheriff Office , 111 S. Broad St., Monroe, GA 30655

Telephone No.: 770-267-1434

Equipment:

2025 Ford Explorer w/equipment, 1FMUK7DH5SGC80556
 2025 Ford Explorer w/equipment, 1FMUK7DH3SGC81561
 2025 Ford Explorer w/equipment, 1FMUK7DH0SGC84434
 2025 Ford Explorer w/equipment, 1FMUK7DH6SGC80419

The Master Lease Agreement requires the Lessee to maintain, at all times, the following insurance coverage for the financed equipment as described in the Equipment Lease Purchase Agreement and above.

- Automobile Liability that includes Bodily Injury and Property Damage with a minimum of \$1,000,000.00 per occurrence (this can be a combination of auto, umbrella or excess liability).
- Insurance against all risks of physical loss or damage to the equipment (including theft).
- Ford Motor Credit Company LLC, their successors and assigns named as Loss Payee and Additional Insured.

1. If you are not self-insured, please complete the following insurance information:

Insurance Company: ACCG-IRMA

Address: 191 Peachtree St NE City: Atlanta State: GA Zip Code: 30303

Telephone: 404-522-5022 Agent Name: Glenda Williams

Policy No.: 6400 Expiration Date: July 1, 2026

Automobile Liability including Bodily Injury and Property Damage: \$ 2,000,000

Auto Physical Damage (select one): Actual Cash Value
 Stated Cash Value of \$ _____

2. If you are self-insured, please select one of the follow options:

Self Retained Risk

Joint/State Fund – **PLEASE COMPLETE THE FOLLOWING**

Name of fund/pool: _____

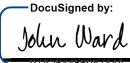
Automobile Liability including Bodily Injury and Property Damage: \$ _____

Auto Physical Damage (select one): Actual Cash Value
 Stated Cash Value of \$ _____

Expiration Date: _____ (if Applicable)

- Please also include your standard Self-Insured letter with the return of your document package to Ford Motor Credit Company (if a letter is available.)

Sign and date to acknowledge the provided insurance information to Ford is complete and accurate:

DocuSigned by:
Signature:  John A. Ward
 912A-0443090744A
John A. Ward, County Manager 2/3/2026