#### **EXHIBIT B**

### **CONTRACT & LEASE AGREEMENT CONTROL FORM**

Date: 5/3/1988

Contract/Lease Control #: L88-0028-AP40-16

Bid #: N/A

Contract/Lease Type: REVENUE

Award to/Lessee: CHAPTER 108, HANGER MATES

**Lessor: OKALOOSA COUNTY** 

Effective Date: 5/3/1988

Amount: \$20.00

**Term/Expires: 5/4/2028** 

Description of Contract/Lease: BSAP LOT 2/BLOCK 2

Department Manager: AIRPORT

Department Monitor: G. DONOVAN

Monitor's Telephone #: 651-7160

Monitor's Fax #: 651-7164

**Date Closed:** 



### INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000

		0000	Atlanta, GA 30	326			
Certificate of Insuran	nce						
Certificate Holder:	C/O DESTIN	-FORT WALT ROAD 85 NO	TON BEACH AIR	ITY COMMISSION RPORT	NERS		
Named Insured:	ENRICO BE 6460 WELAI LAUREL HIL						
Policy Period: Policy Number:	From: <u>N</u>	ARCH 04, 2	024	To: MARCH C	)4, 202	5	
Issuing Company:			ABILITY COMP	ΔNV			
This is to certify that the p of insurance is not an insurance any requirement, term or c may pertain, the Insurance policy(ies).	oolicy(ies) listed hance policy and condition of any	nerein have beer does not amend, contract, or oth	n issued providing , extend, or alter the er document with	coverage for the listence coverage afforded respect to which the	by the point is certific	olicy(ies) listed herei ate of insurance ma	n. Notwithstanding ay be concerned or
Aircraft:		Reg	Insured	Deductibles			Passenger
Year Make and M	1odel	No	Value	NIM / IM		Liability Limit	Sublimits
2013 ARION LIGHTNING		N120EB \$0	\$	NIL/NIL	\$	1,000,000	100,000
		\$	\$		\$_		
		\$\$	\$		\$_		<u> </u>
		\$	\$\$		\$		
		\$	\$		\$		
		\$\$	\$\$		\$		
HE CERTIFICATE HOLDER IS I HE INSURANCE EVIDENCED E VIDENCED IN THE CERTIFICA IANUFACTURE, MODIFICATION N E-MAIL ADDRESS FOR THE ENT ELECTRONICALLY. ONCE	3Y THIS CERTIFI TE SHALL BE IN N, REPAIR, SALE CERTIFICATE H	CATE SHALL NO SURED FOR BC E, OR SERVICIN OLDER MUST B	OT APPLY TO, AND DDILY INJURY OR I G OF AIRCRAFT B	D NO PERSON OR OF PROPERTY DAMAGE Y THAT PERSON OR RECEIVE A NOTICE OF ACCORDINGLY.  LEASE: L88-00 HANGER MATE BSAP HANG LO	RGANIZA EWHICH A ORGANI OF CANCI 28-AP CS, CHA OT2/BLI	TION TO WHICH CO ARISES FROM THE IZATION. ELLATION AGREEN PT 108	OVERAGE IS DESIGN,
-	1.1 MARCH 01, 202	24 (MW)		EXPIRES: 05/0	2	-	

Starr 10201 (6/06)

(Authorized Representative)

### ADDITIONAL INSURED ENDORSEMENT

	is policy is amended as follows: e provisions of this endorsement shall apply with respect to: <u>N120EB</u>
(Onl	ly the clause(s) indicated by an "X" shall apply.)
	The scheduled persons or organizations are included as additional insured.
	The scheduled persons or organizations are the registered owner ofand are included as additional insured.
	The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
$\boxtimes$	The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the named insured.
	The scheduled persons or organizations are included as additional insured but only as respects operations of the named insured.
sche	insurance extended by this endorsement shall not apply to, and no person or organization named in the edule shall be insured for <b>bodily injury</b> or <b>property damage</b> which arises from the design, manufacture, dification, repair, sale, or servicing of aircraft by that person or organization.
Sch	edule:
	me OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS dress C/O DESTIN-FORT WALTON BEACH AIRPORT 1701 STATE ROAD 85 NORTH EGLIN AFB, FL 32542
All c	other provisions of this policy remain the same.
Poli	endorsement becomes effective MARCH 4, 2024 to be attached to and hereby made a part of: cy No. 1000641859-03 ed to ENRICO BERNARDI
Ву	STARR INDEMNITY & LIABILITY COMPANY
	orsement No. TBA  e of Issue MARCH 01, 2024 (MW)  By  (Authorized Representative)

## AIG AEROSPACE INSURANCE SERVICES, INC

LEASE: L88-0028-AP

HANGER MATES, CHAPT 108

BSAP HANG LOT2/BLK2 EXPIRES: 05/04/2028

### CERTIFICATE OF IN

THIS IS TO CERTIFY TO: OKALOOSA COUNTY BOCC

DESTIN-FORT WALTON BEACH AP ADM, 1701 STATE ROAD 85 NORTH

ELGIN AFB, FL 32542-1498

THAT THE FOLLOWING POLICY/IES OF INSURANCE HAS/HAVE BEEN ISSUED TO:

GARY BEAN

201 DOMINICA CIRCLE E NICEVILLE, FL 32578, USA

POLICY NO. LA 000244774-17

POLICY PERIOD: From November 26, 2023

to November 26, 2024

INS	INSURANCE COMPANY NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA											
Со	Coverage only applies as indicated by a specific limit and deductible.  Limits of Liability											
A. Aircraft Liability Single Limit for Bodily Injury and \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
В. С.	Limit to Medical Ex	pense _	In cluding crew Your Aircraft	3	\$_ \$_		0,000.	each p	assenger assenger ctibles			
	ID Number N727GB	Year 2007	Make and Model ZENITH CH600 / 601	Agreed Value		Not-in- Motion	Not- Fligh	ıt	Flight			
				\$		N/A	\$ N// \$	\$ A \$	N/A			
				\$	Ş	\$	\$	\$				
				\$ \$		•	\$	\$				
					•	\$	\$	\$				

#### THIS CERTIFICATE HOLDER IS:

- 1. included as additional insured as respects liability coverage but coverage only applies after all other coverage available to the additional insured has been exhausted;
- 2. included as additional insured as respects liability coverage but coverage only applies with respect to the vicarious responsibility of the additional insured for the operation of the aircraft by the Named Insured, including any interest in the aircraft as owner/lessor;
- 3. included as additional insured as respects liability coverage but coverage does not apply to any occurrence arising from the design, manufacture, modification, repair, sale, or servicing of insured aircraft other than ground handling.

Coverage is subject to Date Recognition Exclusion Clause.

The Aviation Managers has made provision to give the certificate holder prompt notice of cancellation of any policy above. But, the Aviation Managers assumes no responsibility for failure to provide such notice. This certificate does not change in any way the actual coverages provided by the policy/ies specified above.

Certificate No.	13158652-12	By Delras Jamy
Date of Issue	November 29, 2023	(Authorized Representative)

LAD30B (10/16)

### ADDITIONAL INSURED ENDORSEMENT

	consideration of an additional premium of \$ <u>(Included)</u> , the following are included as additional <b>insured</b> , only with respect to the liability coverage afforded by this policy and is subject to the following:
(On	ly the clause(s) indicated by an "X" shall apply.)
X	Excess Liability - Coverage only applies after all other coverage available to the additional insured has been exhausted.
X	Non-operational - Coverage only applies with respect to the vicarious liability of the additional insured for the operation of the aircraft by the Named Insured, including any interest in the aircraft as owner/lessor.
	Flight Instruction - Coverage only applies while instructing, supervising, evaluating or examining the following pilots, who must also meet the requirements of the Pilots Endorsement:
	Hangarkeepers - Coverage only applies with respect to the storage of your aircraft.
X	Workmanship Exclusion - Coverage does not apply to any occurrence arising from the design, manufacture, modification, repair, sale, or servicing of your aircraft other than ground handling.
DE	ALOOSA COUNTY BOCC STIN-FORT WALTON BEACH AP ADM, 1701 STATE ROAD 85 NORTH GIN AFB, FL 32542-1498
ΑII	other provisions of this policy remain the same.
	s endorsement becomes effective November 26, 2023 to be attached to and hereby made a part of icy No. LA 000244774-17 issued to GARY BEAN
Ву	NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA
	de of Issue November 29, 2023  By (Authorized Representative)
LAI	D26 (1/05)

### COUNTERSIGNATURE ENDORSEMENT

State for which this endorsement is	issued is FLORIDA
The countersignature hereto is to be as concerns that portion of the risk	e considered the valid countersignature to the undermentioned policy insofar located in the state named above.
COUNTERSIGNATURE AGENT	DAVE BAKER
ADDRESS	1175 PEACHTREE STREET, N.E., SUITE 1000 ATLANTA, GA 30361
SIGNATURE	Delras Bourd
All other provisions of this policy rer	main the same.
This endorsement becomes effective Policy No. LA 000244774-17	e November 26, 2023 to be attached to and hereby made a part of
By NATIONAL UNION FIRE INSURA	
Endorsement No13	23 By Delias Bourd
Date of Issue November 29, 20	23 By(Authorized Representative)
UE38 (1/05)	



### CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 03/15/2023

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.

			ER, AND THE CERTIFICATE HOLDER									
	If this certificate i	is being prepar	ed for a party who has an insurable i			this t	form. Use ACORD	27 or ACOR	RD 28.			
PRO	DUCER			сонтаст Веа	CONTACT Beaux Miller							
Pre	eferred Aviation	<b>Underwriter</b>		PHONE (A/C, No, Ext):			FAX (A/C, No):					
332	21 N. Berkley L	ake Rd. Ste.	200	E-MAIL bba	arziza@falconir	nsura						
1	luth, GA 30096			PRODUCER CUSTOMER ID:								
	,			INSURER(S) AFFORDING COVERAGE NAI								
INSL	JRED			INSUBER A. Le	xington Insurar	nce (	Company		NAIC #			
	B Hangarmates			INSURER B:	3							
	2 Golf Course [											
				INSURER C :								
FOI	t Walton Beacl	n, FL 32547		INSURER D :				***************************************				
				INSURER E :								
<u> </u>	VED 4.050		055550475 WW0555 001	INSURER F :		DEV	ICION MUNICIPA	***************************************				
_	VERAGES		CERTIFICATE NUMBER: 001	1-0-1-1-7		KEV	ISION NUMBER:					
			PROPERTY (Attach ACORD 101, Additional Remai		pace is required)							
Ha	angar Structure	- 5515 John	Givens Rd., Crestview, FL 325	39								
C	NDICATED. NOTWI ERTIFICATE MAY	ITHSTANDING A BE ISSUED OR	LICIES OF INSURANCE LISTED BELOW NY REQUIREMENT. TERM OR CONDITI MAY PERTAIN, THE INSURANCE AFFO	ON OF ANY CONT ORDED BY THE PO	RACT OR OTHER I LICIES DESCRIBEI	DOCU D HEI	IMENT WITH RESPE	CT TO WHIC	H THIS			
		CONDITIONS OF	SUCH POLICIES. LIMITS SHOWN MAY HA									
INSR LTR		SURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)		OVERED PROPERTY	LIMI	TS			
<u> </u>	✓ PROPERTY					1	BUILDING	\$ 159,075	5			
Α	CAUSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	3	and the state of t			
	BASIC	BUILDING					BUSINESS INCOME	\$				
	BROAD	\$1,000					EXTRA EXPENSE	\$				
	✓ SPECIAL	CONTENTS					RENTAL VALUE	\$				
	EARTHQUAKE	N/A	41-LX-065043086-2	03/13/2023	03/13/2024		BLANKET BUILDING					
	<u> </u>	F 0/						\$				
	✓ WIND	5 %					BLANKET PERS PROP	\$				
	FLOOD						BLANKET BLDG & PP	\$				
								\$				
								\$				
	INLAND MARINI	E	TYPE OF POLICY					\$				
	CAUSES OF LOSS							\$				
	NAMED PERILS		POLICY NUMBER					\$				
								\$				
	CRIME							\$				
	TYPE OF POLICY							\$				
								\$				
	BOILER & MACI							s				
	EQUIPMENT BR	REAKDOWN						\$				
								s				
	THE STATE OF THE S							\$				
SPE	CIAL CONDITIONS / OT	HER COVERAGES	(Attach ACORD 101, Additional Remarks Schedul	le. if more space is requ	ired)	1		ΙΨ				
0, 2	OIAL COMBINONS / CT	TIER GOVERNOED	(Altabi Acond to 1, Additional Notificial	o, ii iii o opace ie requ	,							
lce	RTIFICATE HO	OLDER										
100	IVIII IOAILII	SEDER										
					RACT:L88-							
CE	RTIFICATE HOLD	DER		T HANG	ER MATES,	, CF	IAPT 108					
				BSAP	HANG LOT	2/E	BLK2					
Ok	aloosa County	Board of Co	unty Commissioners	1	RES:05/04/				FORE			
	01 State Road		•		,				) IN			
Ea	lin AFB, FL 325	542										
	, · = 3 <b>=</b>			AUTHORIZED RE	PRESENTATIVE							
							Marine 15	10 E. 18 1				



### **INSURANCE COMPANIES**

3353 Peachtree Road NE, Suite 1000 Atlanta, GA 30326

Certificate Holder:						
Oei tilloate Holder.	OKALOOS	A COUNTY F	ROARD OF COLL	NTY COMMISSIONE	RS	
			LTON BEACH AI		110	
	1701 STAT	E ROAD 85 I				
	EGLIN AFE	B, FL 32542				
Named Insured:	ENRICO B					
	_	ANNEE BLVE				
	LAUREL H	ILL, FL 3256	57			
	1					
Policy Period:	From:	MARCH 04,	2023	To: MARCH 04,	2024	
Policy Number:	10006418		2020	WAITCH 04,	2024	
Issuing Company:			LIABILITY COMI	DANIV		
This is to certify that the	nolicy(ies) listed	herein have be	en issued providing	coverage for the listed in	sured as further descri	hed. This certificat
of insurance is not an insurance is not an insurance any requirement, term or may pertain, the Insurance policy(ies).	condition of any	y contract, or o	ther document with	n respect to which this c	ertificate of insurance n	nay be concerned o
Aircraft:		Reg	Insured	Deductibles		Passenger
Year Make and	Model	No.	Value	NIM / IM	Liability Limit	Sublimits
2013 ARION LIGHTNING		N120EB \$0	) \$		\$ 1,000,000.	100,000.
2		\$	\$		\$	1
		\$	\$		\$	1.
		\$	\$		\$	/
		\$	\$		\$	.k
THE CERTIFICATE HOLDER IS	S INCLUDED AS	\$	\$		\$	MED INSURED.
THE CERTIFICATE HOLDER IS THE INSURANCE EVIDENCED EVIDENCED IN THE CERTIFIC MANUFACTURE, MODIFICATION AN E-MAIL ADDRESS FOR TH SENT ELECTRONICALLY. ONC	BY THIS CERTI CATE SHALL BE I ON, REPAIR, SAI E CERTIFICATE	ADDITIONAL IN FICATE SHALL NSURED FOR E LE, OR SERVIC HOLDER MUST	SURED, BUT SOLE  NOT APPLY TO, AN  BODILY INJURY OR ING OF AIRCRAFT E	LY AS RESPECTS THE OF D NO PERSON OR ORGA PROPERTY DAMAGE WH BY THAT PERSON OR OR RECEIVE A NOTICE OF C	PERATIONS OF THE NA NIZATION TO WHICH C HICH ARISES FROM THE RGANIZATION.	OVERAGE IS E DESIGN,

Ву

Starr 10201 (6/06)

(Authorized Representative)

## ADDITIONAL INSURED ENDORSEMENT

Thi	s policy is amended as follows:
The	e provisions of this endorsement shall apply with respect to: N120EB
(Onl	y the clause(s) indicated by an "X" shall apply.)
	The scheduled persons or organizations are included as additional insured.
	The scheduled persons or organizations are the registered owner of and are included as additional insured.
	The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
$\boxtimes$	The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the <b>named insured</b> .
	The scheduled persons or organizations are included as additional insured but only as respects operations of the named insured.
sche	insurance extended by this endorsement shall not apply to, and no person or organization named in the edule shall be insured for <b>bodily injury</b> or <b>property damage</b> which arises from the design, manufacture, dification, repair, sale, or servicing of aircraft by that person or organization.
Sch	edule:
	me OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS dress C/O DESTIN-FORT WALTON BEACH AIRPORT 1701 STATE ROAD 85 NORTH EGLIN AFB, FL 32542
All	other provisions of this policy remain the same.
Poli	s endorsement becomes effective <u>JUNE 29, 2023</u> to be attached to and hereby made a part of: cy No. 1000641859-02 led to ENRICO BERNARDI
Ву	STARR INDEMNITY & LIABILITY COMPANY
	orsement No. 17 e of Issue JUNE 29, 2023 (KN)  By  (Authorized Representative)



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/15/2023

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 source rights to the certificate holder in lieu of such and recomment(s).

this certificate does not confer rights	to the	ecert	ificate holder in lieu of s			).	-			
PRODUCER				CONTACT NAME: Beaux Miller						
Preferred Aviation Underwriter				PHONE (A/C, No, Ext): 866-750-8722 FAX (A/C, No): 830-792-1144						92-1144
332 N. Berkley Lake Rd., Ste. 200				E-MAIL ADDRESS: s@falconinsurance.com						
Duluth, GA 30096				INSURER(S) AFFORDING COVERAGE NAIC #						
		INSURER A: Lexington Insurance Company								
INSURED	INSURE	RB:								
108 Hangarmates, LLC		INSURE	RC:							
622 Golf Course Dr.				INSURE	RD:					
Fort Walton Beach, FL 3254	7			INSURE	RE:					
				INSURE	RF:					
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER E S DESCRIBED PAID CLAIMS.	DOCUMENT WIT	H RESPEC	OT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$ 1,00	00,000
CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$ EX	CLUDED
					03/13/2023		MED EXP (Any one		\$ EX	CLUDED
	x		41-LX-065043086-2			03/13/2024	PERSONAL & ADV	INJURY	\$ EX	CLUDED
GEN'L AGGREGATE LIMIT APPLIES PER:		}					GENERAL AGGRE	GATE	\$ 1,00	00,000
POLICY JECT LOC							PRODUCTS - COM	P/OP AGG	\$ EX	CLUDED
OTHER:									\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	
ANY AUTO		İ					BODILY INJURY (P	er person)	\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA( (Per accident)	GE	\$	
AUTOS ONLI							If a zoonen		\$	
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION\$	1								\$	
WORKERS COMPENSATION	† · · ·						PER STATUTE	OTH- ER		
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  Y/N	l						E.L. EACH ACCIDE		\$	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		-	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$	
personal framework and the second										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC			•	_	~~			0000	. A.T	_
Certificate Holder is added as additional in	sured	as re	espects the liability portion	of the p	oolicy. CO	NTRAC	T#: L88	-0028	3-AI	
			,		CH	APTER	108, HA	ANGF	RN	MATES
Location: 5515 John Givens Rd., Crestview	y, FL	3253	9				•			
							`2/BLO			
					EX	PIRES:	05/04/	2028		
-										
CERTIFICATE HOLDER				CANC	CELLATION					
Okaloosa County Board of County C	omm	nissic	oners	THE	EXPIRATION	I DATE THE	ESCRIBED POLICE REOF, NOTICE Y PROVISIONS.			
1701 State Road 85 N. Eglin AFB, FL 32542				AUTHO	RIZED REPRESE	NTATIVE				
Eyilli AFD, FL 32342							10	lille	re	<b></b>

CONTRACT#: L88-0028-AP

CHAPTER 108, HANGER MATES

BSAP LOT 2/BLOCK 2

(Authorized Representative)

## AIG AEROSPACE INSURANCE SERVICES, INC.

CERTIFIC	ATE OF INSUR	RANC		F2: 02/	04/20:	48
THIS IS TO CERTIFY TO: OKALOOSA COUNTY BO DESTIN-FORT WALTON EGLIN AFB, FL 32542-14	BEACH AP ADM,	1701 :	STATE RC	)AD 85 NC	ORTH	
THAT THE FOLLOWING POLICY/IES OF INSURANC GARY BEAN 201 DOMINICA CIRCLE E NICEVILLE, FL 32578, USA	E HAS/HAVE BEE	N ISSU	JED TO:			
POLICY NO. LA 000244774-16 POLICY PERIOD: From November 26, 2022 INSURANCE COMPANY NATIONAL UNION FIRE IN	SURANCE CO. OF		ember 26, SBURGH,			
Coverage only applies as indicated by a specific lim	it and deductible.		Li	mits of Lia	ability	
A. Aircraft Liability Single Limit for Bodily Injury at Property Damage In cluding Passengers, bu Passenger Bodily Injury Limited within the Sing Limit to	ıt	\$_ \$		00,000.		
B. Medical Expense In cluding crew C. Physical Damage to Your Aircraft		\$_	Coverage	10,000. Type and	each <b>pa</b> s l Deduct	ssenger
ID Number Year Make and Model	Agreed Value		Not-in- Motion	Not-iı Flight		Flight
N727GB 2007 ZENITH CH600 / 601	\$ N/A \$	,	N/A	\$ N/A		N/A
	\$	\$	6	\$	\$	
		(	5	\$	\$	
	\$	5	\$	\$	\$	
	\$	Š	\$	\$	\$	
THIS CERTIFICATE HOLDER IS:  1. included as additional insured as respects liability covered additional insured has been exhausted;						
<ol><li>included as additional insured as respects liability responsibility of the additional insured for the operational aircraft as owner/lessor;</li></ol>	n of the aircraft by	the N	amed Insur	ed, includi	ng any ir	iterest in the
3. included as additional insured as respects liability covdesign, manufacture, modification, repair, sale, or servici	rerage but coverage ng of insured aircraft	does r t other	not apply to than groun	any occur d handling.	rence ari	sing from the
Coverage is subject to Date Recognition Exclusion (	Clause.					
The <b>Aviation Managers</b> has made provision to give above. But, the <b>Aviation Managers</b> assumes no redoes not change in any way the actual coverages p	esponsibility for fa	ailure t	o provide	such noti		

LAD30B (10/16)

Certificate No. \_\_\_\_\_13008625-12

Date of Issue \_\_\_\_\_ December 1, 2022\_\_\_\_



### CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 05/11/2022

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 this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

332	1 N	l. Berkley L	Underwriter ake Rd. Ste.	200	PHONE FAX (A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS: mmeadows@falconinsurance.com						
Dul	uth,	GA 30096	3		PRODUCER CUSTOMER ID:				.,		
				·		INSURER(S) AFFORDING COVERAGE NAICE					
INSU					INSURER A : LO	INSURER A : Lexington Insurance Company					
1		ingarmates			INSURER B:						
1		olf Course D			INSURER C :						
For	[ VV	aiton Beacr	ı, FL 32547		INSURER D:						
					INSURER E :						
CO	/ER	AGES		CERTIFICATE NUMBER: 001	I INSURER F :		RE	/ISION NUMBER:			
LOC	TIOI	OF PREMISES /	DESCRIPTION OF P	ROPERTY (Attach ACORD 101, Additional Remark	s Schedule, if more sp	ace is required)					
Ha	nga	r Structure	- 5515 John	Givens Rd., Crestview, FL 3253	39						
IN C	DIC/ ERTI	ATED. NOTWI FICATE MAY I	THSTANDING AF BE ISSUED OR	ICIES OF INSURANCE LISTED BELOW I VY REQUIREMENT, TERM OR CONDITIC MAY PERTAIN, THE INSURANCE AFFOR SUCH POLICIES. LIMITS SHOWN MAY HA'	ON OF ANY CONT RDED BY THE PO	RACT OR OTHER I	DOC D HE	UMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS	
A	>	PROPERTY					V	BUILDING	<sub>\$</sub> 159	,075	
^	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$		
		BASIC	\$1,000					BUSINESS INCOME	\$		
		BROAD	CONTENTS					EXTRA EXPENSE	\$		
	~	SPECIAL	N/A	41-LX-065043086-1	03/13/2022	03/13/2023		RENTAL VALUE	\$		
		EARTHQUAKE	F 0/					BLANKET BUILDING	\$		
	V	FLOOD	5 %				-	BLANKET PERS PROP BLANKET BLDG & PP	\$		
		PLOOD				-		BLANKET BLUG & PP	\$		
									\$		
		INLAND MARINE		TYPE OF POLICY			<b>-</b>		\$	***************************************	
	CAI	JSES OF LOSS							\$		
		NAMED PERILS		POLICY NUMBER					\$		
									\$		
		CRIME							\$		
	TYF	PE OF POLICY							\$		
		r					-		\$		
		BOILER & MACH							\$		
									\$		
SPE	IAL	CONDITIONS / OT	HER COVERAGES (	Attach ACORD 101, Additional Remarks Schedule	, if more space is requ	Ired) CONT	RA	CT#: L88-002	8-AP		
			N BEB					R 108, HANGI			
CE	ΚH	FICATE HO	JLDEK			BSAP	LO	T 2/BLOCK 2			
						EXPIR	RES	3: 05/04/2028			
CE	RTII	ICATE HOLI	DER		CANCELLA	TION .					
Okaloosa County Airport 1701 State Road 85 N. Eglin AFB, FL 32542					THE EXPIR		ERE	RIBED POLICIES BE C OF, NOTICE WILL ROVISIONS.			
					AUTHORIZED RE			Melissa	Me	adras	
L					© 1995-2009 ACORD CORPORATION. All rights reserved						



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2022

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				CONTACT Melissa Meadows							
Preferred Aviation Underwriter					PHONE (A/C, No, Ext): 866-750-8722 FAX (A/C, No): 830-792-1144						
332 N. Berkley Lake Rd., Ste. 200					E-MAIL ADDRESS: mmeadows@falconinsurance.com						
Duluth, GA 30096					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A: Lexington Insurance Company						
the HDER					INSURER B:						
108 Hangarmates, LLC					INSURER C:						
622 Golf Course Dr.				INSURE	RD:						
Fort Walton Beach, FL 3254	7			INSURE	RE:						
				INSURER F:							
COVERAGES CER	TIFI	CATE	NUMBER:				REVISION NUI	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PEF INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						WHICH THIS					
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		<b>\$ 1,0</b>	00,000	
CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED :urrence)	\$ EX	CLUDED	
							MED EXP (Any one	person)	s EX	CLUDED	
	х		41-LX-065043086-1		03/13/2022	03/13/2023	PERSONAL & ADV	INJURY	\$ EX	CLUDED	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$ 1,0	00,000	
POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ EX	CLUDED	
OTHER:									\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$		
ANY AUTO							BODILY INJURY (P	(er person)	\$		
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	- 1	\$		
HIREO AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$		
					}				\$		
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
DED RETENTION\$	ļ						l neo		\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below	ļ						E.L. DISEASE - PO	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD	101, Additional Remarks Schedu	le, may b	a attached if more	o spaco is require	od}	***			
Certificate Holder is added as additional in	surec	l as re	espects the liability portion	of the p	oolicy.						
Location: 5515 John Givens Rd., Crestviev	v, FL	3253	9								
CERTIFICATE HOLDER				CANO	CELLATION						
Okaloosa County Airport					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1701 State Road 85 N. Eglin AFB, FL 32542			AUTHORIZED REPRESENTATIVE Melissa Meadows  Mussa Madws					WS			

GLOBAL INSURANCE & INVESTMENTS

Named Insured:

Enrico Bernardi

City/State: Control No. LAUREL HILL, FL

Policy Status: Request To Bind

1825844

Broker:

FALCON INSURANCE AGENCY, INC.

**Policy Period:** 

3/4/2022 to 3/4/2023

Phone:

1-866-647-4322

Binder Date:

March 04, 2022

Policy Form:

Starr AV

CONTRACT#: L88-0028-AP

BSAP LOT 2/BLOCK 2

EXPIRES: 05/04/2028

**CHAPTER 108, HANGER MATES** 

Policy Number: 1000641859-01

Aircraft Use:

#### 1-Initial

N120EB 2013 Ar	ion Lightning	Single Engine Piston Fixed Gear	Aircraft is Floats?	On	2 Total Seats	NIM Ded:	NIL   IM NIL		Expanded Coverage: Y
		COVI	RAGE SU	MMARY			*Prer	mium adjust	ed for No Hull
Insured Value	Hull Coverage	Hull War Hull Premium Premium			iability overage		Lizaing/ Romina	War Lie Romui	\$5402749 \$165050500000000000000000000000000000000
\$0	Not Covered	N/A		\$1,000,0	000 / \$100,000		\$3,204*	N/A	\$3,204
	Open Pi	lot Warranty			e Postanti pilo	renatum D <i>e ale tak</i> ek			
With respect to the following: 2013 Arion Lightning N120EB			A November P Broads y to come y Secure Stone Projectively Secure St	Available Discounts		20 mars 4 mars 2 constitutes and reconstitutes (100 mars)	Hull Amount	Liab Amount	Qualifies?
Named Pilot(s): Enrico Bernardi, OR				Advanced Aircraft		:	0.00	0.00	No
PRIVATE OR MORE ADVANCED PILOT CERTIFICATE WHO HAS THE PERMISSION				Has Instrument Rating			<b>-</b> 5.00	-5.00	No
THE NAMED INSURED		-	ls the aircraft hangared		:	-5.00	0.00	Yes	
				No losses,	waivers and viola	tions	-5.00	-5.00	Yes
				Pilot Train	ing		-5.00	-5.00	No
Named Pilots Enrico Bernardi. A	oe 83	nt Sport/Recreational/Private Pilot			a sa	1-11-01-11-15-11			Milita (\$80
Dual Reg - Solo		rument Rating = N Losses = N				nie i van stalžino 20		Mas on a lift	

- Tax is not included in quoted premiums
- TRIA is included
- Medical Payment Limit: \$5,000 Per Seat / \$10,000 Each Occurrence

This quotation contains a broad outline of coverage and does not include all the terms, conditions and exclusions of the policy (or policies) that may be upon receipt and notify us promptly in writing if you have any questions. In the event of any inconsistency between the quotation or binder and the policy, the policy language shall control unless the parties agree to an amendment. L88-0028-AP

FALCON INSURANCE AGENCY, INC. Arlene Rodriguez Kerrville, TX



#### Binder Letter

Binder Date:

Control Number: 1825844

3/4/2022

#### Arlene,

Thank you for the firm order to bind coverage as outlined below per your correspondence dated 03/04/2022 regarding the captioned insured. This will confirm that Starr Aviation has bound coverage effective 3/4/2022 - 3/4/2023 per the terms and conditions as outlined below. Premiums bound do not include any applicable state and/or municipal taxes.

Named Insured: Enrico Bernardi

6460 Welannee Blvd

LAUREL HILL, FL 32567

Policy Period: 3/4/2022 - 3/4/2023 Policy Number: 1000641859-01

Insurance Company: Starr Indemnity & Liability Company

Policy Form: Starr AV
Starr Share: 100%
Payment Plan: Annually

**Underwriter Comments:** 

#### See Attached Rating Guide

#### Coverage Summary/Notes

- Tax: 0.7% (Tax NOT included in quoted premiums)
- TRIA is included in the premium charged
- Territory: The United States of America, Canada, Mexico, the Bahamas, and the Caribbean Islands or enroute between points therein (unless otherwise endorsed as noted on this quote).
- Although the policy territory includes Mexico, the Mexican Government may require evidence of a valid Mexican Aircraft Policy issued by a Mexican Insurance Company. A Mexican airport policy issued by a Mexican insurance company can be purchased for an additional \$279 per aircraft on an annual basis. Premium on the Mexican policy is fully earned, no cancellation or return premium applies, and it is a non-commission bearing premium. Aircraft older than 1970 are subject to additional underwriting information and a Mexican policy may not be available in all cases.
- This quotation contains a broad outline of coverage and does not include all the terms, conditions
  and exclusions of the policy (or policies) that may be upon receipt and notify us promptly in writing
  if you have any questions. In the event of any inconsistency between the quotation or binder and
  the policy, the policy language shall control unless the parties agree to an amendment.
- Midterm pilot deletions will not result in a return premium.
- If hull is added midterm the liability premium will not be adjusted.

Regards,

Jim Anderson

Page 1 of 3 Enrico Bernardi

Endorsements								
Starr 10617 Accident Forgiveness Endorsement								
Starr 10007 Asbestos Exclusion Endorsement								
Starr 30002 Aviation Date Recognition Endt with Limited Coverage Grant								
AVN2000A Date Recognition Exclusion Clause								
LIIBA								
Aviation Electronic Data Event Liability Exclusion								
(12.09.19)								
Starr 10474 Expanded Coverage Endorsement								
Starr 10020 Extended Coverage Endorsement Liability Coverage TRIA								
Starr 10138 Extended Coverage Endorsement Physical Damage Coverage TRIA								
Starr 20010 Florida Addendum to the Declarations								
Starr 20011 Florida Cancellation / Nonrenewal Endorsement - Aviation								
AVN46B Noise and Pollution and Other Perils Exclusion Clause								
AVN38B Nuclear Risks Exclusion Clause								
Starr 10250 Pilot Warranty Endorsement								
AVN139 Software Affirmation Clause								
Starr 10055 Terrorism Exclusion								
AVN48B War, Hi-jacking and Other Perils Exclusion Clause								

### POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term ""act of terrorism" means any act that is certified by the Secretary of the Treasury-in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: Starr Indemnity & Liability Company

Policy Number: 1000641859-01

# AIRCRAFT INSURANCE POLICY COVERAGE SUMMARY PAGE

This page, the policy provisions, and the endors	sements at	tached, cor	npletes thi	s policy at its in	ception.	
Policy number LA 000244774-15 Issued by		VE OF T		RANCE CO. OF RICAS FL 37		
Item 1. Your Name and Address: GARY BEAI 201 DOMIN NICEVILLE,	NICA CIRCI					
item 2. Policy Period: From November 26, 2 Beginning and ending at 12:01 a.m. s		ne at the ad		vember 26, 20: vn in Item 1. al		
Item 3. Coverage only applies as indicated by	a specific	limit, premi	um and de	ductible.		
	·	•	Limit	s of Liability	F	remiums
A. Aircraft Liability Single Limit for Bodily Inju Property Damage In cluding Passenger Passenger Bodily Injury Limited within the	rs, but	\$		<u>00.</u> each <b>осси</b>		573.
B. Medical Expense In cluding crew C. Physical Damage to Your Aircraft		\$ \$		00. each passe 00. each passe		0.
· ·		-	Not-in-	pe and Deductil		
N727GB 2007 ZENITH CH600 / 601 (TRI)	Agreed \$	d Value N/A\$	Motion N/A		Flight N/A \$	0.
11/2/GB 200/ 2BM 11 01/000 / 00 1 (114)	\$	\$		\$ \$	\$	۷.
	\$	\$		\$ \$	\$	
	\$	\$		\$ \$	\$	
	\$ \$	\$ \$		\$ \$ \$ \$	\$ \$	
Endorsements: LAD01-NU 02/12, LAD180, AVN38B, AV882, AVN46B, 1 UE1437, SE52137, 74825, UE State and Local Premium Taxes and Surcharges	125595, L 1268					1. 0.00
Ciato dia 2004 ( Comant Sanos dia Galoria got	•	İ	CONTU	RACT#: L88-0	\(\O\O\O\O\O\O\O\O\O\O\O\O\O\O\O\O\O\O\	•
				KAC 1#. L88-C FER 108, HAN		"EC
				LOT 2/BLOCE		ES
•				ES: 05/04/202		
Item 4. The aircraft will be used only for Busin	ness and P	leasure use				
Item 5. While the aircraft is in flight it will be Endorsement".	e piloted o	nly by the	person(s)	meeting the pro	visions of t	he "Pilots
Producer FALCON INSURANCE AGENCY - KE F00087 1001 WATER ST., BLDG K, SUITE		VIIIE TY	78028			
		1 13-1-1-1 I /	. 0020			
Countersigned						
At			<u></u>	J- Du	1	
Rv		Approve	d Bv 🕝	XXXXX	- Takk	

### ADDITIONAL INSURED ENDORSEMENT

In c	consideration of an additional premium of \$ <u>(Included)</u> , the following are included as additional <b>insured</b> , only with respect to the liability coverage afforded by this policy and is subject to the following:
(On	ly the clause(s) indicated by an "X" shall apply.)
X	Excess Liability - Coverage only applies after all other coverage available to the additional <b>insured</b> has been exhausted.
	Non-operational - Coverage only applies with respect to the vicarious liability of the additional <b>insured</b> for the operation of the <b>aircraft</b> by the Named <b>Insured</b> , including any interest in the <b>aircraft</b> as owner/lessor.
	Flight Instruction - Coverage only applies while instructing, supervising, evaluating or examining the following pilots, who must also meet the requirements of the Pilots Endorsement:
X	Hangarkeepers - Coverage only applies with respect to the storage of your aircraft.
X	Workmanship Exclusion - Coverage does not apply to any occurrence arising from the design, manufacture, modification, repair, sale, or servicing of your aircraft other than ground handling.
Add	ditional Insured:
DE	ALOOSA COUNTY BOCC STIN-FORT WALTON BEACH AIRPORT, 1701 STATE ROAD 85 N GIN AFB, FL 32542-1498
All	other provisions of this policy remain the same.
	s endorsement becomes effective November 26, 2021 to be attached to and hereby made a part of icy No. LA 000244774-15 issued to GARY BEAN
Ву	NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA
	·.
Enc	dorsement No. 12
Dat	te of Issue November 24, 2021 By

ı F

#### **REGISTRATION NOT TRANSFERABLE**

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION

This certificate must be in the aircraft when operated.

NATIONALITY AND

REGISTRATION MARKS N 727GB

65943

AIRCRAFT SERIAL NO.

MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT

**BEAN GARY** 

ZENITH 601XL

ICAO Aircraft Address Code: 52337045

BEAN GARY P \$ \$

IJ

D

201 DOMINICA CIR E 1 **NICEVILLE FL 32578-4086** 

Individual

It is certified that the above described aircraft has been entered on the register of the Federal Aviation Administration, United States of America, in accordance with the Convention on International Civil Aviation dated December 7, 1944, and with Title 49, United States Code, and regulations issued thereunder.

May 25, 2007 DATE OF ISSUE

EXPIRATION DATE April 30, 2023

**ADMINISTRATOR** 

This certificate is issued for registration purposes only and is not a certificate of title. The Federal Aviation Administration does not determine rights of ownership as between private persons.



U.S. Department of Transportation Federal Aviation Administration

U.S. Department of Transportation: Federal Aviation: Administration

ZIP 73169 02 1W 0001402926 NOV

Civil Aviation Registry P.O. Box 25504 Oklahoma City, OK 73125-0504

Official Business Penalty for Private Use \$300

AC Form 8050-3 (10/2010) Supersedes previous edition

727GB

TO: BEAN GARY P 201 DOMINICA CIR E NICEVILLE FL 32578-4086

| | իրինականակովհարիկում||իրնրայիիակոնարիրիիի

AC Form 8050-3 (10/2019) Supersedes previous editions



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/10/2021

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).									
PRODUCER	CONTACT Melissa Meadows								
Preferred Aviation Underwriter				PHONE (AIC, No.): 830-792-1144					
3321 N. Berkley Lake Rd. Ste. 200					ws@falconing				
Duluth, GA 30096			E-MAIL ADDRESS: IT					Nato a	
	INSURER 4 . Lexington Insurance company								
INSURED			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-aviiAn	n, moulation	our party			
108 Hangarmates, LLC			INSURER 8:						
•			INSURER C:						
622 Golf Course Dr.	~		INSURER D :						
Fort Walton, Beach, FL 3254	′		INSURER E :					<u> </u>	
			INSURER F:						
		ATE NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY FEEL OF SUCH CERTIFICATE AND CONDITIONS OF SUCH	QUIRE PERTAI POLICI	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD IES. LIMITS SHOWN MAY HAVE	OF ANY COM ED BY THE ! BEEN REDUC	ITRACT POLICIES SED BY I	OR OTHER E S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR LIR TYPE OF INSURANCE	ADDL BI	UBR WD POLICY NUMBER	POLI (MMA)	CY EFF DAYYY)	POLICY EXP	LIMIT			
CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		00,000 CLUDED	
						MED EXP (Any one person)	\$ EX	CLUDED	
	x	41-LX-065043086-0	03/1	3/2021	03/13/2022	PERSONAL & ADV INJURY	The second second	CLUDED	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		00,000	
POLICY PRO- LOC					İ	PRODUCTS - COMP/OP AGG		CLUDED	
OTHER:	}						\$		
AUTOMOBILE LIABILITY	+	<del></del>				COMBINED SINGLE LIMIT	\$		
ANY AUTO	1					(Es accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
AUTOS CNLY AUTOS NON-OWNED		}				PROPERTY DAMAGE	<u>.</u>		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$	<del></del>	
UMBRELLA LIAB OCCUE		<del></del>	<del></del>						
						EACH OCCURRENCE	\$		
CLAMSTEADE					}	AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION	-					PER   OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N						STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
			1						
<b></b>			Okal	0080	County BO	cc		<del></del>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Certificate Holder is added as additional ins Location: 5515 John Givens Road Crestview, FL 32539	dule, may be at					5			
CERTIFICATE HOLDER			CANCELL	ATION					
Oakaloosa County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
5749 A Old Bethel Rd.			AUTHORIZED REPRESENTATIVE						
Crestview, FL 32536	Melissa Meadows								

Chapter 108

#### CERTIFICATE OF INSURANCE

Certificate Issued to:

Okaloosa County Airport Administration, 1701 State Road 85 North, Eglin AFB, FL 32542

Insured:

Timothy E Ray

Address:

225 Yacht Club Drive NE, Fort Walton Beach, FL 32548-6421

**Policy Number:** 

SAV100499400

**Effective Dates:** 

01/20/2020 to 01/20/2021

Insurer:

StarStone National Insurance Company, c/o London Aviation Underwriters, Inc.

Producer:

Arthur J. Gallagher Risk Mgmt Services, St Charles, IL Ph. 1-888-830-1295

Coverage:

N121TR 2020 Piper PA46-500TP

AIRCRAFT LIABILITY - Bodily Injury (Excluding Occupants), Damage to Property, and Bodily

Injury to Passengers (Excluding Crew)

Combined Single Limit \$1,000,000 Each Occurrence

Includes SAV 0161 Non-Commercial Premises Liability Endorsement

Certificate Holder is named as an Additional Insured. See Policy language for limiting Parameters. EXCLUDING any loss, damage, injury or liability which arises from above named Certificate Holder's negligence, whether sole or proportional, or the willful misconduct of above named Certificate Holder or their servants.

The Insurer agrees to provide the above named Certificate Holder at least 30 days notice, or 10 days notice if due to non-payment of premium, prior to cancellation or material change in the above coverage by the insurer.

This certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of the policy.

This Certificate cancels and supercedes any previously issued Certificates.

Date:

1/13/2020 9:55:04 AM

By:

Authorized Representative

LONDON AVIATION UNDERWRITERS, INC. 33405 6th Ave S, Federal Way, WA 98003-6335

Lorada Stillet

CONTRACT#: L88-0028-AP

CHAPTER ;108, HANGER MATES

BSAP LOT 2/BLOCK 2 EXPIRES: 05/04/2028

ACORD, EV	IDENCE OF PI	ERSONAL	PROPERTY	INSUR	ANCE	ı	TE (MM/DD/YYYY) 10/29/2019	
RIGHTS AND PRIVILE	THAT INSURANCE AS GES AFFORDED UNDER	R THE POLICY,	OW HAS BEEN ISS	JED, IS IN F	ORCE, AND	CONVEY	'S ALL THE	
AGENCY Acentrie Insurance - Legacy Insurance 301 N Ferdon Blvd Crestview, FL 32836	PHONE (850) 682-251 AC No. Ext. (850) 689-337 AC No. (850) 689-337 ADDRESS:	15	COMPANY Lioyds					
CODE:	SUB CODE:							
AGENCY CHATGMER ID #: 108HANG-01	License # L1004	160						
INFURED	LOAN NUMBER	POLICY HU 350TA10	0365					
108 HANGARMATES INC 522 GOLF COURSE DRIVE FORT WALTON BEACH, FL 32547			03/13/2019 THIS REPLACES PRIOR EVIL	EXPIRATION 03/13/2 ENCE DATED:		CONTINUE	ED IF CHECKED	
PROPERTY INFORMATION								
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Special Conditions:  WIND & HAIL DEDUCTIBLE: 2 %  LEASE#: L88-0028-AP  CHAPTER 108, HANGER MATES  BSAP LOT 2/BLOCK 2  EXPIRES: 05/04/2028								
CANCELLATION					DA11017	* E # * * * * * * * * * * * * * * * * *	101116551	
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ADDITIONAL INTEREST			<u> </u>		V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	·	······································	
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OKALOOSA 5749 A OLD Crestylew, F	BETHEL RD		AUTHORIZED REPRESENTATIVE					



## Airport Liability Certificate of Insurance

Additional Insured

Page 1 of 2

DATE ISSUED

8/13/2019

NAMED INSURED

108 Hangarmates, Inc., and its Individual executive officers

and shareholders

ADDRESS OF INSURED

**622 Golf Course Drive** 

Fort Walton Beach, FL 32547

INSURANCE COMPANY

**POLICY NUMBER** 

Hallmark Insurance Company

AP99-07284-09

POLICY EFFECTIVE DATE POLICY EXPIRATION DATE

8/22/2019 8/22/2020

AIRPORT DESCRIPTION

Bob Sikes Airport, Crestview, FL

#### Coverage Summary

#### LIMIT OF COVERAGE

**TOTAL POLICY COVERAGE LIMIT** 

\$1,000,000 Each Occurrence

BODILY INJURY AND PROPERTY DAMAGE COVERAGE

\$1,000,000 Each Occurrence

Hazard Division 1. Airport Operations

\$1,000,000 Each Occurrence

\$1.000.000 Each Person

This Certificate is issued to the following Certificate Holder:

Name

Address

**Okaloosa County** 

5749 A Old Bethel Rd. Crestview, FL 32536

Coverage under the following Coverage and Hazard Divisions is extended to include the named Certificate Holder as an insured subject to all of the applicable policy terms, conditions and provisions applicable to such coverage.

Coverage A. Hazard Division 1. Airport Operations

Notice of cancellation and/or non- renewal of the policy will be provided to the Certificate Holder in accordance with the terms and provisions of the policy.

THIS CERTIFICATE OF INSURANCE IS ISSUED FOR INFORMATIONAL PURPOSES ONLY AND CONFERS NO RIGHTS GPON THIL CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE INSURANCE POLICY REFERENCED ABOVE.

AEROSPACE INSURANCE MANAGERS, INC.
Aviation Managers

In Howard

AP2014 (04/16)



### Airport Liability Certificate of Insurance

Additional Insured

Page 1 of 2

DATE ISSUED

8/8/2018

NAMED INSURED

POLICY NUMBER

108 Hangarmates, Inc., and its individual executive officers

and shareholders

ADDRESS OF INSURED

622 Golf Course Drive

Fort Walton Beach, FL 32547

INSURANCE COMPANY

Hallmark Insurance Company

AP99-07284-08

POLICY EFFECTIVE DATE

AIRPORT DESCRIPTION

8/22/2018 8/22/2019

POLICY EXPIRATION DATE

Bob Sikes Airport, Crestview, FL

L88-0028-AP

RECEIVED

AUG 1 4 2018

#### **Coverage Summary**

#### LIMIT OF COVERAGE

TOTAL POLICY COVERAGE LIMIT

BODILY INJURY AND PROPERTY DAMAGE COVERAGE

Hazard Division 1. Airport Operations

\$1,000,000 Each Occurrence

\$1,000,000 Each Occurrence

\$1,000,000 Each Occurrence

\$1,000,000 Each Person

This Certificate is issued to the following Certificate Holder:

Name

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Address

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AEROSPACE INSURANCE MANAGERS, INC.
Aviation Managers

In Howard

AP2014 (04/16)

### CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date:

<u>06-27-2017</u>

Contract/Lease Control #: L88-0028-AP

Bid #:

NA

Contract/Lease Type:

<u>LEASE</u>

Award To/Lessee:

CHAPTER 108, HANGER MATES

Owner/Lessor:

OKALOOSA COUNTY

Effective Date:

05/03/1988

Expiration Date:

05/04/2028

Description of

Contract/Lease:

BSAP LOT 2/BLOCK 2

Department:

<u> AP</u>

Department Monitor:

<u>STAGE</u>

Monitor's Telephone #:

<u>850-651-7160</u>

Monitor's FAX # or E-mail:

TSTAGE@CO.OKALOOSA.FL.US

Closed:

Cc:

Finance Department Contracts & Grants Office



### Airport Liability Certificate of Insurance

Additional Insured

Page 1 of 2

DATE ISSUED

8/10/2017

NAMED INSURED

108 Hangarmates, Inc., and its individual executive officers

and shareholders

ADDRESS OF INSURED

622 Golf Course Drive

Fort Walton Beach, FL 32547

INSURANCE COMPANY

POLICY NUMBER

Hallmark Insurance Company

AP99-07284-07

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

8/22/2017

8/22/2018

AIRPORT DESCRIPTION

Bob Sikes Airport, Crestview, FL

#### **Coverage Summary**

LIMIT OF COVERAGE

L88-0028-AP

TOTAL POLICY COVERAGE LIMIT

\$1,000,000 Each Occurrence

Hazard Division 1. Airport Operations

\$1,000,000 Each Occurrence

\$1,000,000 Each Occurrence

\$1,000,000 Each Person

This Certificate is issued to the following Certificate Holder:

BODILY INJURY AND PROPERTY DAMAGE COVERAGE

Name

A

Address

**Okaloosa County** 

5749 A Old Bethel Rd. Crestview, FL 32536

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AEROSPACE INSURANCE MANAGERS, INC.

Aviation Managers



### BOARD OF COUNTY COMMISSIONERS AGENDA REQUEST

DATE:

June 20, 2017

TO:

Honorable Chairman and Members of the Board

FROM:

Tracy Stage

SUBJECT:

Chapter 108 Hangar Mates Amendment One to Hangar Lease Agreement

**DEPARTMENT:** 

Airport

**BCC DISTRICT:** 

Апро

**STATEMENT OF ISSUE:** The Airports Department requests approval by the Board of County Commissioners for Amendment Number One of the Chapter 108 Hangar Mates of Experimental Aircraft Association Hangar Lease Agreement, Block 2 Lot 2, at the Bob Sikes Airport (L88-0028-AP).

BACKGROUND: On June 20, 2008 Chapter 108 Hangar Mates entered into a Lease Agreement for Hangar Space at the Bob Sikes Airport. On November 15, 2016, the Board approved new language for the storage of items in lessee's hangars. Chapter 108 Hangar Mates requests this new Care of Premises language be added to the Lease. The Hangar Buy Down Program and the Care of Leased Premises hangar amendments were projected for Board approval in February-March 2017. Due to suggested revisions by the Clerk's office on the current insurance language in January 2017, the Airport ceased sending all lease amendments to the BCC until the impact of any language change was known. On May 17th, modified insurance language was identified and will be used in all agreements prepared from that date going forward. Chapter 108 Hangar Mates' certificate of insurance is attached along with the contract and lease internal coordination sheet.

**OPTIONS:** Approve, Reject or Table.

**RECOMMENDATIONS:** It is Staff's recommendation that the Board approve Amendment Number One to the Chapter 108 Hangar Mates of Experimental Aircraft Association Hangar Lease Agreement as described above.

RECOMMENDED BY:

Fracy Stage, Libort Director

6/13/2017

APPROVED BY:

John Hofstad, County Administrator

6/13/2017

John Hofstad, County Administrator

## CONTRACT & LEASE INTERNAL COORDINATION SHEET

	_						
Contract/Lease Number: <u>L88 - UUL8 - MP</u>	Tracking Number: <u>2/37</u> -17						
Contractor/Lessee Name: Chapter 103 Hungar Makes	Grant Funded: YES NO						
Purpose: Figt Amendment							
Date/Term:	1. GREATER THAN \$50,000						
Amount:	2. GREATER THAN \$25,000						
Department:AP	3.  \$25,000 OR LESS						
Dept. Monitor Name: Shye miner							
Document has been reviewed and includes any attachmen	nts or exhibits.						
Purchasing Review							
Purchasing Review							
Procurement requirements are met:	ŧ						
<u>Ch - Toull</u> Purchasing Director or designee Greg Kisela, Charles Powell, DeRita Mason, Matthew Young							
Purchasing Director or designee Greg Kisela, Charle	s Powell, DeRita Mason, Matthew Young						
Risk Management Revie	W						
Approved as written:							
Approved ds willion,	2 00 15						
Mustaling	Date: 3-20-17						
Risk Manager or designee Laura Porter or Krystal I	King						
County Attorney Review							
Ger approved duke 11/	22/2016						
Approved as written:							
	Date:						
County Attorney Gregory T. Stewart, Lynn Hoshi	hara, Kerry Parsons or Designee						
Following Okaloosa County ap	oproval:						
Contracts & Grants							
Document has been réceived:							
	Date:						
Contracts & Grants Manager	50.0.						

#### **Charles Powell**

From:

Parsons, Kerry < KParsons@ngn-tally.com>

Sent:

Tuesday, November 22, 2016 3:49 PM

To:

Dave Miner

Cc:

Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara

Subject:

RE: Hangar Amendments L88-0028-AP

The First Amendment for L-88-0028-AP, Chapter 108 Hangar lease is approved for legal sufficiency.

From: Dave Miner [mailto:dminer@co.okaloosa.fl.us]

Sent: Tuesday, November 22, 2016 4:27 PM

To: Parsons, Kerry

Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara

Subject: RE: Hangar Amendments

Ms. Parsons:

Corrections accepted and made.

Dave

From: Parsons, Kerry [mailto:KParsons@ngn-tally.com]

Sent: Tuesday, November 22, 2016 2:36 PM

To: Dave Miner

Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara

Subject: RE: Hangar Amendments

Hey Dave:

Attached please find my revisions to the eight hangar amendments you sent me earlier. When you send them back, please send them each separately and in the subject line specify the hangar lease you are looking for legal approval on. That way it will make the approval documents easy for all to understand when processing for the board's agenda.

Thanks, Kerry

From: Dave Miner [mailto:dminer@co.okaloosa.fl.us]

Sent: Tuesday, November 22, 2016 2:37 PM

To: Parsons, Kerry

Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara

Subject: RE: Hangar Amendments

Ms. Parsons:

All eight amendments have been changed and are attached for your review.

Dave

From: Parsons, Kerry [mailto:KParsons@ngn-tally.com]

Sent: Monday, November 21, 2016 2:33 PM

To: Dave Miner

Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara

Subject: RE: Hangar Amendments

Hey Dave:

Please revise all eight amendments to adhere to the attached revisions.

Thank you,

Kerry

From: Dave Miner [mailto:dminer@co.okaloosa.fl.us]

Sent: Monday, November 21, 2016 10:52 AM

**To:** Charles Powell; Zan Fedorak **Cc:** Stephanie Herrick; Parsons, Kerry

Subject: Hangar Amendments

### Charles:

Attached are the first eight hangar amendments for coordination with the new wording for care of leased premises which was approved by the Board on November 15<sup>th</sup>. You will receive the originals in distro today.

Thank you.

Dave

David E. Miner Properties and Leases Okaloosa County Airports (850) 651-7160 Ext. 4 www.flyvps.com

"Please note: Due to Florida's very broad public records laws, most written communication to or from County employees regarding County business are public records, available to the public upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure."

### **Dave Miner**

From:

Krystal King

Sent:

Wednesday, May 24, 2017 2:24 PM

To: Subject:

Dave Miner RE: Chapter 108

The COI meets the contract requirements.

Thanks,

#### Krystal King

Okaloosa County Risk Management (850)689-5977 Fax (850)689-5973

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records available to the public and media upon request. Therefore, this written email communication including your email address, may be subject to public disclosure.

From: Dave Miner

Sent: Tuesday, May 23, 2017 3:35 PM

To: Krystal King <kking@co.okaloosa.fl.us>; Laura Porter <lporter@co.okaloosa.fl.us>

Subject: Chapter 108

#### Krystal:

Please review the attached COI for Chapter 108 (L88-0028-AP) and let us know if the COIs complies with requirements.

Thank you.

Dave

David E. Miner Properties and Leases Okaloosa County Airports (850) 651-7160 Ext. 4 www.flyvps.com

### Contract# L88-0028-AP CHAPT 108 HANGAR MATES BSAP LOT 2/BLOCK 2 EXPIRES: 05/04/2028

AMENDMENT ONE TO LEASE FOR HANGAR SPACE AMENDMENT L88-0028-AP CHAPTER 108, HANGAR MATES OF EXPERIMENTAL AIRCRAFT ASSOCIATION HANGAR LEASE ATTHE BOB SIKES AIRPORT

This First Amendment made and entered into this <u>21<sup>st</sup></u> day of <u>June</u>, <u>2016</u> 2017, hereby approves this First Amendment for lease L88-0028-AP by Chapter 108 Hangar Mates of Experimental Aircraft Association ("Lessee"), and Okaloosa County, Florida through its Board of County Commissioners (hereinafter the "County").

#### WITNESSETH:

**WHEREAS,** on June 20, 2008, Lessee entered into a Lease Agreement, L88-0028-AP with the County for Hanger Space at the Bob Sikes Airport with a current expiration date of May 4, 2028 (hereinafter the "Lease"); and

**WHEREAS,** the new language for storage of items in the hangar was approved by the Board of County Commissioners in open session on November 15, 2016; and

**WHEREAS,** Section 11 of the Lease, titled "Care of Leased Premises" will be changed to correspond to the new language which was approved by the Board.

**NOW THEREFORE,** in consideration of the mutual covenants herein and other good and valuable consideration, the executing parties consent to and agree as follows:

1. Section 11 titled "Care of Leased Premises" of L88-0028-AP is hereby replaced in its entirety with the following provision:

Lessee shall keep said hangar and premises neat, clean, and orderly at all times. Hangars located on airport property shall be used for aeronautical purposes. Lessee is permitted to store non-aeronautical items in the hangars provided the items do not interfere with the aeronautical use of the hangar and or impede the movement or access of the aircraft or other aeronautical contents of the hangar. All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

2. All other provisions of the Lease Agreement shall remain in full force and effect through the duration of the Lease term.

(The remainder of this page intentionally left blank)

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the day and year first written.

OKALOOSA COUNTY, FLORIDA

Carolyn N. Ketchel, Chairman

Date: 2 June 2017

ATTEST:

J.D. Pegcock II, Clerk

LESSEE

Kevin Cocozzoli

President

Chapter 108 Hangar Mates of Experimental

Aircraft Association

Date: 9 bac 2016

ATTEST:

Witness

Witness

## **ACKNOWLEDGMENTS**

	(-1 . 1	
STATE OF	Horada	
COUNTY OF	Okaloosa	

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared KEVIN COCOZZOLI who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this \_

VICTORIA O FARACI Notary Public - State of Florida My Comm. Expires Aug 16, 2017 My Commission Expires: Commission # FF 029532



\*\*\*THIS CERTIFICATE REPLACES CERTIFICATE DATED 8/18/2016\*\*\*

DATE ISSUED

2/13/2017

NAMED INSURED

108 HANGARMATES, INC. AND ITS INDIVIDUAL EXECUTIVE OFFICERS AND SHAREHOLDERS

ADDRESS OF INSURED

622 GOLF COURSE DRIVE

FT. WALTON BEACH, FL 32547

INSURANCE COMPANY

HALLMARK INSURANCE COMPANY

POLICY NUMBER

AP99-07284-06

POLICY EFFECTIVE DATE 8/22/2016

AIRPORT DESCRIPTION

**BOB SIKES AIRPORT, CRESTVIEW, FLORIDA** 

## Coverage Summary

TOTAL POLICY COVERAGE LIMIT

POLICY EXPIRATION DATE 8/22/2017

LIMIT OF COVERAGE

\$1,000,000 Each Occurrence

**BODILY INJURY AND PROPERTY DAMAGE COVERAGE** Hazard Division 1. Airport Operations

\$1,000,000 Each Occurrence \$1,000,000 Each Occurrence

\$1,000,000 Each Person

This Certificate is issued to the following Certificate Holder:

Name

LΖ

Address

**OKALOOSA COUNTY** 

5749 A OLD BETHEL ROAD CRESTVIEW, FL 32536

Coverage under the following Coverage and Hazard Divisions is extended to include the named Certificate Holder as an insured subject to all of the applicable policy terms, conditions and provisions applicable to such coverage.

Coverage A. Hazard Division 1. Airport Operations

Notice of cancellation of the policy will be provided to the Certificate Holder in accordance with the terms and provisions of the policy.

THIS CERTIFICATE OF INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE INSURANCE POLICY REFERENCED ABOVE.

> AEROSPACE INSURANCE MANAGERS, INC. Aviation Managers

> > AP2014 (01/10)

13727 Noel Road, Suite 1000 | Dallas, Texas 75240 | Tel 972.852.1200 888.880.1289 Fax 972.852.1212 | aerospaceim.com 221 East Glenoaks Boulevard, Suite 150 | Glendale, California 91207 | Tel. 818.547.1400 Fax 818.547.3800 | West Coast Office





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2017

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

F	REPRESENTATIVE OR PRODUCER, A	T DN	HE C	ERTIFICATE HOLDER.				SSUMU INSURER(S), AL		
	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject t his certificate does not confer rights to							AL INSURED provisions quire an endorsement. A	or be	endorsed. ment on
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	Legacy Insurance of North	wes	t Flo	rida LLC	PHONE (A/C, No	(850)	682-2519		(DEO)C	
	301 N. Ferdon Blvd.				E-MAIL ADDRE	Ext): (000)		FAX (A/G, No):	(850)6	89-3375
	Crestview, FL 32536				ADDRE			urancenwf.com		
	License #: A018115							RDING COVERAGE		NAIC#
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108 HANGARMATES INC					INSURER C:					
	622 GOLF COURSE DR				INSURER D:					
	FORT WALTON BEACH	I, FI	. 32	547	INSURE	ŖE:				
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	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
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	ANY OROPRIETOR/PARTNER/EVECUTIVE	N/A			Ī			E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					,		E.L. DISEASE - EA EMPLOYEE	\$	
	if yes, describe under DESCRIPTION OF OPERATIONS below						<u> </u>	E.L. DISEASE - POLICY LIMIT	\$	
A	BUILDING COVERAGE			77MCW5837		03/13/2017	03/13/2018	Building		150,000
DE PR	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE PROTITION OF OPERATIONS / LOCATIONS / VEHICLE PROTITION OF OPERATIONS / LOCATIONS / VEHICLE PROTITION OF OPERATIONS / VEHICLE PROTITION OF OPERATIONS / VEHICLE PROTITION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATIONS / LOCATIONS / VEHICLE PROTITION OF OPERATIONS / LOCATIONS / VEHICLE PROTITION OF OPERATIONS / LOCATIONS / VEHICLE PROTITION OF OPERATIONS / LOCATIONS / VEHICLE PROTITION OF OPERATIONS / LOCATIONS / VEHICLE PROTITION OF OPERATIONS / LOCATIONS / VEHICLE PROTITION OF OPERATIONS / VEHICLE PROTITION OF OPERATIONS / VEHICLE PROTITION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OP	S LO	OSS O/HA	PAYEE			e space is requin	ed)		
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	•							ESCRIBED POLICIES BE CA		

**OKALOOSA COUNTY 5749 A OLD BETHEL ROAD CRESTVIEW, FL 32536** 

ACCORDANCE WITH THE POLICY PROVISIONS.

(SDM)

The ACORD name and logo are registered marks of ACORD



DATE ISSUED

8/17/2015

NAMED INSURED

108 HANGARMATES, INC. AND ITS INDIVIDUAL EXECUTIVE OFFICERS AND SHAREHOLDERS

ADDRESS OF INSURED

622 GOLF COURSE DRIVE FT. WALTON BEACH, FL 32547

INSURANCE COMPANY

HALLMARK INSURANCE COMPANY

POLICY NUMBER

AP99-07284-05

POLICY EFFECTIVE DATE 8/22/2015
POLICY EXPIRATION DATE 8/22/2016

AIRPORT DESCRIPTION

BOB SIKES AIRPORT, CRESTVIEW, FLORIDA

## **Coverage Summary**

TOTAL POLICY COVERAGE LIMIT

\$1,000,000 Each Occurrence

A. BODILY INJURY AND PROPERTY DAMAGE COVERAGE Hazard Division 1. Airport Operations \$1,000,000 Each Occurrence \$1,000,000 Each Occurrence \$1,000,000 Each Person

This Certificate is issued to the following Certificate Holder:

Name

Address

**OKALOOSA COUNTY** 

602C N. PEARL STREET CRESTVIEW, FL 32536

Coverage under the following Coverage and Hazard Divisions is extended to include the named Certificate Holder as an insured subject to all of the applicable policy terms, conditions and provisions applicable to such coverage.

Coverage A. Hazard Division 1. Airport Operations

Notice of cancellation of the policy will be provided to the Certificate Holder in accordance with the terms and provisions of the policy.

THIS CERTIFICATE OF INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE INSURANCE POLICY REFERENCED ABOVE.

AEROSPACE INSURANCE MANAGERS, INC.

LZ

AP2014 (01/10)

15280 Addison Road Suite 250 | Addison, Texas 75001 | Tel 972.852.1200 888.880.1289 Fax 972.852.1212 | aerospaceim.com 221 East Glenoaks Boulevard, Suite 150 | Glendale, California 91207 | Tel. 818.547.1400 Fax 818.547.3800 | West Coast Office

L 38-0028-AP



DATE ISSUED

8/8/2013

NAMED INSURED

108 HANGARMATES, INC. AND ITS INDIVIDUAL **EXECUTIVE OFFICERS AND SHAREHOLDERS** 

ADDRESS OF INSURED

**622 GOLF COURSE DRIVE** 

BODILY INJURY AND PROPERTY DAMAGE COVERAGE

FT. WALTON BEACH, FL 32547

INSURANCE COMPANY

HALLMARK INSURANCE COMPANY

**POLICY NUMBER** 

AP99-07284-03

POLICY EFFECTIVE DATE 8/22/2013 POLICY EXPIRATION DATE 8/22/2014

AIRPORT DESCRIPTION BOB SIKES AIRPORT, CRESTVIEW, FLORIDA

### Coverage Summary

TOTAL POLICY COVERAGE LIMIT

LIMIT OF COVERAGE

\$1,000,000 Each Occurrence

\$1,000,000 Each Occurrence

\$1,000,000 Each Occurrence

\$1,000,000 Each Person

This Certificate is issued to the following Certificate Holder:

Hazard Division 1. Airport Operations

Address

**OKALOOSA COUNTY** 

602C N. PEARL STREET CRESTVIEW, FL 32536

Coverage under the following Coverage and Hazard Divisions is extended to include the named Certificate Holder as an insured subject to all of the applicable policy terms, conditions and provisions applicable to such coverage.

Coverage A. Hazard Division 1. Airport Operations

Notice of cancellation of the policy will be provided to the Certificate Holder in accordance with the terms and provisions of the policy.

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AEROSPACE INSURANCE MANAGERS, INC.

AP2014 (01/10)

15280 Addison Road Suite 250 | Addison, Texas 75001 | Tel 972.852.1200 888.880.1289 Fax 972.852.1212 | aerospaceim.com 221 East Glenoaks Boulevard, Suite 150 | Glendale, California 91207 | Tel. 818.547.1400 Fax 818.547.3800 | West Coast Office

L- 0028



DATE ISSUED

8/13/2014

NAMED INSURED

108 HANGARMATES, INC. AND ITS INDIVIDUAL **EXECUTIVE OFFICERS AND SHAREHOLDERS** 

ADDRESS OF INSURED

**622 GOLF COURSE DRIVE** 

FT. WALTON BEACH, FL 32547

INSURANCE COMPANY

HALLMARK INSURANCE COMPANY

POLICY NUMBER

AP99-07284-04

POLICY EFFECTIVE DATE 8/22/2014 POLICY EXPIRATION DATE 8/22/2015

AIRPORT DESCRIPTION BOB SIKES AIRPORT, CRESTVIEW, FLORIDA

#### Coverage Summary

TOTAL POLICY COVERAGE LIMIT

LIMIT OF COVERAGE \$1,000,000 Each Occurrence

BODILY INJURY AND PROPERTY DAMAGE COVERAGE

Hazard Division 1. Airport Operations

\$1,000,000 Each Occurrence \$1,000,000 Each Occurrence

\$1,000,000 Each Person

This Certificate is issued to the following Certificate Holder:

Address

**OKALOOSA COUNTY** 

602C N. PEARL STREET CRESTVIEW, FL 32536

Coverage under the following Coverage and Hazard Divisions is extended to include the named Certificate Holder as an insured subject to all of the applicable policy terms, conditions and provisions applicable to such coverage.

Coverage A. Hazard Division 1. Airport Operations

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AEROSPACE INSURANCE MANAGERS, INC.

15280 Addison Road Suite 250 | Addison, Texas 75001 | Tel 972.852.1200 888.880.1289 Fax 972.852.1212 | aerospaceim.com 221 East Glenoaks Boulevard, Suite 150 | Glendale, California 91207 | Tel. 818.547.1400 Fax 818.547.3800 | West Coast Office



## LEASE FOR HANGAR SPACE RENEWAL

## **BETWEEN**

# BOARD OF COUNTY COMMISSIONERS OKALOOSA COUNTY, FLORIDA

### **AND**

CHAPTER 108, HANGAR MATES OF EXPERIMENTAL AIRCRAFT ASSOCIATION

#### WITNESSETH:

COUNTY hereby lets to LESSEE and LESSEE hereby hires and takes from COUNTY at the Bob Sikes Airport in the County of Okaloosa, State of Florida (hereinafter referred to as "AIRPORT"), that certain location designated as Block 2 Lot 2 as shown on file in the office of the Airports Director, which is hereby incorporated herein by reference, and COUNTY hereby gives to LESSEE permission to occupy and maintain one (1) hangar for the storage of Experimental Aircraft Association Chapter 108 Hangar Mates aircraft in noncommercial activities at the aforesaid location. Additional aircraft may be stored in the hangar with proper notice to the COUNTY provided that proof of required insurance coverage is provided to the COUNTY.

This Lease for Hangar Space (hereinafter called "LEASE") is subject to the following terms, covenants, conditions, and agreements to be kept, performed, and observed by the LESSEE.

## **SECTION 1: TERM**

This LEASE shall be for a term of TWENTY (20) years and shall take effect on the 4th day of May, 2008 and end on the 4th day of May 2028.

## **SECTION 2: AIRCRAFT OWNERSHIP**

LESSEE shall provide written confirmation to the COUNTY of proof of ownership of individually-owned/corporate-owned aircraft to be stored pursuant to this LEASE. In the

1

L88-0028-AP40-16 LESSEE: CHAPT 108, HANGER MATES BSAP LOT 2/BLOCK 2 EXPIRES: 5/4/2028 event LESSEE's aircraft is sold, LESSEE shall have one year to replace said aircraft; otherwise this lease shall be voided at the COUNTY's discretion.

## **SECTION 3: IMPROVEMENTS TO COUNTY**

Any and all improvements hereafter installed, erected, or placed within the Leased Premises, including alterations and repairs shall become, upon the termination of this LEASE for any cause, the absolute and sole property of COUNTY and shall not be removed from the Leased Premises. If on termination of this LEASE, LESSEE is not in default, LESSEE shall have the right to remove from the Leased Premises any equipment or trade fixtures that can be removed without damage to the Leased Premises (and if any damage does occur on any such removal, LESSEE shall promptly repair the same).

## **SECTION 4: CONSTRUCTION OF HANGAR**

If a new hangar is to be constructed under this lease said hangar must be constructed within ONE (1) year of execution of this LEASE. Failure to comply with this requirement may result in automatic termination of this LEASE without prior written notice by COUNTY. LESSEE shall furnish ONE (1) set of building drawings to COUNTY upon completion of hangar.

## SECTION 5: BUILDING, ALTERATIONS, AND PERMITS

LESSEE shall at its expense apply for and obtain any and all building, construction, or other permits and licenses to build, repair, or maintain the improvements contemplated by this LEASE. COUNTY makes no representations or warranty relative to the availability of such licenses or permits, and LESSEE assumes full responsibility for securing same. No construction, modification, or alterations of improvements to include antennas or other devices are permitted without prior written approval by COUNTY.

## **SECTION 6: RENTALS**

### a. GROUND LEASE:

LESSEE shall pay to the COUNTY for the privileges herein granted per year for a total annual cost of <u>ONE DOLLAR</u> (\$1.00) plus tax. In the event that said hangar ceases to be utilized by LESSEE for storage of Experimental Aircraft Association Chapter 108 Hangar Mates aircraft, LESSEE shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted every year in accordance with Section 7. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to the Airports Director, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1498. The lease includes FIVE THOUSAND NINE HUNDRED SIX (5,906) square feet at <u>FIFTY</u> (\$.50) cents per square foot per year for a total annual cost of <u>TWO THOUSAND NINE HUNDRED FIFTY THREE DOLLARS</u> (\$2,953.00) plus tax.

## b. PAYMENT EFFECTIVE DATE:

LESSEE shall deliver to the Airports Director plans and specifications required by the COUNTY for building permit approval no later than 90 days from the effective date specified in Section 1 above. Payment on this lease shall begin the first day of the month following approval by the COUNTY of said plans and specifications.

## c. LATE CHARGES:

If LESSEE fails to pay within THIRTY (30) days of date of billing of invoices by COUNTY for applicable rents and charges as herein described, LESSEE shall then pay interest to the COUNTY at the maximum legal allowable rate authorized by the State of Florida. If any rental fee or other charge remains delinquent for a period of sixty days, LESSOR shall have the option to terminate this Agreement.

## SECTION 7: ESCALATION CLAUSE:

The ground lease shall be increased annually to reflect the increase in the Consumer Price Index ("CPI") from the date of the original execution hereof by both parties. The "CPI" shall be the revised Consumer Price Index for All Urban Consumers for all items - U. S. City Average, published by the Bureau of Labor Statistics, U. S. Department of Labor, 1982-84 = 100 (CPI-U).

## **SECTION 8: UTILITIES**

COUNTY does not assume any responsibility in providing utilities to the Leased Premises. LESSEE will pay all utility charges and costs of installation.

### **SECTION 9: RIGHTS OF LESSOR**

- a. It is understood and agreed that COUNTY may, in connection with the future development of said AIRPORT, require the space hereinabove for permanent buildings and/or other development. In such case, COUNTY shall give written notice to LESSEE. After THIRTY (30) days from said written notice, COUNTY shall have the right at COUNTY's expense, to remove said hangar and erect it at said AIRPORT as designated in writing by COUNTY, provided that said new location is reasonably, feasibility, accessible to the taxiways and runways.
- b. COUNTY reserves itself, its successors, and assigns for the use and benefits of the public, a right of flight for the passage of aircraft in the airspace above the surface of the real property hereinafter described together with the right to cause in said airspace such noises as may be inherent in the operations of aircraft, now known or hereafter used for navigation of or flight in the said airspace, and for use of said airspace for landing on, taking off from, or operating on the AIRPORT.

- c. LESSEE expressly agrees for itself, its successors, and assigns to prevent any use of the hereinafter-described real property, which would interfere with or adversely affect the operation or maintenance of the AIRPORT, or otherwise constitute an airport hazard.
- d. LESSEE expressly agrees for itself, its successors, and assigns, to restrict the height of structures, objects, of natural growth, and other obstructions on the hereinafter described real property to such height so as to comply with the Federal Aviation Regulations, Part 77.

## SECTION 10: COMPLIANCE WITH GOVERNMENTAL PROCEDURES

LESSEE shall conform to all the requirements of applicable State and Federal statutes and regulations and all County Ordinances and regulations, and shall secure such permits and licenses as may be duly required by any such laws, ordinances, or regulations as may be promulgated by COUNTY. In addition, Lessee shall comply with all policies, rules, regulations, or ordinances of the County, which are currently, or may be hereinafter adopted relating to County owned airport facilities.

## **SECTION 11: CARE OF LEASED PREMISES**

LESSEE shall keep said hangar and premises neat, clean, and orderly at all times. LESSEE shall not store anything on the premises other than those items specifically required to maintain the owner's aircraft in accordance with Federal Aviation Regulations (FAR's). All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

## **SECTION 12: MAINTENANCE IN LEASED PREMISES**

LESSEE shall insure that all aircraft maintenance performed in the leased premises is in accordance with Federal Aviation Regulations (FAR's).

## **SECTION 13: TAXES**

LESSEE shall pay all taxes or other governmental charges of any nature or kind which may be imposed on rental or lease payments or assessed upon the hangar or improvements and upon any aircraft or other property kept therein promptly when due.

### SECTION 14: ASSIGNMENT AND SUBLEASE

All subsequent transfers and assignments of any interest, including mortgages thereon, require written approval in advance by COUNTY and payment of an Approval Fee of ONE THOUSAND (\$1,000.00) dollars. During the initial 20 year term a new lease fee will be established upon assignment or transfer based on an independent appraisal conducted at the direction of the COUNTY. LESSEE shall have thirty (30) days from the

furnishing of the copy of the appraisal to exercise a right of transfer or assign. Otherwise, the transfer or assignment shall not be approved and the ONE THOUSAND (\$1,000.00) DOLLAR approval fee shall be refunded. Following the initial 20 year term, rent will be based on the ground values by an independent appraisal.

Except as hereinabove set out, the Leased Premises may not be sublet, in whole or in part, and LESSEE shall not assign this LEASE or any portion of this LEASE at any given time without prior written consent of COUNTY.

## **SECTION 15: INSPECTION ON ASSIGNMENT**

LESSEE agrees that upon assignment of this Lease by LESSEE, LESSOR shall have the right to inspect the leased premises and require that the hangar and property be repaired or restored to the condition that it existed upon execution hereof.

## SECTION 16: RISK OF LOSS OR DAMAGE TO HANGAR

LESSEE assumes the risk of loss or damage to the hangar and its contents, whether from windstorm, fire, earthquake, or any other causes whatsoever.

## SECTION 17: RIGHTS OF ENTRY RESERVED

COUNTY has the right to inspect the Leased Premises at any time upon reasonable notice.

## **SECTION 18: INSURANCE**

### a. LIABILITY:

LESSEE agrees that LESSEE, shall, during the entire term or any extension of this LEASE, keep in full force and effect, a policy or policies of aircraft liability and public liability insurance with respect to the Leased Premises. The limits of aircraft liability and public liability shall not be less than <u>ONE MILLION (\$1,000,000.00)</u> dollars Combined Single Limit (CSL) each. The COUNTY reserves the right to increase the minimal aircraft liability and public liability insurance requirements as circumstances may warrant.

### b. PROPERTY:

The damage, destruction, or partial destruction of any permanent building or other improvement which is part of the Leased Premises shall not release LESSEE from any obligations hereunder nor shall it cause a rebate or an abatement in rent then due or thereafter becoming due under the terms hereof. In case of damage to or destruction of any such building or improvement, LESSEE shall at its own expense, promptly repair and restore the property to a condition as good or better than that existed prior to the damage or destruction.

For purposes of assuring compliance with the foregoing, LESSEE agrees to maintain property insurance on any permanent building or improvement constructed on the

Leased Premises in an amount not less than full replacement value of such building and its improvements and agrees that the proceeds from such insurance shall be used promptly by LESSEE to satisfy LESSEE's repair and replacement obligation under this paragraph.

Okaloosa County shall be listed as a loss payee on all property insurance policies.

c. All aircraft liability and public liability coverage shall be endorsed to include Okaloosa County as Additional Insured. In addition, all insurance policies shall contain a clause that the insurer will not cancel or change the insurance without first giving the COUNTY thirty (30) days prior written notice. Prior to occupying the Leased Premises and annually upon renewal, LESSEE shall furnish COUNTY a Certificate of Insurance evidencing all required insurance. The Certificate(s) of Insurance shall be delivered to the Contracts and Lease Coordinator, 602-C N. Pearl Street, Crestview, FL 32536. On request, LESSEE shall deliver an exact copy of the policy or policies including all endorsements.

## **SECTION 19: NOTICES**

Any and all notices to be given under this LEASE may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the AIRPORT DIRECTOR is as follows: Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida 32542-1413. The address of the LESSEE is: Chapter 108, Hangar Mates of Experimental Aircraft Association, William Tuttle, 45 Werk Lake Court, Niceville, FL 32578.

## **SECTION 20: HOLD HARMLESS**

To the fullest extent permitted by law, LESSEE shall indemnify hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional, wrongful conduct of the LESSEE and other persons employed or utilized by the LESSEE in the performance of this lease.

## **SECTION 21: BINDING NATURE OF LEASE**

This LEASE shall be binding on the assigns, transfers, heirs, executors, successors, and trustees of the parties hereto.

## **SECTION 22: PROHIBITED ACTIVITY**

LESSEE shall not commit or suffer to be committed on said premises, any waste, nuisance, or unlawful act.

## SECTION 23: COMMERCIAL ACTIVITY PROHIBITED

No commercial activity of any nature or kind is allowed on the Leased Premises.

## SECTION 24: RESTRICTIONS ON MECHANIC'S LIENS

Nothing in this lease shall be deemed or construed in any way as constituting the consent or request of COUNTY, express or implied, by inference or otherwise, to any contractor, sub-contractor, laborer, or materialman for the performance of any labor or the furnishing of any materials for any specific improvement, alteration to, or repair of the demised premises or any part thereof, nor as giving LESSEE and right, power, or authority to contract for or permit the rendering of any services or the furnishing of any materials that would give rise to the filing of any lien against the demised premises or any part thereof. Such liens are hereby strictly prohibited

## **SECTION 25: TERMINATION BY LESSOR**

If LESSEE breaches or violates any of the terms and provisions hereof, COUNTY shall have the right to terminate this LEASE forthwith by giving written notice to LESSEE, and if not corrected within THIRTY (30) days, this LEASE would be terminated and in such event of termination, the improvements thereon would become the property of COUNTY.

## **SECTION 26: NON-DISCRIMINATION**

LESSEE, for its self, its personal representatives, successors, in interest, and assigns, as part of the consideration hereof, does hereby covenant and agree that (1) no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land and the furnishing of services thereon, no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, and (3) that LESSEE shall use the premises in compliance with all other requirements imposed by or pursuant to Title 49, Code of Federal Regulation, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally assisted programs of the Department of Transportation Effectuation of Title VI of the Civil Rights Act of 1964, and as said regulations may be amended.

That in the event of breach of any of the above nondiscrimination covenants, COUNTY shall have the right to terminate the LEASE and to reenter and repossess said land and the facilities thereon, and hold the same as if said LEASE had never been made or issued.

This provision shall not be effective until the procedures of Title 49, Code of Federal Regulations, Part 21, are followed and completed, including exercise or expiration of appeal rights.

## **SECTION 27: PLACE OF PAYMENTS**

All payments and notices to COUNTY shall be given or mailed to the following address:

AIRPORTS DIRECTOR	
OKALOOSA COUNTY AIRPORTS	_
1701 HIGHWAY 85 NORTH	_
EGLIN AFB, FLORIDA 32542-1498	_

## SECTION 28: CONSTRUCTION AND APPLICATION OF TERMS

The section and paragraph headings in this LEASE are inserted only as a matter of convenience and for reference, and in no way define, limit, or describe the scope or intent of any portion hereof. The parties have participated jointly in the negotiation and drafting of this Lease. In the event an ambiguity or question of intent or interpretation arises, this Lease shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provisions of this Lease. Both parties have had an opportunity to have their respective legal counselors review this Lease.

## **SECTION 29: LEGAL DESCRIPTION**

Block 2 Lot 2: A portion of the Southwest ¼ of the Northwest ¼ of Section 11, Township 3 North, Range 23, West of Tallahassee Meridian, Okaloosa County, Florida, described as follows: Commence at the Southwest corner of said section 11 marked by a 5/8" iron rod; Thence N.01°50'10"E. along the West line of Section 11 for a distance of 2645.23 feet to a 4" concrete monument marking the Southwest corner of the Northwest ¼ of said Section 11; Thence departing said West line proceed S.88°54'57"E. along the South line of said Northwest ¼ for a distance of 776.56 feet to a ½" iron rod with cap LB #7350; Thence N07°51'14"W. along the Westerly edge of paved taxi lane "A" for a distance of 434.54 feet marked by a nail & disk in pavement LB #7350; Thence S.82°08'46"W. for a distance of 97.70 feet to a capped ½" iron rod LB #7350; Thence N.07°51'14"W. for a distance of 97.70 feet to a capped ½" iron rod LB #7350; Thence N.82°08'46"E. for a distance of 97.70 feet to a capped ½" iron rod LB #7350; Thence S.07°51'14"E. for a distance of 60.45 feet to the Point of Beginning. Parcel described contains 5906 square feet or 0.14 acres.

## SECTION 30: ENTIRE LEASE

This LEASE consists of the following: Sections 1 to 30. It constitutes the entire LEASE of the parties on the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE.

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

BOARD OF COUNTY COMMISSIONERS OKALOOSA COUNTY, FLORIDA

JAMES CAMPBELL SEAL CHAIRMAN

ATTEST:

GARY J. STANFORD

DEPUTY CLERK OF CIRCUIT CORT OKALOOSA COUNTY, FLORIDA

CHAPTER 108, HANGAR MATES EXPERIMENTAL AIRCRAFT ASSOC.

**WILLIAM TUTTLE** 

WITNESS

## **ACKNOWLEDGMENTS**

## STATE OF FLORIDA COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared WILLIAM TUTTLE who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

My Commission expires:

A/C Owner	Phone	Cell#	E-Mail	Address	Bus Address	AC ID Number		A/C Make	
Bill Britt						No Aircraft	No Aircraft		
Charles C. Nunnery	(850) 862-2673	No Cell	joycen@cybertron.com	313 Vaughan Street FWB, FL 32548	Retired, USAF	20284	N91CN	Vans RV-6	Single
Ernest W. Tuttle II	(850) 729-3967	(850) 303-3967	retiredo4@cox.net	45 Werk Lake Court Niceville, FL 32578	625 Highway 98 Destin, FL 325	14	N2188Q	Kestrel Hawk	Single
James F. Jansa	(850) 862-6806	(850) 582-2666	jjansa@cybertron.com	2 Rue Del Le Roi FWB, FL 32547	Retired, USAF	1236	N30WP	Long Eze	Single
Kevin A. Cocozolli	(850) 683-0474	(850) 585-7584	kmcoco@hughes.net	4273 Latham Road Crestview, FL 32539	Retired, USAF	3335	N135RC	GlasAir III	Single
Monte G. McLean	(850) 862-4834	(850) 830-5000	montemac@cox.net	P.O. Box 8151 FWB, FL 32548	670 Nautilus Court #104 FWB, FL 32548	SH2F	N92PM	GlasAir	Single
Monte G. McLean	(850) 862-4835	(850) 830-5001	montemac@cox.net	P.O. Box 8151 FWB, FL 32549	670 Nautilus Court #104 FWB, FL 32548	SH3R	N333AW	GlasAir III	Single
Robert Sutherland	(850) 862-6191	(850) 974-9039	suds4@cox.net	622 Golf Course FWB, FL 32548	91 Hill Ave FWB.FL 32548	JS004	N202MS	Cavalier	Single

# Southwest Aviation Insurance Group

Scottsdale Municipal Airport, 14415 N. 73rd Street, Suite 115, Scottsdale, Arizona 85260 (800) 324-6787, (480) 483-7844, (480) 483-8299 Fax

## RENEWAL SUMMARY OF AIRPORT INSURANCE COVERAGES

**Todays Date:** 6/20/2007

Insured:

108 Hangarmates, Inc., Attn Robert D. Sutherland

Address:

622 Golf Course Dr.

Ft. Walton Beach, FL 32547

Policy number UA00150215-01 issued to you by US Specialty Insurance Company is due to **expire on 08-22-07**. Below is a summary of the terms of renewal that the company has offered. To avoid a lapse in coverage please sign, date and return one copy of this form along with a check in the amount of \$2,000.00 prior to 08-22-07. If there is a premium finance agreement enclosed, that will also need to be signed and returned.

COVERAGES			PREMIUM
AIRPORT PREMISES LIABILITY:	\$1,000,000	COMBINED SINGLE LIMIT	\$2,000.00
PREMISES MEDICAL PAYMENTS:	Offered/Declined	EACH PERSON	
	\$0	EACH OCCURRENCE	\$0.00
AVIATION PRODUCTS AND			
COMPLETED OPERATIONS:	Offered/Declined	COMBINED SINGLE LIMIT	
	\$0	BODILY INJURY LIMIT	
	\$0	AGGREGATE LIMIT	\$0.00
HANGARKEEPERS LIABILITY:	Offered/Declined	EACH AIRCRAFT	
	\$0	EACH ACCIDENT	
	\$0	DEDUCTIBLE	\$0.00
ENDORSEMENT(S):			

TOTAL ANNUAL PREMIUM:

\$2,000.00

**ADDITIONAL INSURED:** Okaloosa County, It's Officers, Agents & Employees Okaloosa Air Terminal, Eglin AFB, FL 32542;

I authorize Southwest Aviation Insurance Group to renew my policy as presented.

Signature of Insured

Date

Premiums are payable to Southwest Aviation Insurance Group, Scottsdale, AZ.

Keen for your records

# BOARD OF COUNTY COMMISSIONERS AGENDA REQUEST

DATE: Ju

June 17, 2008

TO:

Honorable Chairman & Members of the Board

FROM:

Greg Donovan, Airports Director

SUBJECT:

Hangar Lease Renewal

**DISTRICT**:

All

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**REQUESTING DEPT:** Airports

<u>STATEMENT OF ISSUE:</u> Hangar Lease Renewal for Chapter 108, Hangarmates of Experimental Aircraft Association, Block 2 Lot 2, at the Bob Sikes Airport is being presented to the Board of County Commissioners for approval.

BACKGROUND: Chapter 108 Hangarmates, Experimental Aircraft Association previously entered in a hangar lease agreement dated May 3, 1998 for Block 2 Lot 2. Airport staff and Mr. Bill Tuttle, President Chapter 108 Hangarmates, met to discuss their civic contribution in promoting aviation, educational endeavors, and their wishes to exercise a twenty year renewal option identified under Section 1. The renewal has been updated in accordance with current generic hangar lease language. The certificate of insurance is attached along with the Contract and Lease Internal Coordination Sheet.

**OPTIONS:** 

Approve, Reject or Table

**RECOMMENDATION:** 

Staff recommends the Board approve this hangar lease renewal.

RECOMMENDED BY:

Airports Director

APPROVED BY:

ounty Administrator