



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2023

9/27/2022

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 Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: PHONE (A/C, No, Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: National Union Fire Ins Co Pitts. PA			19445
INSURER B: Federal Insurance Company			20281
INSURER C: *** SEE ATTACHMENT ***			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 17483483 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	AL 1722387	6/29/2022	6/29/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	N	79866408	6/29/2022	6/29/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	"See Attached"	6/29/2022	6/29/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 Okaloosa County Board of County Commissioners is included as additional insured on a Primary and Non-contributory basis if required by written contract with respect to Automobile Liability and Umbrella Liability per the terms and conditions of the policy. A 30-day notice of cancellation is included if required by written contract with respect to Umbrella Liability, Automobile Liability, and Workers' Compensation per the terms and conditions of the policy.

CERTIFICATE HOLDER 17483483 Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin AFB FL 32542	CA	CONTRACT#: L21-0492-AP VERTEX AIRCRAFT INTERGRATION & SUSTAINMENT, LLC HANGAR SPACE AT 5465 JOHN GIVENS EXPIRES: 04/19/2023 W/4 (1) YR RENEWALS
	ST A	AUTHORIZED REPRESENTATIVE 

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Workers' Compensation and Employers' Liability

Insurer	Policy Number	Eff. Date	Exp. Date
AIU Insurance Co.	WC 013759818 (WI)	6/29/2022	6/29/2023
AIU Insurance Co.	WC 048425914 (CA)	6/29/2022	6/29/2023
AIU Insurance Company	WC 048425916 (AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, WA, WV, WY)	6/29/2022	6/29/2023



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/29/2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081		PHONE (A/C. No. Ext): (314) 432-0500	COMPANY NAME AND ADDRESS Zurich American Insurance Company		NAIC NO: 16535
FAX (A/C. No.): (314) 812-3299	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE Property		
AGENCY CUSTOMER ID #:	NAMED INSURED AND ADDRESS 1121039 Vertex Aerospace, LLC c/o Vertex Aerospace Services Corp. 555 Industrial Drive South Madison MS 39110		LOAN NUMBER	POLICY NUMBER PPR6944819-02	
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 6/29/2022	EXPIRATION DATE 6/29/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	DEDUCTIBLE
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$	600,000,000			DED: 100,000
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: Included X Actual Loss Sustained; # of months:
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X		
IS DOMESTIC TERRORISM EXCLUDED?			X		
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: Included DED: 100,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST		X			
AGREED VALUE			X		
COINSURANCE			X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: Included DED: 100,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: Included DED: 100,000
- Demolition Costs		X			If YES, LIMIT: Included DED: 100,000
- Incr. Cost of Construction		X			If YES, LIMIT: 25,000,000 DED: 100,000
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: SEE ADDENDUM DED: SEE ADDENDUM
FLOOD (If Applicable)		X			If YES, LIMIT: SEE ADDENDUM DED: SEE ADDENDUM
WIND / HAIL INCL. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 250,000,000 DED: SEE ADDENDUM
NAMED STORM INCL. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: SEE ADDENDUM DED: SEE ADDENDUM
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X			

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST		[D550788] [D545180]	
<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS 648938 Okaloosa County Board of County Commissioners 1701 State Road 85 N Eglin AFB FL 32542			AUTHORIZED REPRESENTATIVE

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE-Including Special Conditions (Use only if more space is required)

RE: Leased Hanger #5 at 5486 Fairchild Rd Crestview, Florida 32539. Okaloosa County Board of County Commissioners is included as Loss Payee if required by written contract per the terms and conditions of the Property policy.

Addendum

Limits:

Earth Movement:

\$50,000,000 annual aggregate, except:

- \$5,000,000 property located in high hazard earthquake zones
- \$10,000,000 property located in moderate hazard earthquake zones

Named Storm:

\$250,000,000 annual aggregate, except:

- \$50,000,000 for locations in high hazard named storm zones
- No coverage for locations in moderate hazard named storm zones

Flood:

\$50,000,000 annual aggregate, except:

- \$5,000,000 property located in high hazard flood zones
- \$10,000,000 property located in moderate hazard flood zones

Deductibles:

Earth Movement:

\$100,000 per occurrence, except:

- California and Japan, and other Global High Hazard Zones: 5% Property Damage and 5% Time Element of the applicable values, subject to a minimum of \$250,000 per occurrence
- New Madrid and Pacific Northwest Seismic Zone: 2% Property Damage and 2% Time Element of the applicable values, subject to a minimum of \$100,000 per occurrence

Flood:

\$100,000 per occurrence, except:

- High Hazard Flood Zones: \$1,000,000 per occurrence
- Moderate Hazard Flood Zones: \$500,000 per occurrence

Named Storm:

\$100,000 per occurrence, except:

- Critical Named Storm Areas: 5% Property Damage and 5% Time Element of the applicable values, subject to a minimum of \$250,000 per occurrence

Wind/Hail:

- 1% of the applicable values, subject to a minimum of \$100,000 per occurrence



CERTIFICATE OF LIABILITY INSURANCE

6/29/2023

DATE (MM/DD/YYYY)

6/24/2021

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PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED 1506806 Crestview Aerospace LLC c/o Vertex Aerospace Services Corp. 555 Industrial Drive South Madison MS 39110	INSURER A : *** SEE ATTACHMENT ***	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 16175006 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Aviation General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	As Attached	3/8/2022	6/29/2023	EACH OCCURRENCE \$ 500,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 25,000,000 GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ 500,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	HANGARKEEPERS LIABILITY	Y	N	As Attached	3/8/2022	6/29/2023	EACH AIRCRAFT: \$500,000,000 EACH OCCURENCE: \$500,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 To the extent required but solely with respect to the Agreement between the Named Insured & Certificate Holder, subject to policy terms, conditions, limitations & exclusions, the following shall apply: Okaloosa County Airports Authority is included as an Additional Insured but only as respects the operations of the Named Insured.
 If the policy is cancelled or there is a material change to the policy, a 30 day notice will be provided. 10 days notice will be provided in the event of non-payment of premium.
 Scheduled Aircraft: Boeing 747-200; MSN 21966

CERTIFICATE HOLDER 16175006 Okaloosa County 5479 A Old Bethel Rd Crestview FL 32536	CANCELLATION See Attachment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Named Insured completed:

VERTEX AEROSPACE SERVICES CORP and any parent, subsidiary, affiliated, associated or allied company, corporation, firm, organization and the Insured's interest in partnerships and joint ventures and any owned (wholly or partially) or controlled company(ies) where the Insured maintains an interest, as now or hereafter constituted or acquired

SECURITIES (the "Insurers")
For Policy Period: March 8, 2022 to June 29, 2023
on both dates at 12:01 A.M. Standard Time at the address of the Named Insured

<u>Insurer</u>	<u>Policy No.</u>
Starr Indemnity & Liability Co. through Starr Aviation Agency, Inc. 3353 Peachtree Rd. NE, Suite 1000 Atlanta, GA 30326-1437	1000189405-01
Allianz Global Corporate & Specialty 28 Liberty Street, 37th Floor New York, NY 10005-1453	A2PR001252022AM
Texas Insurance Company through Applied Risk Services, Inc. dba: Applied Underwriters Aviation P.O. Box 3804 Omaha, NE 68103	BAVQFPTMS011200_130055-01
Falls Lake National Insurance Company through Air Centurion Insurance Services, LLC 1332 Anacapa St, Suite 120 Santa Barbara, CA 93101-2090	ACQM-FL-00510-01
QBE Insurance Corporation through QBE North America Wall Street Plaza 88 Pine Street New York, NY 10005-1801	140000531
Underwriters at Lloyd's & various Insurance Companies (each for their own part and not one for the other)	AVNLS2202474