



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)  
04/20/2022

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 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 Halton Hall & Associates, Inc. PO Box 6275 Fort Worth, TX 76115	CONTACT NAME: Amanda McCraw			
	PHONE (A/C, No, Ext): 817-293-3530	FAX (A/C, No):		
	E-MAIL ADDRESS: amccraw@haltonhall.com			
	PRODUCER CUSTOMER ID #:			
INSURED  William B. Day 12344 White Oak Pt Conroe, TX 77304	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A : Great American Insurance Group			40045
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			

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.

POLICY INFORMATION				CERTIFICATE NUMBER:				REVISION NUMBER:						
POLICY TYPE				LINE OF BUSINESS SUBCODE										
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE
NON-OWNED	<input type="checkbox"/>					LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>			

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached			
YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER	
A	Socata	TBM 700		N5BR	
TERRITORY:					

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)	
A	AH E837198-00	04/13/2022	04/13/2023	Y		
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	<input checked="" type="checkbox"/>	ALL RISK GROUND & FLIGHT	\$ 1,100,000	IM/NIM	\$ 25,000	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	COMBINED SINGLE LIMIT	\$ 1,000,000	EA OCC EA PASS	\$ \$	EA PER AGGR
MEDICAL PAYMENTS		INCLUDING CREW EXCLUDING CREW	\$	EA PER		
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

**DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Certificate Holder is included as an Additional Insured, but only as respects operations of the Named Insured.  
 Lease Number: L08-0317-AP  
 Premises Liability is included.

<b>CERTIFICATE HOLDER</b>  Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin AFB, FL 32542-1498	<b>CONTRACT # L08-0317-AP</b> <b>WILLIAM B. DAY</b> <b>DAP LOT 3/ BLOCK 7</b> <b>EXPIRES: 05/17/2033</b>
	<b>AUTHORIZED REPRESENTATIVE</b> <i>F. Thomas Bradshaw, CPCU, CIC</i>