ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 04-18-23

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 CERTFICATE 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 NAME: | | | | | | | |
| MARKET FINDERS INSURANCE CORPORATION 9117 LEESGATE ROAD | PHONE (A/ C No. Ext): FAX (A/ C No.): | | | | | | | |
| LOUISVILLE, KY 40222 | EMAIL ADDRESS: | | | | | | | |
| 502.423.1800 | insurer(s) affording coverage | NAIC# | | | | | | |
| INSURED | INSURER A: LEXINGTON INSURANCE CO | | | | | | | |
| JASON SAPP | INSURER B: | | | | | | | |
| POBOX 856 | INSURER C: | | | | | | | |
| PARAGOULD, AR 72451 | INSURER D: | | | | | | | |
| | INSURER E; | | | | | | | |
| | INSURER F: | | | | | | | |

| | | | | INSURE | (F: | | | |
|-------------------------|---|-------------------------|-----------------------------|---|-----------------------------|-----------------------------|--|-----------------|
| CO | VERAGES CERT | FICAT | ENUM | BER: | | REVIS | ION NUMBER: | |
| THI NO MA | IS IS TO CERTIFY THAT THE POLICIES OF INSUF ITWITHSTANDING ANY REQUIREMENT, TERM OR C IY PERTAIN, THE INSURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN REDUCED BY PAID C | RANCE ONDIT POLIC | LISTEI ION OF CIES DE | D BELOW HAVE BEEN IS ANY CONTRACT OR OTH | IER DOCUMENT \ | NSURED NAME | O ABOVE FOR THE POLICY PE TO WHICH THIS CERTIFICATE M | AY BE ISSUED OR |
| INSR TYPES OF INSURANCE | | ADD'L INSRD | SUBR W/D | POLICY NUMBER | POLICY EFF (MM/ DD/ YYYY | POLICY EXP (MM/ DD/ YYYY | LIMITS | |
| A | COMMERCIAL GENERAL LIABILITY | X | | 41-LX-065044421-2 | 04/ 28/ 23 | 04/ 28/ 24 | EACH OCCURRENCE | \$ 1,000,000 |
| | CLAIMS-MADE OCCUR | ^ | | • | | | DAMAGE TO RENTED PREMISES (Ea occurance) | \$EXCLUDED |
| | <u> </u> | | | | | | MED EXP (ANY ONE PERSON) | \$ EXCLUDED |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | \$EXCLUDED |
| | POLICY PROJECT LOC | | | | | | GENERAL AGGREGATE | \$ 1,000,000 |
| | OTHER | | | | | | PRODUCTS-COMP/ OPO AGG | \$ EXCLUDED |
| L | | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO [] | | | | | | BODILY INJURY (Per person) | \$ |
| | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS ONLY NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURANCE | \$ |
| | EXCESS LIAB CLAIMS MADE | | | | | | AGGREGATE | 18 |
| | DED RETENTION | ĺ | | | | | | \$ |
| | WORKERS COMPENSATION AND | | | | | | PER OTH= STATUTE ER | \$ |
| | ANY PROPRIETOR/ PARTNER/ EXECUTIVE OFFICER/ MEMBER EXCLUDED? | \ \. | | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory In NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below. | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | • |
| | | | | | | • | | |

DESCRIPTIONOF OPERATIONS/ LOCATIONS/ VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached HANGAR LOCATION: DESTIN-FORT WALTON AIRPORT LOT 1 BLOCK 8 DESTIN JET WAY, DESTIN, FL 32541

CERTIFICATE HOLDER LISTED BELOW IS ADDITIONAL INSURED

CONTRACT#: L10-0359-AP JW HOLDINGS, LLC HANGAR LEASE BLOCK 8 LOT 4 EXPIRES: 03/31/2042

CERTIFICATE HOLDER

CANCELLATION

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS C/ O DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION, 1701 STATE ROAD 85 N ELGIN, AFB, FL 32542-1498 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

Fred He