

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/28/2022

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

lf th	SUBROGATION IS WAIVED, subject ils certificate does not confer rights t	to ti o the	e te cert	rms and conditions of th ificate holder in lieu of st	ie poli ich en	cy, certain po dorsement(s)	olicies may i	require an endorsement	. A sta	itement on
PRODUCER Ebco Aviation Insurance, LLC 3070 Five Forks Trickum Road P.O. Box 1534 Snellville, GA 30078 Terry M. Britt					CONTACT NAME:					
					PHONE [A/C, No, Ext): [A/C, No):					
					ADDRE	E-MAIL ADDRESS:				
					INSURER(S) AFFORDING COVERAGE					NAIC#
WALES						INSURER A : Granite State Insurance Co. INSURER B : National Union & Fire				
INSURED Emerald Coast Aviation dba Aero FX, Inc. & Fuel FX, Inc. 5545 John Givens Road Crestview, FL 32539						INSURER C: Praetorian Insurance Company				
						INSURER D : Lexington Insurance Co.				
						INSURER E :				
						INSURER F;				
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:			,	REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL.	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR			and the second s				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
				***************************************				MED EXP (Any one person)	\$	
			Ì					PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	
Α	OTHER:	 ,						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
^	AUTOMOBILE LIABILITY	X		00 04 040047007 40/00		0610610000	0010010000	ŧ I	\$	1,000,000
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			02-CA-019047925-12/000	U	06/26/2022	06/26/2023	BODILY INJURY (Per person)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	X Comp X Collision							(Per accident)	\$	
В	UMBRELLA LIAB OCCUR	1						EACH OCCURRENCE	\$	4,000,000
	X EXCESS LIAB CLAIMS-MADE			41-UD-042726231-3		07/18/2022	07/18/2023	AGGREGATE	\$	4,000,000
	DED RETENTION\$	1							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	l x	X AWC0500167		11/30/2022	11/30/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	-		41-LX086581302-012/000	<u> </u>	neineinnan	0610610000	E,L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Property			41-EX086581302-012/000	,	06/26/2022	06/26/2023			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL									
	loosa County Board of Commiss	sione	ers is	s included as an additi	onalı	nsured as re	espects au	to		
апа	excess coverage.									
					(,			
						CONTRAC	T# C12-19	938-AP		row.
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UE	KILIOATE HOLDER			OKALO01	ΤĬ			T & OPERATION S	DVAI(
						@ NWFRA		031		ξE
Okaloosa County Board of County Commissioners						EXPIRES: 09/30/2031				
	c/o Destin-Fort Walton B		ı Air	port Adminstration	<u> </u>					
	1701 State Road 85, Nor Eglin AFB, FL 32542	'n				orized Represe y M. Britt	NTATIVE			