



CERTIFICATE OF AIRCRAFT 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 confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Avemco Insurance Company 8490 Progress Drive, Suite 200 Frederick, MD 21701	CONTACT NAME: Avemco Insurance Company				
	PHONE: 800-638-8440 (A/C, No, Ext):	FAX: 800-863-3338 (A/C, No):			
E-MAIL ADDRESS: avemco@ave.com					
PRODUCER CUSTOMER ID No.					
INSURED William B Day 12383 Tramonto Dr Conroe, TX 77304-4560	INSURER(S) AFFORDING COVERAGE			%	NAIC No.
	INSURER A : AVEMCO INSURANCE COMPANY			100%	10367
	INSURER B :				
	INSURER C :				
	INSURER D :				
	INSURER E :				
	INSURER F :				

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 HERIN 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 type="checkbox"/>	AIRPLANE	<input checked="" 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 1956	MAKE Piper	MODEL PA-18-150	SERIAL NUMBER	REGISTRATION NUMBER N530AK	
TERRITORY:					

AIRCRAFT COVERAGES						
INSURER LETTER A	POLICY NUMBER 210117630701	EFFECTIVE DATE 05/01/2022	EXPIRATION DATE 05/01/2023	ADDITIONAL INSURED (Y / N) Y	SUBROGATION WAIVED (Y / N) Y	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	<input type="checkbox"/> All Risk Ground & Flight	<input type="checkbox"/> Ground Not In Motion	\$	AGREED VALUE	\$	Ded. - Not in motion
	<input type="checkbox"/> Ground Not In Flight					Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> Including Passengers		\$ 1,000,000	EA OCC	\$ 100,000	EA PER
	<input type="checkbox"/> Excluding Passengers		\$	EA PASS	\$	AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS
	<input type="checkbox"/> EXCLUDING CREW					
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER Okaloosa County board of county commissioners 1701 State Road 85 North Eglin Air Force Base, FL 34542	CONTRACT# L08-0317-AP WILLIAM B. DAY - DAP LOT 3/ BLOCK 7 EXPIRES: 05/17/2033
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AIRPORT USE - AIRPORT HANGAR ENDORSEMENT

You have a written airport use or airport hangar agreement for **your insured aircraft** with the party shown below.

We agree to include them as an "**insured person**" under that definition in **your** Policy. **We** also agree to waive **our** recovery rights against them for **loss** to **your insured aircraft** (**you** do, too).

We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. **THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF YOUR INSURED AIRCRAFT.**

We will notify this **insured person** when **your** Policy is cancelled. Notice will be sent at least 30 days before the cancellation date. Only 10 days' notice (or that notice required by **your** state, if more) will be given if **we** cancel for nonpayment of premium.

If this **insured person** has other liability insurance, that insurance shall apply first. The addition of this **insured person** to **your** Policy does not increase the Limits of Liability provided.

Okaloosa County board of county commissioners
1701 State Road 85 North

Eglin Air Force Base, FL 34542

This Endorsement is effective Mo.DayYr. 05/01/2022 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 210117630701 issued by Avemco Insurance Company.



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03/15/2023

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PRODUCER
Avemco Insurance Company
8490 Progress Drive, Suite 200
Frederick, MD 21701CONTACT
NAME: Avemco Insurance Company
PHONE: 800-638-8440 FAX: 800-863-3338
(A/C, No, Ext): (A/C, No):
E-MAIL ADDRESS: avemco@ave.comINSURED
William B Day
12383 Tramonto Dr
Conroe, TX 77304-4560

PRODUCER CUSTOMER ID No.		
INSURER(S) AFFORDING COVERAGE	%	NAIC No.
INSURER A: AVEMCO INSURANCE COMPANY	100%	10367
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POLICY INFORMATION				CERTIFICATE NUMBER:				REVISION NUMBER:							
POLICY TYPE				LINE OF BUSINESS SUBCODE											
<input type="checkbox"/>	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
<input type="checkbox"/>	NON-OWNED	<input type="checkbox"/>		<input type="checkbox"/>		<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 1979	MAKE Cessna	MODEL 182Q	SERIAL NUMBER	REGISTRATION NUMBER N514TD
TERRITORY:				

AIRCRAFT COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED (Y / N)	SUBROGATION WAIVED (Y / N)		
A	210117630701	05/01/2022	05/01/2023	Y	Y		
COVERAGE	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	<input type="checkbox"/>	All Risk Ground & Flight	<input type="checkbox"/>	\$	AGREED VALUE	\$	Ded. - Not in motion
	<input type="checkbox"/>	Ground Not In Flight	<input type="checkbox"/>				
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	<input type="checkbox"/>	Excluding Passengers	<input type="checkbox"/>		EA PASS		
MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	INCLUDING CREW	<input type="checkbox"/>	\$	EA PER	\$ 3,000	EA PASS
<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDING CREW	<input type="checkbox"/>	\$		\$	
CODE	DESCRIPTION	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
		<input type="checkbox"/>	<input type="checkbox"/>	\$		\$	
		<input type="checkbox"/>	<input type="checkbox"/>	\$		\$	
		<input type="checkbox"/>	<input type="checkbox"/>	\$		\$	
		<input type="checkbox"/>	<input type="checkbox"/>	\$		\$	
		<input type="checkbox"/>	<input type="checkbox"/>	\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDEROkaloosa County, board of county commissioners
1701 State Road 85 North

Eglin Air Force Base, FL 34542**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.

AUTHORIZED REPRESENTATIVE
MARCI L VERONIE

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Okaloosa County, board of county commissioners
1701 State Road 85 North

Eglin Air Force Base, FL 34542

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DAYWILLI3

ACORD

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/16/2023

THIS EVIDENCE OF 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.

AGENCY Marsh & McLennan Agency LLC 2929 Allen Parkway 25th Floor Houston, TX 77019	PHONE (A/C, No, Ext): 713-346-1040	COMPANY Travelers Lloyds Insurance Company One Tower Square Hartford, CT 06183
FAX (A/C, No): 713-780-8100	E-MAIL ADDRESS: Doniso.Shockley@marshmma.com	
AGENCY CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 849692		
INSURED William Day 12383 Tramonto Drive Conroe, TX 77304	LOAN NUMBER	POLICY NUMBER KTL6306K926173TLC23
	EFFECTIVE DATE 02/21/23	EXPIRATION DATE 02/21/24
		CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1001 Airport Rd, Unit 9-105
Destin, FL 32541

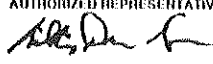
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<input checked="" type="checkbox"/> SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
****Blanket Coverage Information****						
Blanket #1 Personal Property Cause of Loss: Special (Including Theft) Valuation: Replacement Cost					\$110,000	\$1,000
Commercial Property Location Specific Coverages (See Attached Coverage Info.)						

REMARKS (Including Special Conditions)
Crime Additional Coverage Limit of Insurance
Employee Theft: \$ 10,000 unless a higher limit is shown: \$
Forgery or Alteration: \$ 25,000 unless a higher limit is shown: \$
(See Attached Remarks)

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

NAME AND ADDRESS Okaloosa County BOCC 302 N. Wilson Street, Suite 301 Crestview, FL 32536	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	LOAN #	AUTHORIZED REPRESENTATIVE 

COVERAGE INFORMATION (Continued from page 1.)

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Location #: 3 1001 Airport Rd, Unit 9-105 Destin, FL 32541		
Building #: 1 hangar Coverage: Building Cause: Special (Including Theft)	262,500	\$1,000
Coverage: Flood - Annual Aggregate Cause: Special (Including Theft)	5,000	\$1,000
Coverage: Business Personal Property Blanket #: 1 Blanket Coverage: Personal Property Cause: Special (Including Theft)	Blk Limit 110,000	\$1,000
SAGITTA 27.3 (03/16) 2 of 4		
S 594301		SX1TG

REMARKS (Continued from page 1.)

Theft, Disappearance and Destruction:

Inside Premises: \$ 20,000 unless a higher limit is shown: \$

Outside Premises: \$ 10,000 unless a higher limit is shown: \$

Money Orders and Counterfeit Paper Currency: \$ 25,000 unless a higher limit is shown: \$

Accounts Receivable

At all described premises \$ 50,000

In transit or at all undescribed premises \$ 25,000

Appurtenant Buildings and Structures \$ 100,000

Claim Data Expense \$ 25,000

Covered Leasehold Interest - Undamaged

Improvements & Betterments

Lesser of Your Business Personal Property limit or: \$ 100,000

Debris Removal (additional amount) \$ 250,000

Deferred Payments \$ 25,000

Duplicate Electronic Data Processing Data and Media \$ 50,000

Electronic Data Processing Data and Media At all described premises \$50,000

Employee Tools

In any one occurrence \$ 25,000

Any one item \$ 2,500

Expediting Expenses \$ 25,000

Extra Expense \$ 25,000

Fine Arts

At all described premises \$ 50,000

In transit \$ 25,000

Fire Department Service Charge Included*

Fire Protective Equipment Discharge Included*

Green Building Alternatives - Increased Cost

Percentage 1 %

Maximum amount - each building \$ 100,000

Green Building Reengineering and Recertification Expense \$ 25,000

Limited Coverage for Fungus, Wet Rot or Dry Rot - Annual Aggregate \$25,000

Loss of Master Key \$ 25,000

Newly Constructed or Acquired Property: Building - each \$ 2,000,000

Personal Property at each premises \$ 1,000,000

Non-Owned Detached Trailers \$ 25,000

Ordinance or Law Coverage \$ 250,000

Outdoor Property \$ 25,000

Any one tree, shrub or plant \$ 2,500

Outside Signs At all described premises \$ 100,000

At all undescribed premises \$ 5,000

Personal Effects \$ 25,000

Personal Property At Premises Outside of the Coverage Territory \$ 50,000

Personal Property In Transit Outside of the Coverage Territory \$ 25,000

Pollutant Cleanup and Removal - Annual Aggregate \$ 100,000

Preservation of Property Expenses to move and temporarily store property \$250,000

Direct loss or damage to moved property included* Reward Coverage 25% of covered loss up to maximum of: \$ 25,000

Stored Water \$ 25,000

Theft Damage to Rented Property Included*

Undamaged Parts of Stock In Process \$ 50,000

Valuable Papers and Records - Cost of Research At all described premises \$50,000

In transit or at all undescribed premises \$ 25,000

Extra Expense From Dependent Property

At Premises Within the Coverage Territory \$ 50,000

REMARKS (Continued from page 1.)

At Premises Outside of the Coverage Territory \$ 50,000
Ingress or Egress \$ 25,000
Coverage Radius 1 mile Newly Acquired Locations \$ 100,000
Ordinance or Law - Increased Period of Restoration \$ 50,000
Pollutant Cleanup and Removal - Annual Aggregate \$ 25,000
Transit Extra Expense \$ 25,000
Undescribed Premises \$ 25,000

******* Supplemental Names *******

Final Fix of Texas, LLC
BT Investments of Texas, LLC

******* Description of Operations *******

Additional Insured, DX T3 71 11 12
Certificate holder is added as AI as evidenced by the form listed above.
Certificate Holder is included as Loss Payee as its interests may appear.