

## 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). NAME: Avemco Insurance Company PRODUCER FAX: 800-863-3338 (A/C, No): PHONE: 800-638-8440 Avemco Insurance Company (A/C, No, Ext): 8490 Progress Drive, Suite 200 Frederick, MD 21701 E-MAIL ADDRESS: avemco@ave.com PRODUCER CUSTOMER ID No. INSURER(S) AFFORDING COVERAGE INSURED NAIC No. William B Day INSURER A: AVEMCO INSURANCE COMPANY 100% 10367 12383 Tramonto Dr INSURER B: Conroe, TX 77304-4560 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: LINE OF BUSINESS SUBCODE POLICY TYPE EXCESS INDUSTRIAL PLEASURE & COMMERCIAL AIRPLANE HELICOPTER MIXED FLEET QUOTA Х Х SHARE NON-OWNED LIABILITY **HULL & LIABILITY** HULL ONLY Х AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached SERIAL NUMBER REGISTRATION NUMBER MODEL MAKE 1956 PA-18-150 N530AK Piper TERRITORY: AIRCRAFT COVERAGES POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE ADDITIONAL INSURED (Y / N) SUBROGATION WAIVED (Y /N) INSURER LETTER 210117630701 05/01/2022 Α 05/01/2023 Υ COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO Ground Not In Motion All Risk Ground & Flight Ded. - Not in motion \$ \$ AIRCRAFT HULL AGREED VALUE Ded. - In motion Ground Not In Flight \$ EA PER EA OCC Including Passengers \$ 1,000,000 \$ 100,000 AIRCRAFT LIABILITY EA PASS AGGR Excluding Passengers \$ INCLUDING CREW \$ Х MEDICAL PAYMENTS **EXCLUDING CREW** EA PASS EA PER 3,000 COVERAGE CODE DESCRIPTION OPTIONS 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** CONTRACT# L08-0317-AP Okaloosa County board of county commissioners WILLIAM B. DAY -1701 State Road 85 North DAP LOT 3/ BLOCK 7 EXPIRES: 05/17/2033 Eglin Air Force Base, FL 34542

#### 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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DATE (MM/DD/YYYY) 03/15/2023

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Avemco Insurance Company Pt					PHO	PHONE: 800-638-8440 FAX: 800-863-3338 (A/C, No, Ext): (A/C, No):												
riedelick, ivit	2 21701								E-MA	AL AL	DDRESS: avemco	@ave	e.co	m				
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INSURED William B Day INS					INSU	INSURER(S) AFFORDING COVERAGE INSURER A: AVEMCO INSURANCE COMPANY					100%	10367						
12383 Tramonto Dr INS						INSURER B:												
Conroe, TX	77304-45	60								INSURER C: INSURER D:								
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AIRCRAFT	INFORM	ATIC	N		ACOR	D 333	, Aiı	rcraf	t Sche	dule	attached							
YEAR MAKE MODEL 1979 Cessna 182Q							SERIAL NUMBER REGISTRAT N514TD			ATION NUMBER )	ION NUMBER							
TERRITORY:																		
AIRCRAFT	COVERA	\GES	 }															
INSURER LETTE A			/ NUMBER 1763070						VE DATE /2022	1	EXPIRATION DATE 05/01/2023	AC	DITIO	ONAL INSURED Y	) (Y / N)	SUBRO	ATION WAIVED (Y A Y	/N)
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CERTIFICAT	E HOI D	FR					····-				CANCELLATI	ION						
			county	comm	issioners						1		ABO	OVE DESCRI	BED POL	CIES BE CAN	CELLED BEFOR	E THE
Okaloosa County, board of county commissioners 1701 State Road 85 North						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
Eglin Air Froce Base, FL 34542						AUTHORIZED REPRESENTATIVE MARCI L VERONIE												

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**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.

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

Eglin Air Froce 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.

#### **DAYWILLI3**

ACORD	<b>EVIDENCE OF F</b>	PROPERTY INSURA	NCE_		02/16/2023
ADDITIONAL INTEREST NAME COVERAGE AFFORDED BY TI ISSUING INSURER(S), AUTHO	Y INSURANCE IS ISSUED AS A M D BELOW. THIS EVIDENCE DOES IE POLICIES BELOW. THIS EVIDE RIZED REPRESENTATIVE OR PRO	NOT AFFIRMATIVELY OR NEGAT NCE OF INSURANCE DOES NOT (	CONSTITUTE	NU, EXTEND ON AL	,ich inc }
[(M	ONE C, No, Exi): 713-346-1040		Company		
Marsh & McLennan Agency	LLC	Travelers Lloyds Insurance	э Сотрану		
2929 Allen Parkway 25th Flo	oor	One Tower Square			
Houston, TX 77019		Harlford, CT 06183			
FAX (A/C, No): 713-780-6100 E-MAI ADDR	ESS; Doniso.Shockley@marshmma.com				
AGENCY CUSTOMERID #: 849692		A/A/A			
INSURED William Day	• •	LOAN NUMBER		POLICY NUMBER	
12383 Tramonto I			KTL6306K9	26173TLC23	
Conroe, TX 7730	effective date 02/21/23	EXPIRATION 02/21/24	I , CONT	INUFO UN DIL	
-		THIS REPLACES PRIOR EVIDE	NCE DATED:		
PROPERTY INFORMATION	THE PROPERTY OF THE PROPERTY O				
LOCATION/DESCRIPTION					
1001 Airport Rd, Unit 9-105 Destin, FL 32541					
NOTWITHSTANDING ANY REC	LISTED BELOW HAVE BEEN ISSU UIREMENT, TERM OR CONDITION URANCE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS (	OF ANY CONTRACT OR OTHER DEPOY	OCUMENT V ORDED BY TH	WITH RESPECT TO HE POLICIES DESC	WHICH THIS RIBED HEREIN IS
COVERAGE INFORMATION	PERILS INSURED 8	ASIC BROAD X SPECIAL	.		
	COVERAGE/PERILS/FORMS			AMOUNT OF INSURANCE	E DEDUCTIBLE
****Blanket Coverage Inform	nation****				
Blanket #1 Personal Prope	du			\$110,000	\$1,000
Cause of Loss: Special (	-			\$110,000	41,000
Valuation: Replacement	• ,				
Commercial Property Loca (See Attached Coverage In	,				
REMARKS (Including Special (			i		
Crime Additional Coverage					
Employee Theft: \$ 10,000 u	nless a higher limit is				
shown: \$					
Forgery or Alteration: \$ 25,	000 unless a higher timit is				
shown: \$					
(See Attached Remarks)					
CANCELLATION SHOULD ANY OF THE ARC	OVE DESCRIBED POLICIES BE CA	NCELLED DEFORE THE EXPLOAT	ON DATE TO	IERFOE MOTICE W	ALL DE
	ICE WITH THE POLICY PROVISION				trace life.
ADDITIONAL INTEREST			····		
HAME AND ADDRESS		X ADDITIONAL RESURED	HINDERSTO	OSSPAYABLE X	LOSS PAYEE
Okaloosa Coun	•	EIDADHIOM			
302 N. Wilson S	· · · · · · · · · · · · · · · · · · ·	LOAN 6			
Crestview, FL 3	2536				
		AUTHORIZED REPRESENTATI	VE		
ACORD 27 (2016/02) 1 of	1 0 00001			CODBODATION	

COVERAGE INFORMATION (Continued from page 1.)						
COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEOUCTIBLE				
ocation #: 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				
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### **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

fimit 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 Recortification 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

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# **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 eveidenced by the form listed above.
Certificate Holder is included as Loss Payee as its interests may appear.