



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/9/2022

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 Fuller Insurance LLC 4821 US Highway 98 Suite 103 Santa Rosa Beach FL 32459		PHONE (A/C, No, Ext): (850) 502-4260	COMPANY COVINGTON SPECIALTY INS CO	
FAX (A/C, No): (850) 895-3109		E-MAIL ADDRESS: chris@fuller.insure		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER VBA819523 00
INSURED Mark Hecker 1512 E John Sims Parkway Unit 233 Niceville FL 32578		EFFECTIVE DATE 08/01/2022	EXPIRATION DATE 08/01/2023	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 5545 JOHN GIVENS RD BLDG 26-G CRESTVIEW OKALOOSA FL 325397019 LOC: 1 BLDG: 1 - 5545 JOHN GIVENS RD BLDG 26-G CRESTVIEW OKALOOSA FL 325397019 Operation Description :		
--	--	--

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
					COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	
Building					50,000.00	1,000	

REMARKS (Including Special Conditions)

Airport Hangar Construction: NC Coinsurance - 80% RC Value 3% WIND DED	CONTRACT#: L02-0193-AP MARK HECKER BSAP LEASE LOT 3/BLOCK 1 EXPIRES : 09/30/2027
--	---

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 Board of County (cont. in ACORD 101) 1701 State Road 85N Eglin AFB FL 32542	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
	LOAN #	
	AUTHORIZED REPRESENTATIVE Chris Jayne	

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Fuller Insurance LLC		NAMED INSURED Mark Hecker	
POLICY NUMBER VBA819523 01			
CARRIER AmWINS Access Insurance Services	NAIC CODE 13027	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 27 FORM TITLE: Evidence of Property Insurance

**Additional Interest Name:

Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration Office