



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
11/03/2022

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kimmel Aviation Insurance Agency, Inc. 442 Airport Rd. Greenwood, MS 38930	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID#:	
	INSURER(S) AFFORDING COVERAGE	

INSURED Paul Q Ducharme 106 Keeney Avenue Lafayette, LA 70501	INSURER A: U.S. SPECIALTY INSURANCE COMPANY	100%	NAIC #
	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 HEREIN 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"/>
NON-OWNED <input type="checkbox"/>			HELIICOPTER <input type="checkbox"/>
			MIXED FLEET <input type="checkbox"/>
			EXCESS <input type="checkbox"/>
			QUOTA SHARE <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 1944	MAKE North American	MODEL AT-6F	REGISTRATION NUMBER N748LL
TERRITORY:			

AIRCRAFT COVERAGES		INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED?(Y/N)	SUBROGATION WAIVED?(Y/N)
			AC3016121-04	10/26/2022	10/26/2023	Y	N
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO		
AIRCRAFT HULL		\$	AGREED VALUE	\$		Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$		Ded. - In motion	
		\$ 100,000	EA PASS	\$		EA PER AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW	\$ 5,000	EA PER	\$ 10,000		EA OCC	
CODE	DESCRIPTION	LIMIT	APPLIES TO	LIMIT	APPLIES TO		
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Board of County Commissioners 302 Wilson Street Suite 301 Crestview, FL 32536	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

CONTRACT: L08-0327-AP
QR AIR, LLC
DAP BLOCK 7/LOT 4
EXPIRES: 05/17/2035