

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/03/2023

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.

	SUBROGATION IS WAIVED, subject s certificate does not confer rights t							require an endorsement	. A st	tatement on	
PRODUCER						CONTACT Anna Kingman					
Falcon Insurance Agency Inc					PHONE (A/C, No, Ext): 830-895-6130 (A/C, No):						
P O Box 291388						E-MAIL akingman@falconinsurance.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
Kerrville TX 78029						INSURER A: Lexington Insurance Company				NAIC#	
INSURED					THOUSEN TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE						
Destin Landings, Inc						INSURER B:					
c/o Mike Mosing					INSURER C:						
325 Settlers Trace Blvd #300					INSURER D:						
				INSURER E:							
Lafayette COVERAGES CERTIFICATE NU				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.											
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<u> </u>	CLUDED	
								MED EXP (Any one person)	\$ 5,0	00	
Α				41-LX06504421-2		05/04/2023	05/04/2024	PERSONAL & ADV INJURY	\$ EX	CLUDED	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,0	00,000.	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ EX	CLUDED	
	OTHER:							Hangarkeepers Liab	\$ EX	CLUDED	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY		l					PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION						1	PER OTH- STATUTE ER			
1.	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	_							Building	\$45	54,272.	
Α	Property			41-LX06504421-2		05/04/2023	05/04/2024	Includes Windstorm			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CONTRACT: L20-0480-AP											
100	1001 Airport Rd Hgr 10/Bay 4 Destin FL32541 DESTIN LANDINGS, INC.										
1	Okaloosa County Board of County Commisioners is included as additional insured as respects to lease #L20-0480-AP BLOCK 10 LOT 4										
We will endeavor to provide thirty (30) days Notice of Cancellation EXPIRES: 10/01/2048											
CERTIFICATE HOLDER CANC											
Okaloosa County Board of County Commisioners						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
C/O Destin-Fort Walton Beach Airport Administration 1701 State Road 85 North						AUTHORIZED REPRESENTATIVE					

Eglin AFB, FL USA 32542