									Page	e 1 of 2
ACORD <sup>®</sup> C	ER	TIF	ICATE OF LIAE	BILIT	Y INS	URANC	E			MM/DD/YYYY) 01/2024
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 CONTACT Willis Towers Watson Certificate Center										
Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd				PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378						
P.O. Box 305191				E-MAIL ADDRESS: certificates@willis.com						
Nashville, TN 372305191 USA			INSURER(S) AFFORDING COVERAGE NAIC #							
INSURED				INSURERA: Indemnity Insurance Company of North Ar INSURERB: ACE American Insurance Company					Ameri	43575
Vertex Aerospace, LLC				INSURER B: ACE American insurance Company INSURER C: ACE Fire Underwriters Insurance Compa					ny	20702
Vertex Aerospace Services Corp. 555 Industrial Drive South			F	INSURER C: ACE FIFE Underwritters Insurance Compa					-	
Madison, MS 39110				INSURER E						
				INSURER F :						
			E NUMBER: W32826188	REVISION NUMBER:						
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.									WHICH THIS	
INSR LTR TYPE OF INSURANCE				P (M	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre		\$ \$	
							MED EXP (Any one per	rson)	\$	
							PERSONAL & ADV INJ	IURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		\$	
							PRODUCTS - COMP/C	P AGG	\$ \$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LI	MIT	\$	3,000,000
					03/01/2024	03/01/2025	(Ea accident) BODILY INJURY (Per p	person)	\$	
A OWNED SCHEDULED AUTOS ONLY	Y		ISA H10825970	03			BODILY INJURY (Per a	accident)	\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$ \$	
B X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		\$	10,000,000
EXCESS LIAB CLAIMS-MADE	Y		XEU G28163691 008	03	3/01/2024	03/01/2025	AGGREGATE		\$	10,000,000
DED RETENTION \$							DED	OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X PER STATUTE	ËR		2,000,000
A ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A	Y	WLR C55516753	03	3/01/2024	03/01/2025	E.L. EACH ACCIDENT E.L. DISEASE - EA EM		\$	2,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EM			2,000,000
B Workers Compensation and			WLR C55513958	03	3/01/2024	03/01/2025	E.L. EACH ACCID		\$2,000	,000
Employers' Liability					E.L. DISEASE -EA EMP		a Emp	\$2,000,000		
Per Statute							E.L. DISEASE -PO	OLICY	\$2,000	,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedule,	e, may be 😁	Hached if more	e space is require	ed)			
SEE ATTACHED LEASE: L92-0051-AP VERTEX AIRCRAFT INTEGRATION & SUSTAINMENT, LLC PROPERTY SIKES AIRPORT EXPIRES: INDEFINITE										
CERTIFICATE HOLDER 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.										
Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration AUTHOR					UTHORIZED REPRESENTATIVE					
1701 State Road 85 N										
Eglin AFB, FL 32542					1 ann	N				

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AGENCY CUSTOMER ID:

LOC #:

ACORD	

## ADDITIONAL REMARKS SCHEDULE

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NAIC#: 20702

AGENCY		NAMED INSURED			
Willis Towers Watson Midwest, Inc.	Vertex Aerospace, LLC				
	Vertex Aerospace Services Corp.				
POLICY NUMBER		555 Industrial Drive South			
See Page 1		Madison, MS 39110			
	1				
CARRIER	NAIC CODE				
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1			

## ADDITIONAL REMARKS

## THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_\_ FORM TITLE: Certificate of Liability Insurance

Okaloosa County Board of County Commissioners is included as Additional Insured as respects to Automobile Liability and Umbrella/Excess Liability.

Automobile Liability and Umbrella/Excess Liability shall be Primary and Non-Contributory with any other insurance in force for or which may be purchased by Additional Insured.

Waiver of Subrogation applies in favor of Additional Insured with respects to Workers Compensation, as permitted by law.

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company POLICY NUMBER: SCF C5516807 EFF DATE: 03/01/2024 EXP DATE: 03/01/2025

SUBROGATION WAIVED: Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and	E.L. EACH ACCIDENT	\$2,000,000
Employers' Liability	E.L. DISEASE -EA EMP	\$2,000,000
Per Statute	E.L. DISEASE -POLICY	\$2,000,000