



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
02/29/2024

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 Parrish-O'Neill & Assoc. Inc. P. O. Box 349 Mount Vernon, OH, 43050	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID No:	

INSURED Parker Aircraft Sales Inc Mitchell Kaplan 203 Walkedge Drive Fort Walton Beach, FL, 32548	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	INSURER A : U.S. SPECIALTY INSURANCE COMPANY		100%	
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			

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			
<input type="checkbox"/> INDUSTRIAL AID	<input checked="" type="checkbox"/> PLEASURE & BUS	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> AIRPLANE	<input type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET
<input type="checkbox"/> NON-OWNED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached			
YEAR 2008	MAKE Cessna	MODEL T206H	SERIAL NUMBER	REGISTRATION NUMBER N707DP	
TERRITORY:					

AIRCRAFT COVERAGES					
INSURER LETTER	POLICY NUMBER GA00182516-10	EFFECTIVE DATE 02/29/2024	EXPIRATION DATE 02/18/2025	ADDITIONAL INSURED? (Y/N) Y	SUBROGATION WAIVED? (Y/N) N
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT	\$ 650,000	AGREED VALUE	\$ 250	Ded. - Not in motion
	<input type="checkbox"/> ALL RISK GROUND ONLY			\$ 2,500	Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	EA PER
	<input type="checkbox"/>	\$ 100,000	EA PASS	\$	AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 30,000	EA OCC
	<input type="checkbox"/> EXCLUDING CREW				
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT

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 Okaloosa County Board of County Commissioners c/o Destin-Fort Walton Beach Airport Administration 1701 State Road 85, North Eglin AFB FL 32542 Lease # L08-0334-AP	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. AUTHORIZED REPRESENTATIVE
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**LEASE: L08-0334-AP
MITCH KAPLAN
DAP BLK 1/LOT 2 XFERED FM #L190
EXPIRES: 07/11/2040**



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	E-MAIL ADDRESS:			
	PRODUCER CUSTOMER ID No.:			
INSURED Parker Aircraft Sales Inc Mitchell Kaplan 203 Walkedge Drive Fort Walton Beach, FL, 32548	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	INSURER A: U.S. SPECIALTY INSURANCE COMPANY		100%	
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
INSURER F:				


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POLICY INFORMATION		CERTIFICATE NUMBER:		REVISION NUMBER:	
POLICY TYPE			LINE OF BUSINESS SUBCODE		
<input type="checkbox"/> INDUSTRIAL AD	<input checked="" type="checkbox"/> PLEASURE & BUS	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> AIRPLANE	<input type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET
<input type="checkbox"/> NON-OWNED			<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY
				<input type="checkbox"/> EXCESS	<input type="checkbox"/> QUOTA SHARE

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached			
YEAR 1973	MAKE Piper	MODEL PA-31-350	SERIAL NUMBER	REGISTRATION NUMBER N74932	
TERRITORY:					

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	GA00182516-10	02/29/2024	02/18/2025	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT	\$ 190,000	AGREED VALUE	\$ 250	Ded. - Not in motion	
	<input type="checkbox"/> ALL RISK GROUND ONLY			\$ 2,500	Ded. - In motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	EA PER	
		\$ 100,000	EA PASS	\$	AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 40,000	EA OCC	
	<input type="checkbox"/> EXCLUDING CREW					
COVERAGE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER Okaloosa County Board of County Commissioners c/o Destin-Fort Walton Beach Airport Administration 1701 State Road 85, North Eglin AFB FL 32542 Lease # L08-0334-AP	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. AUTHORIZED REPRESENTATIVE 
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Parish-O'Neill & Assoc. Inc.
P. O. Box 349
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PHONE (A/C, No, Ext): FAX (A/C, No):
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INSURED
Parker Aircraft Sales Inc
Mitchell Kaplan
203 Walkedge Drive
Fort Walton Beach, FL, 32548

INSURER(S) AFFORDING COVERAGE	%	NAIC No.
INSURER A : U.S. SPECIALTY INSURANCE COMPANY	100%	
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POLICY TYPE				LINE OF BUSINESS SUBCODE										
INDUSTRIAL AID	<input type="checkbox"/>	PLEASURE & BUS	<input checked="" type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	AIRPLANE	<input checked="" type="checkbox"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE
NON-OWNED	<input type="checkbox"/>				<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	1983	MAKE	Piper	MODEL	PA-31P-350	SERIAL NUMBER		REGISTRATION NUMBER	N9244Y
TERRITORY:									

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	GA00182516-10	02/29/2024	02/18/2025	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY	\$ 250,000	AGREED VALUE	\$	Ded. - Not in motion Ded. - In motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY EXcluding Passengers	\$ 1,000,000	EA OCC	\$	EA PER AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW	\$	EA PER	\$	EA OCC	
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO

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