



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
02/28/2022

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
Avemco Insurance Company
8490 Progress Drive, Suite 200
Frederick, MD 21701

CONTACT
NAME: Avemco Insurance Company
PHONE: 800-638-8440 FAX: 800-863-3338
(A/C, No, Ext): (A/C, No):

E-MAIL ADDRESS: avemco@ave.com

PRODUCER CUSTOMER ID No.

INSURED
Mark Hecker
1512 E. John Sims Parkway #233
Niceville, FL 32578-0000

INSURER(S) AFFORDING COVERAGE	%	NAIC No.
INSURER A: AVEMCO INSURANCE COMPANY	100%	10367
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 NON-OWNED	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE	<input type="checkbox"/>
						LIABILITY ONLY	<input checked="" type="checkbox"/>
						HELICOPTER	<input type="checkbox"/>
						HULL & LIABILITY	<input type="checkbox"/>
						MIXED FLEET	<input type="checkbox"/>
						HULL ONLY	<input type="checkbox"/>
						EXCESS	<input type="checkbox"/>
						QUOTA SHARE	<input type="checkbox"/>

AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached

YEAR 1955	MAKE Beech	MODEL F35	SERIAL NUMBER	REGISTRATION NUMBER N3343C
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TERRITORY:

AIRCRAFT COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED (Y / N)	SUBROGATION WAIVED (Y / N)	
A	210117402001	03/04/2022	03/04/2023	Y	Y	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	All Risk Ground & Flight	Ground Not In Motion	\$	AGREED VALUE	\$	Ded. - Not in motion
	Ground Not In Flight					Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> Including Passengers		\$ 1,000,000	EA OCC	\$ 100,000	EA PER
	<input type="checkbox"/> Excluding Passengers			EA PASS		AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS
	<input type="checkbox"/> EXCLUDING CREW					
CODE	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)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER

Okaloosa County Board Of Commissioner
Airport Adm'n 1711 State Rd 85 N.

Eglin AFB, FL 32542

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
MARCI L VERONIE

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ACORD 21 (2016/03)

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CONTRACT#: L02-0193-AP
MARK HECKER
BSAP LEASE LOT 3/BLOCK 1
EXPIRES: 09/30/2027

AIRPORT USE - AIRPORT HANGAR ENDORSEMENT

You have a written airport use or airport hangar agreement for **your insured aircraft** with the party shown below.

We agree to include them as an "**insured person**" under that definition in **your** Policy. **We** also agree to waive **our** recovery rights against them for **loss** to **your insured aircraft** (**you** do, too).

We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. **THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF YOUR INSURED AIRCRAFT.**

We will notify this **insured person** when **your** Policy is cancelled. Notice will be sent at least 30 days before the cancellation date. Only 10 days' notice (or that notice required by **your** state, if more) will be given if **we** cancel for nonpayment of premium.

If this **insured person** has other liability insurance, that insurance shall apply first. The addition of this **insured person** to **your** Policy does not increase the Limits of Liability provided.

Okaloosa County Board Of Commissioner
Airport Admin 1711 State Rd 85 N.

Eglin AFB , FL 32542

This Endorsement is effective Mo.DayYr. 03/04/2022 at 12:01 A.M. local time at **your** address shown in Item 1 of the Data Page and is part of Policy Number 210117402001 issued by Avemco Insurance Company.