



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
02/27/2024

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 Avemco Insurance Company 8490 Progress Drive, Suite 200 Frederick, MD 21701	CONTACT NAME: Avemco Insurance Company			
	PHONE: 800-638-8440 (A/C, No, Ext):	FAX: 800-863-3338 (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 HERIN 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"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE
						LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>			

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached												
YEAR 1955	MAKE Beech	MODEL F35	SERIAL NUMBER	REGISTRATION NUMBER N3343C										
TERRITORY:														

AIRCRAFT COVERAGES											
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED (Y / N)	SUBROGATION WAIVED (Y / N)						
A	210117402003	03/04/2024	03/04/2025	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									
COVERAGE	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO				
CODE	DESCRIPTION										
				\$		\$					
				\$		\$					
				\$		\$					
				\$		\$					
				\$		\$					

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Rerr
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER	
Okaloosa County Board Of Commissioner Airport Admin 1711 State Rd 85 N.	
Eglin AFB , FL 32542	

<p>LEASE: L02-0193-AP MARK HECKER HANGER BSAP LOT 3/BLK 1 XFER FM #133 EXPIRES: 09/30/2027</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
AUTHORIZED REPRESENTATIVE MARC L VERONIE	_____

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. 03/04/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 210117402003 issued by Avemco Insurance Company.