

CONTRACT: L17-0455-AP
DELTA SOUTHERN, LLC
HANGAR LEASE
EXPIRES:02/07/2037 W/OPTIONAL 20
YEAR RENEWAL

**AMENDMENT
OF LEASE L17-0455-AP
DELTA SOUTHERN, LLC AT THE
DESTIN EXECUTIVE AIRPORT**

This Amendment of Lease, made and entered into this 7th day of June, 2022, hereby amends the hangar lease agreement between Delta Southern, LLC ("Lessee") and Okaloosa County, Florida through its Board of County Commissioners (hereinafter the "County"), dated February 8, 2017 (the "Lease").

WITNESSETH:

WHEREAS, on February 8, 2017, Lessee entered into a Lease Agreement, (L17-0455-AP) with the County for Block 3 Lots 3, 4 & 5 at the Destin Executive Airport with a current expiration date of February 7, 2037; and

WHEREAS, the Lease Agreement was amended on July 17, 2018 to extend the deadline to provide construction plans, authorize Lessee to demolish the existing shade hangar and expand the leased area; and

WHEREAS, Lessee has requested to amend the ground lease to reduce the leased area from 8,250 square feet for Block 3 Lots 3, 4, & 5 to remove 4,085 square feet, which represents the new footprint of Block 3 Lot 3, and retain 4,165 square feet, which represents the new footprint for Block 3 Lot 4 at 4,136 square feet and 29 square feet of exterior space up to the fence, at the Destin Executive Airport; and

WHEREAS, Lessee will continue leasing Block 3 Lot 4, but Block 3 Lot 3 is effectively removed from this lease agreement and will be assigned to B&C Air, LLC under a separate lease agreement. Block 3 Lot 5 no longer exists under the amended lease. A revised Exhibit B-1 is included with this amendment.

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the executing parties consent to and agree to the following:

AMENDMENT

Lease L17-0455-AP is amended as follows:

1. Section 6(a) titled "Ground Lease" of L17-0455-AP, is amended to the following:

The term of this Lease shall commence on the enter into date above. The Lessee shall pay the County in advance an annual ground lease fee established by an independent appraisal. The rate is subject to escalation per Section 7 of the agreement. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to the

Airports Director, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1413. The lease includes FOUR THOUSAND ONE HUNDRED SIXTY-FIVE (4,165) square feet at \$1.58018 per square foot per year for a total annual cost of SIX THOUSAND FIVE HUNDRED EIGHTY-ONE DOLLARS AND FORTY FIVE cents (\$6,581.45) plus tax for Block 3 Lot 4 at the Destin Executive Airport.

2. Section 11 titled "Care of Leased Premises" is amended to add the following:

In order to utilize the lease area exterior to the existing hangar, the hangar must be modified to enclose the area, in order to maintain compliance with this section, which requires the Lessee to keep the premises neat, clean, and orderly at all times. At a minimum, this should include a roof and end wall along the perimeter fence in order to adequately screen the area from public view. Any hangar modification plans shall be coordinated with the Airport and the City of Destin if applicable for a building permit.

3. Section 29 titled "Legal Description" is deleted and the revised Exhibit B-1 serves to represent the division of Lots 3 & 4 and the elimination of the Lot 5 description noted in previous lease documents.

All other provisions of the Lease shall remain in full force and effect through the duration of the Lease term.

IN WITNESS WHEREOF, the parties hereto have executed this renewal and amendment as of the day and year first written.

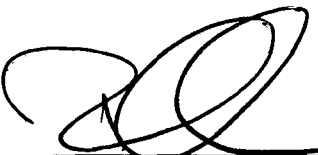
OKALOOSA COUNTY, FLORIDA

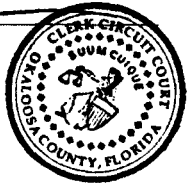


Mel Ponder
Chairman, Board of County Commissioners


Date: JUN 07 2022



Fan

J. D. Peacock II
Clerk of Circuit Court



LESSEE



Delta Southern, LLC

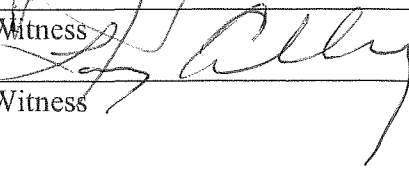
J. Charles Duplantis

Date: 5/23/2022

ATTEST:



Witness



Witness

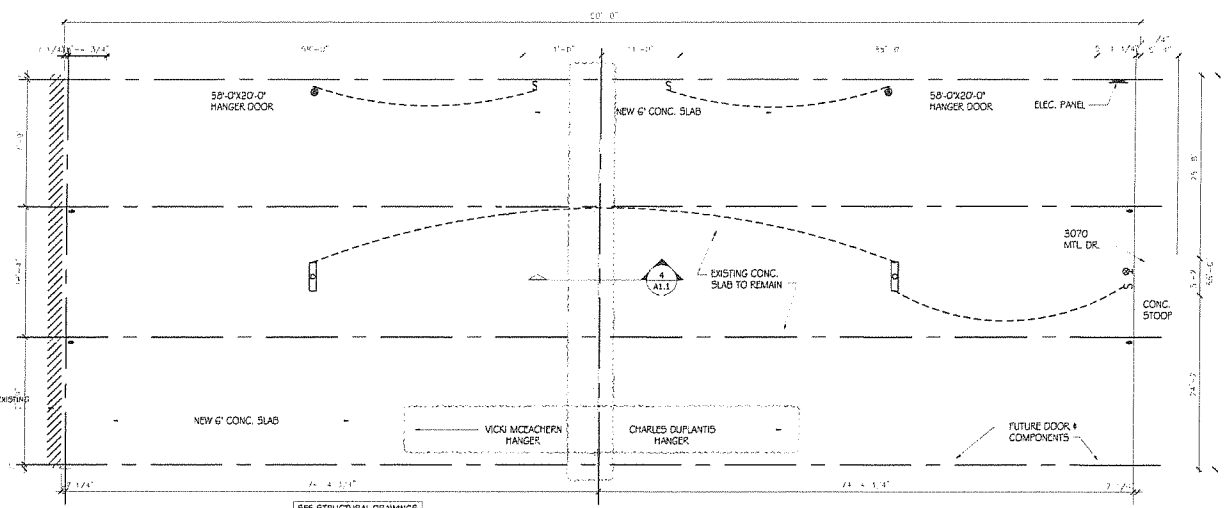
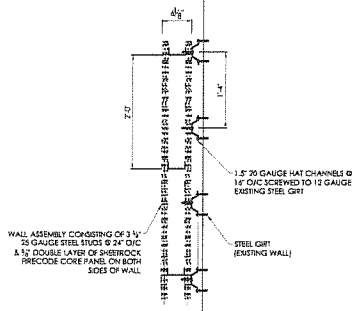
Exhibit B-1

- NOTES:**
1. COMPLY WITH ALL LOCAL, STATE, AND FEDERAL APPLICABLE TO ELECTRICAL WORK, THE STATE BUILDING CODE AND THE NATIONAL ELECTRIC CODE. OBTAIN ALL PERMITS REQUIRED BY LOCAL JURISDICTIONS.
 2. THE ELECTRICAL CONTRACTOR SHALL COORDINATE ALL WORK WITH OTHER TRADES PRIOR TO INSTALLATION.
 3. ELECTRICAL PLANS FOR DESIGN PURPOSES ONLY.
 4. ALL ELECTRICAL LOCATION AND QUANTITY TO BE VERIFIED AND COORDINATED WITH OWNER AND O.C. PRIOR TO INSTALLATION.
 5. RECEPTACLES, SWITCHES AND CONDUIT COLORS SHALL BE SELECTED BY THE OWNER FROM STANDARD COLORS.
 6. REFER TO OTHER DRAWINGS FOR LOCATION OF EQUIPMENT PROVIDED BY OTHERS TO BE CONNECTED BY THE ELECTRICAL CONTRACTOR.

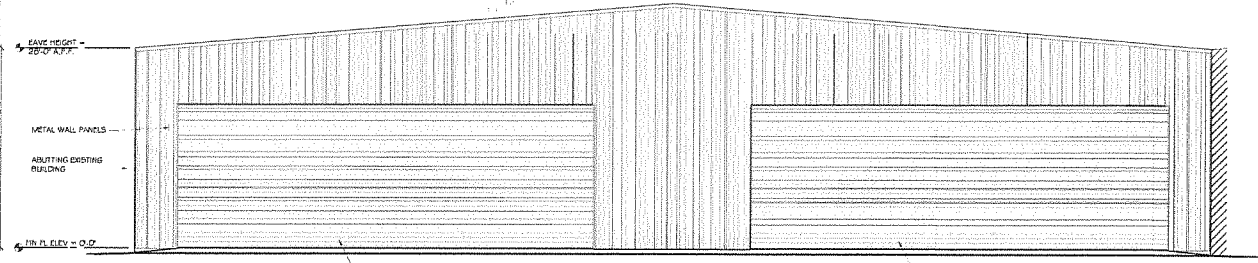
- ELECTRICAL SYMBOLS LEGEND**
- ⊕ HANGER DOOR CONNECTION
 - ⊖ POWER PANEL
 - ⊙ WALL MOUNTED OUT LIGHT
 - ⊞ 254 LED LIGHT FIXTURE
 - ⊕ DUPLEX OUTLET
 - ⊞ SINGLE POLE SWITCH

AREA BREAKDOWN

VICKI MCLEACHERN	4085.45 SQ. FT.
CHARLES DUPLANTIS	4136.45 SQ. FT.

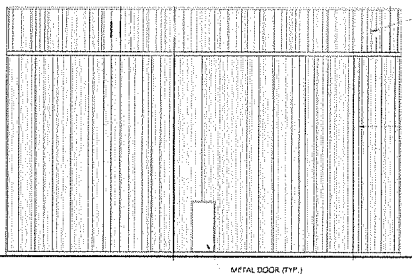


1 FLOOR PLAN
SCALE: 1/8"=1'-0"
PROPOSED

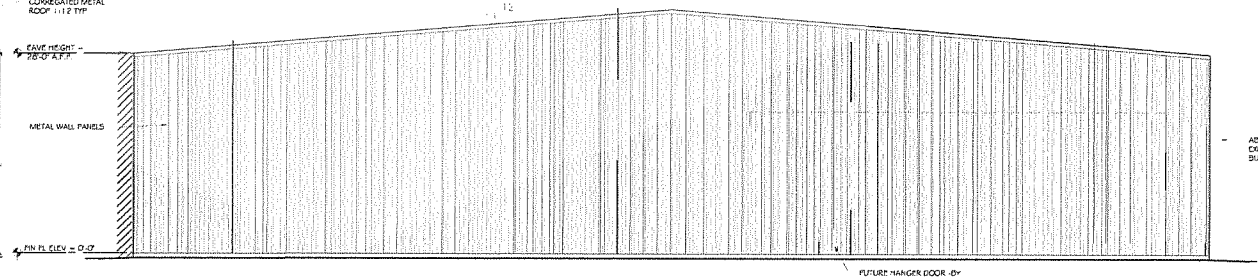


2 SOUTH ELEVATION
SCALE: 1/8"=1'-0"
PROPOSED

4 TENANT SEPARATION FIRE WALL
SCALE: 1/8"=1'-0"
PROPOSED



3 WEST ELEVATION
SCALE: 1/8"=1'-0"
PROPOSED



4 NORTH ELEVATION
SCALE: 1/8"=1'-0"
PROPOSED

CD A

4828 Out Post Drive
Dunwoody, Georgia 30346
Tel: 800.851.4884
Fax: 800.854.2920

FL Cir. No. AA-3314
FL Code No. 2065

FROM
a complex engineering & construction management company
1000 Peachtree Street, N.E.
Atlanta, Georgia 30309
Tel: 404.525.4000
Fax: 404.525.4001
www.from.com
Abu M. Elshami, P.E.
Project Representative

DATE: _____

DISTRIBUTION

A NEW HANGER for CHARLES DUPLANTIS OKALOOSA, FLORIDA

FLOOR PLAN, EXT. ELEVATIONS AND ELECTRICAL PLAN

DRAWN BY: SLS
CHECKED BY: JHE
JOB NO: 18-02-131-02
DATE: 8-14-18

A1.1
2 of 1

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: L17-0455-AP Tracking Number: 4592-22
Procurement/Contractor/Lessee Name: Delta Saturn Grant Funded: YES ___ NO X
Purpose: Amendment
Date/Term: 2-7-37
Department #: 4210R
Account #: 344163
Amount: Revenue
Department: Airport Dept. Monitor Name: Stage

1. GREATER THAN \$100,000
2. GREATER THAN \$50,000
3. \$50,000 OR LESS

Purchasing Review
Procurement or Contract/Lease requirements are met:
DeRita Mason Date: 5-3-22
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)
Approved as written: no federal bids Grant Name: _____
_____ Date: _____
Grants Coordinator Suzanne Ulloa

Risk Management Review
Approved as written: See Email attached Date: 3 May, 2022
_____ Kristina LoFria
Risk Manager or designee

County Attorney Review
Approved as written: See Email attached Date: 12 May, 2022
_____ Lynn Hoshihara, Kerry Parsons or Designee
County Attorney

Department Funding Review
Approved as written: _____ Date: _____

IT Review (if applicable)
Approved as written: Not Applicable Date: _____

Jesica Darr

From: Lynn Hoshihara
Sent: Thursday, May 12, 2022 4:07 PM
To: DeRita Mason
Cc: Kerry Parsons; Kristina LoFria; Jesica Darr
Subject: Re: Coordination--Delta Southern, LLC
Attachments: DELTA SOUTHERN REDUCTION AMENDMENT 5.12.22.docx

Attached are my changes to the Delta Southern amended lease.

Lynn M. Hoshihara
County Attorney
Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason
Sent: Tuesday, May 3, 2022 7:11 AM
To: Lynn Hoshihara
Cc: Kerry Parsons; Kristina LoFria; Jesica Darr
Subject: FW: Coordination--Delta Southern, LLC

Please review and approve the attached.
Thank you,

DeRita Mason



DeRita Mason, CPPB, NIGP-CPP
Senior Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@nyokaloosa.com

DeRita Mason

From: Kristina LoFria
Sent: Tuesday, May 3, 2022 8:10 AM
To: DeRita Mason
Subject: RE: Coordination--Delta Southern, LLC

DeRita,

Good morning, this is approved by Risk, no insurance element.

Thank You

Kristy LoFria

Okaloosa County BOCC-Risk Management
Public Records & Contract Specialist
302 N Wilson St Suite 301
Crestview, Florida 32536
klofria@myokaloosa.com
850-689-5979



For all things Wellness please visit:

<http://www.myokaloosa.com/wellness>

"When the winds of adversity blow against your boat, just adjust your sail."

"Don't aim for success if you want it; just do what you love and believe in, and it will come naturally." David Frost

Please note: Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Tuesday, May 3, 2022 6:11 AM
To: Lynn Hoshihara <lhoshihara@myokaloosa.com>
Cc: Kerry Parsons <kparsons@myokaloosa.com>; Kristina LoFria <klofria@myokaloosa.com>; Jessica Darr <jdarr@myokaloosa.com>
Subject: FW: Coordination--Delta Southern, LLC

Please review and approve the attached.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2022

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 Acentria Insurance - Destin 4634 Gulfstar Drive Destin FL 32541	CONTACT NAME: christina bowman PHONE (A/C, No, Ext): 850-650-1950 E-MAIL ADDRESS: christina.bowman@acentria.com	FAX (A/C, No): 850-892-0320	
	License#: L100460 DELTSOU-01		
INSURED Delta Southern, LLC 302 Sand Myrtle Trail Destin FL 32541	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Scottsdale Insurance Company		41297
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER: 62543750

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS7394521	7/3/2021	7/3/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Loc #1, Bldg #1, 1001 Airport RD, Unit 5-1001, Destin, FL, 32541

Certificate holder is a loss payee

Cancellation: 30 Days notice except 10 for non payment of premium

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County Board of County Commissioners
 Destin-Fort Walton Beach Airport Administration
 1701 State Road 85 N
 Eglin AFB FL 32542

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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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/11/2022

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.

PRODUCER Acentria Insurance - Destin 4634 Gulfstar Drive Destin FL 32541 License#: L100460		CONTACT NAME: PHONE (A/C, No, Ext): 850-650-1950 FAX (A/C, No): 850-892-0320 E-MAIL ADDRESS: PRODUCER CUSTOMER ID: DELTSOU-01
INSURED Delta Southern, LLC 302 Sand Myrtle Trail Destin FL 32541		INSURER(S) AFFORDING COVERAGE INSURER A: AXIS Surplus Insurance Company NAIC # 26620 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 1400941096 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Location: 1001 Airport Rd., Unit 5-1001, Destin, FL 32541

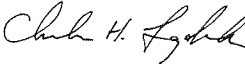
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	ESC91929	7/3/2021	7/3/2022	<input checked="" type="checkbox"/> BUILDING	\$ 200,000
	<input type="checkbox"/> BASIC				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> WIND				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET PERS PROP	\$
					<input type="checkbox"/> BLANKET BLDG & PP	\$
						\$
						\$
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS	TYPE OF POLICY				\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
	<input type="checkbox"/> CRIME TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Wind/Hail Deductible 5%, \$2,500 Minimum
Loc #1, Bldg #1, 1001 Airport RD, Unit 5-1001, Destin, FL, 32541

Certificate holder is a loss payee

Cancellation: 30 Days notice except 10 for non payment of premium

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 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 
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CERTIFICATE OF INSURANCE

CERTIFICATE DATE: 4/13/2022

CERTIFICATE HOLDER:
Destin-Fort Walton Beach Airport
101 East James Lee Boulevard
Crestview, FL 32536

POLICY HOLDER:
Do Whut, Inc
3511 Silverside Rd Ste 105
Wilmington, DE 19810

This is to certify that the following policy(s), subject to the terms and conditions, limitations and endorsements contained therein, and during their effective period, have been issued by the company(s) indicated below. In the event of material change or cancellation of said policy(s) the company will endeavor to notify the certificate holder, but failure to do so shall impose no liability or obligation of any kind upon the undersigned or the company(s) involved.

Policy Type: P&B - Airplane
Insurance Company: U. S. Specialty Insurance Co.
Policy Number: SA00150431-16
Policy Period: 9/13/2021 to 9/13/2022

Aircraft: 1956 North American AT-6, N7061C

Aircraft Liability –

Combined Single Limit Bodily Injury and Property Damage \$1,000,000 Each Occurrence / \$100,000 Each Passenger

Premises Liability –

Combined Single Limit Bodily Injury and Property Damage \$1,000,000 Each Occurrence

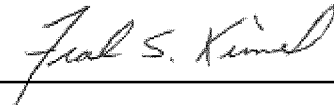
THE FOREGOING EVIDENCE OF COVERAGE IS NOT VERBATIM OF POLICY CONDITIONS, LIMITATIONS OR LANGUAGE; THE POLICY(S) REPRESENTED BY THIS CERTIFICATE ARE NOT AMENDED IN ANY WAY UNLESS SO STATED ON THIS CERTIFICATE.

Additional Insured – Destin-Fort Walton Beach Airport is included as an Additional Insured for Liability Coverages, but solely with respect to operations of the Named Insured, subject to all policy terms and conditions.

This Certificate is only valid provided that all terms and conditions of the policy have been met by the named insured.

NOTICE OF CANCELLATION: IN THE EVENT OF MATERIAL CHANGE OR CANCELLATION OF SAID POLICY(S), THE COMPANY(S) SHALL ENDEAVOR TO GIVE **30 DAYS WRITTEN NOTICE** TO THE CERTIFICATE HOLDER WITH THE EXCEPTION OF A 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

Kimmel Aviation Insurance Agency, Inc.
442 Airport Road
Greenwood, MS 38930 (662) 455-3003 Fax: (662) 455-1611



Authorized Signature

AIRCRAFT INSURANCE POLICY DECLARATIONS

POLICY NUMBER: NAI6044018

RENEWAL OF: NEW



Endurance Assurance Corporation
A Stock Company
Wilmington, DE

ISSUED BY

W. BROWN & ASSOCIATES INSURANCE SERVICES

Proud to Have You As a Customer Since 2021

ITEM 1. NAMED INSURED Chicksaw Transport, LLC
ADDRESS 727 Driftwood Point Road
Santa Rosa Beach, FL 32459

ITEM 2. POLICY PERIOD: FROM November 10, 2021 TO November 10, 2022
12:01 AM Standard Time at the address in ITEM 1.

ITEM 3. The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all of the terms of this Policy having reference thereto. This Policy is completed by Aircraft Hull and Liability Form NAC-02.

ITEM 4. LIABILITY COVERAGES

	<u>EACH PERSON</u>	<u>LIMIT OF LIABILITY EACH OCCURRENCE</u>	<u>LIABILITY PREMIUM</u>
A. Bodily Injury Excluding Passengers			
B. Property Damage	XXXX		
C. Passenger Liability			
D. Single Limit Bodily Injury & Property Damage Including Passenger Liability Passenger Liability Limited To	XXXX	Aircraft Liability & Medical Expense:	\$6,545.00
E. Medical Expense Including Crew		Extended Coverage (War Liability):	\$164.00
		TRIA (Included):	\$164.00
TOTAL LIABILITY PREMIUM:			\$6,873.00

ITEM 5. Description of Aircraft and Physical Damage Coverage Hereunder

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>F.A.A. CERT. NO.</u>	<u>SEATS CREW/PASS</u>	<u>INSURED VALUE</u>	<u>PHYSICAL DAMAGE PREMIUM</u>
Please refer to attached Schedule of Aircraft.						
<u>DEDUCTIBLES NOT IN MOTION</u>		<u>DEDUCTIBLES IN MOTION</u>		<u>PHYSICAL DAMAGE</u>		
					War (Hull) - Florida:	\$191.00
					TRIA (Included):	\$191.00
TOTAL PHYSICAL DAMAGE PREMIUM:						\$14,107.00
TOTAL PREMIUM:						\$20,980.00

ITEM 6. PILOTS: When in flight the aircraft will be piloted only by the following pilots, provided each has a valid pilot's certificate including a current and valid medical certificate appropriate for the flight and aircraft insured. The term Medical Certificate is defined as any valid First-Class, Second-Class, Third-Class, or BasicMed compliance. All medical certificates must be appropriate for the intended flight and in compliance with the FAA's Codes of Federal Regulations. Pilots operating under BasicMed must be able to provide documentation that demonstrates complete compliance.
As Endorsed

ITEM 7. The aircraft will be used for: Industrial Aid excluding any use for hire or reward.

ITEM 8. LOSS PAYABLE Endorsement in favor of: As Endorsed

ITEM 9. The Named Insured is and shall remain the sole and unconditional owner of any aircraft declared hereunder and the aircraft is not subject to any encumbrance other than as indicated in Item 8.

PRODUCER: Assuredpartners Aerospace, LLC DBA Hope Aviation Insurance, Inc.
2901 Millwood Avenue
Columbia, SC 29205

Endorsements forming a part of this policy on effective date in Item 2 are shown on the attached schedule incorporated as a part hereof.

DATE ISSUED: November 15, 2021

APPROVED BY:

W. Brown & Associates

SCHEDULE OF AIRCRAFT

DESCRIPTION OF AIRCRAFT					
No.	FAA Cert #	Serial #	Year/Make/Model	Seats (Crew/Pass)	Insured Value
1	N196SC	BB-1525	1996 Beechcraft King Air B200	1/7	\$1,525,000.00

PHYSICAL DAMAGE COVERAGE				
No.	Deductibles		Physical Damage Coverage	Premium
	Not In Motion	In Motion		
1	\$10,000	\$10,000	F. All Risk Basis	\$13,725.00

TOTAL PHYSICAL DAMAGE PREMIUM \$13,725.00

AIRCRAFT LIABILITY COVERAGES					
No.	Single Limit Bodily Injury & Property Damage	Passenger Liability	Passenger Liability Limited To		Premium
			Each Person	Each Occurrence	
1	\$10,000,000	Included	XXXX	XXXX	\$6,545.00

TOTAL AIRCRAFT LIABILITY PREMIUM \$6,545.00

MEDICAL EXPENSES				
No.	Including Crew	Each Person	Each Occurrence	Premium
1	Yes	\$10,000	\$80,000	Included

TOTAL MEDICAL LIABILITY PREMIUM \$0.00