



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/07/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| | | | | |
|---|--|---|--|---|
| AGENCY AssuredPartners Aerospace 9860 E 21st Street N Wichita, KS 67206 | | PHONE (A/C, No, Ext): 316-749-2795 | COMPANY Lexington Insurance Company | |
| FAX (A/C, No): 316-945-2330 | | E-MAIL ADDRESS: corey.trask@assuredpartners.co | | |
| CODE: | | SUB CODE: | | |
| AGENCY CUSTOMER ID #: | | | | |
| INSURED Mi Co Square, Inc DBA Tri-Star Systems and James H Coughlan Jr PO Box 8 Destin, FL 32540 | | LOAN NUMBER | POLICY NUMBER 41-LX-019907178-11 | |
| | | EFFECTIVE DATE 08/05/2023 | EXPIRATION DATE 08/05/2024 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | | |

PROPERTY INFORMATION

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| LOCATION/DESCRIPTION Lease # L08-0330-AP Lot 4 Block 6 Destin Airport, Destin, FL 32541 |
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

| COVERAGE/PERILS/FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|-----------------------------|---------------------|------------|
| Building - Replacement Cost | \$58,800 | \$1,000* |


REMARKS (Including Special Conditions)

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|------------------------|--|
| *Wind/Hail is excluded | CONTRACT:L08-0330-AP COUGHLAN, JAMES MI CO SQUARE, INC. DAP BLK 6/LOT 4 XFERED FM #L62 EXPIRES:05/31/2033 |
|------------------------|--|

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

| | | |
|--|--|--|
| NAME AND ADDRESS Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Elgin AFB, FL 32542-1498 | <input type="checkbox"/> MORTGAGEE | <input checked="" type="checkbox"/> ADDITIONAL INSURED |
| | <input checked="" type="checkbox"/> LOSS PAYEE | |
| | LOAN # | |
| AUTHORIZED REPRESENTATIVE  | | |