OP ID: CR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/11/2023

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 PERPENENTATIVE OF PRODUCER AND THE CERTIFICATE HOLDER.

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). CONTACT Terry M. Britt 770-978-4855 PHONE (A/C, No, Ext): 770-978-4855 Ebco Aviation Insurance, LLC 3070 Five Forks Trickum Road FAX (A/G, No): E-MAIL RODRESS: tbritt@eaislic.com P.O. Box 1534 Snellville, GA 30078 Terry M. Britt NAIC# INSURER(S) AFFORDING COVERAGE INSURER A : ACE American Insurance Co INSURED Emerald Coast Aviation dba Aero FX, Inc., Fuel FX 5535 John Givens Road Crestview, FL 32539 INSURER B: INSURER C: INSURER D **INSURER E** INSURER F: REVISION NUMBER: **COVERAGES CERTIFICATE 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. ADDL SUBR POLICY NUMBER TYPE OF INSURANCE 25,000,000 Х COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) 500,000 CLAIMS-MADE | X OCCUR 01/06/2023 01/06/2024 AAPN10721118004 Х 25,000 MED EXP (Any one person) 25,000,000 PERSONAL & ADV INJURY 25,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 25,000,000 POLICY TECT PRODUCTS - COMP/OP AGG 5,000,000 HKLL COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE ŝ CLAIMS-MADE EXCESS HAR AGGREGATE DED RETENTION \$ STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYER If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CONTRACT: C21-3047-AP FUEL FX, INC. DBA EMERALD COAST AVIATION FUEL FARM STORAGE SYSTEM MAINTENANCE AND REPAIR EXPIRES:12/31/2024 **CERTIFICATE HOLDER** OKALOO1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Okaloosa County Board of County 302 N Wilson Street, Ste. 301 AUTHORIZED REPRESENTATIVE Crestview, FL 32536 Terry M. Britt

NOTEPAD

EMERA-1 Emerald Coast Aviation dba Aero FX, OP ID: CR INSURED'S NAME Inc., Fuel FX

PAGE 2 Date 12/02/2020

Per Chubb Form AAP236 Okaloosa County shall be included as additional insured but only as respects operations of the named insured. The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization. organization.

organization.
The Certificate Holder will be provided with thirty (30) days, (ten (10) days if for non-payment of premium) notice of cancellation.
The coverage includes On Airport Premises Auto Liability Limit.
Coverage is primary and non-contributory to any other insurance available to the Certificate Holder.
The coverage includes Contractual Liability, independent Contractors
Liability and Excess Puto Liability

Liability and Excess Auto Liability

OP ID: CR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/19/2023

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 Ebco Aviation Insurance, LLC 3070 Five Forks Trickum Road P.O. Box 1534 Snellville, GA 30078 Terry M. Britt						CONTACT NAME:						
						PHONE FAX (A/C, No, Ext): (A/C, No):						
						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE				NAIC#		
						INSURER A : Granite State Insurance Co.						
INSURED Emerald Coast Aviation dba						INSURER B : National Union & Fire						
						INSURER C: Praetorian Insurance Company						
Aero FX, Inc. & Fuel FX, Inc. 5545 John Givens Road					INSURER D : Lexington Insurance Co.							
Crestview, FL 32539					INSURER D.							
Ī						INSURER E: INSURER F:						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:												
	IS TO CERTIFY THAT THE POLICIES				VE DEE	N ICCUED TO			E DOLI	CV PERIOD		
INDIC	CATED. NOTWITHSTANDING ANY RE DIFICATE MAY BE ISSUED OR MAY	EQUIF PERT	REME AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT O HEREIN IS SUBJECT TO	1 10 V	VHICH THIS		
EXCL	USIONS AND CONDITIONS OF SUCH	CIES.	LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(WW/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY								\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
				-					\$			
									\$			
G	EN'L AGGREGATE LIMIT APPLIES PER:								\$			
	POLICY PRO- LOC								\$			
	OTHER:								\$			
Α Δι	TOMOBILE LIABILITY	X						COMBINED SINGLE LIMIT	\$	1,000,000		
AC	ANY AUTO	^		02-CA-019047925-11		06/26/2023	06/26/2024	1				
-	OWNED SCHEDULED			02-GA-019041925-11		00/20/2023	00/20/2024		\$			
Х								PROPERTY DAMAGE	\$			
	- AUTOS CINLT						_		\$			
Х	 								\$	4,000,000		
В	UMBRELLA LIAB OCCUR			44 UD 049790934 4		07/40/2022	0714010004	EACH OCCURRENCE	\$			
Х	EXCESS LIAB CLAIMS-MADE			41-UD-042726231-4		0111012023	07/18/2024	AGGREGATE	\$	4,000,000		
	DED RETENTION \$								\$			
C WC	JORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N							X PER STATUTE OTH-				
	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A	X	AWC0500167		11/30/2022	11/30/2023	E.L. EACH ACCIDENT	\$	1,000,000		
(Ma	andatory in NH)	III.	'`					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
lf y DE	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
	operty			41-LX086581302-012/000)	06/26/2023	06/26/2024					
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	FS (#	CORD	101. Additional Remarks Schedu	le. may be	e attached if mor	e space is requir	ed)				
RE: Le	and the second s	(r	,00,0	i i i i i i i i i i i i i i i i i i i	io, may b	o atmones il moi	e opass to requi	ouj				
Okalo	osa County Board of Commiss	ione	rs is	included as an additi	onal in	sured as r	espects aut	to				
	cess coverage.				415		•					
					V100							
					_	CONTRACT	F CO4 204	7 AD				
	FIGATE MAL DEE				-	CONTRACT		7-AP ERALD COAST AVIATIO	NC.			
CERTI	FICATE HOLDER			0// 1/004						PAIR		
I UNALUUI I							FUEL FARM STORAGE SYSTEM MAINTENANCE AND REPAIR EXPIRES:12/31/2024					
Okaloosa County Board of Commissioners C/O Destin-Fort Walton Beach Airport Administration						EAFIRES.12/31/2024 E						
1701 State Rd 85 North												
E	glin AFB, FL 32542			RIZED REPRESE	NTATIVE							
Terry M. Britt												
<u></u>												
ACORD 25 (2016/03)						© 1988-2015 ACORD CORPORATION. All rights reserved.						

ACORD