

CERTIFICATE OF LIABILITY INSURANCE

6/29/2023

6/24/2021

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 Lockton Companies Three City Place Drive, Suite 96 St. Louis MO 63141-7081 (314) 432-0500 INSURED LOGGO Crestview Aerospace LLC		NAME PHON (AG.) E-MAI ADDR	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: *** SEE ATTACHMENT ***				
1506806 c/o Vertex Aerospace EEC 555 Industrial Drive South Madison MS 39110		INSUF INSUF	RER C : RER D : RER E :				
COVERAGES CERTIFICATE NUMBER: 161750				ERF:		REVISION NUMBER: XX	VVVVV
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF REMEI AIN,	RANCE LISTED BELOW HAVE BE NT, TERM OR CONDITION OF AI THE INSURANCE AFFORDED BY	NY CONTRACT ' THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	D NAMED ABOVE FOR THE POL DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL T	WHICH THIS
INSR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	N	As Attached	3/8/2022	6/29/2023	DAMAGE TO DENTED	000,000
X Aviation General Liability GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 25,0	000,000 XXXXX
POLICY PRO- JECT LOC OTHER:			NOT APPLICABLE			\$,000,000
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			NOT AFFLICABLE			BODILY INJURY (Per person) \$ XX BODILY INJURY (Per accident) \$ XX PROPERTY DAMAGE (Per accident) \$ XX	XXXXX XXXXX XXXXX XXXXX XXXXX
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$			NOT APPLICABLE			AGGREGATE \$ XX \$ XX	XXXXX XXXXX XXXXX
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		NOT APPLICABLE			E.L. DISEASE - EA EMPLOYEE \$ XX	XXXXX XXXXX XXXXX
A HANGARKEEPERS LIABILITY	Y	N	As Attached	3/8/2022	6/29/2023	EACH AIRCRAFT: \$500,000,000 EACH OCCURENCE: \$500,000,0	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC To the extent required but solely with respect to the Ag apply: Okaloosa County Airports Authority is included if the policy is cancelled or there is a material change to Scheduled Aircraft: Boeing 747-200; MSN 21966	reemen as an A	t betwe Additio	een the Named Insured & Certificate Hol nal Insured but only as respects the opera	der, subject to pol- itions of the Name	icy terms, conditi d Insured.	ions, limitations & exclusions, the following	ing shall
					RCRAFT INT	EGRATION & SUSTAINMENT.	
CERTIFICATE HOLDER 16175006 Okaloosa County 5479 A Old Bethel Rd Crestview FL 32536			C	L-3 COMMU AT THE BOE EXPIRES : 0	SIKES AIRI	VERTEX AEROSPACE. LLC LI PROT	EASE RE IN
1			AUTH	ORIZED REPRESE		uil	

Named Insured completed:

VERTEX AEROSPACE SERVICES CORP and any parent, subsidiary, affiliated, associated or allied company, corporation, firm, organization and the Insured's interest in partnerships and joint ventures and any owned (wholly or partially) or controlled company(ies) where the Insured maintains an interest, as now or hereafter constituted or acquired

SECURITIES (the "Insurers") For Policy Period: March 8, 2022 to June 29, 2023 on both dates at 12:01 A.M. Standard Time at the address of the Named Insured

Insurer

<u>Policy No</u>. 1000189405-01

Starr Indemnity & Liability Co. through Starr Aviation Agency, Inc. 3353 Peachtree Rd. NE, Suite 1000 Atlanta, GA 30326-1437

Allianz Global Corporate & Specialty 28 Liberty Street, 37th Floor New York, NY 10005-1453 A2PR001252022AM

BAVQFPTMS011200_130055-01

Texas Insurance Company through Applied Risk Services, Inc. dba: Applied Underwriters Aviation P.O. Box 3804 Omaha, NE 68103

Falls Lake National Insurance Company through Air Centurion Insurance Services, LLC 1332 Anacapa St, Suite 120 Santa Barbara, CA 93101-2090 ACQM-FL-00510-01

QBE Insurance Corporation through QBE North America Wall Street Plaza 88 Pine Street New York, NY 10005-1801 140000531

Underwriters at Lloyd's & various Insurance Companies (each for their own part and not one for the other)

AVNLS2202474



CERTIFICATE OF LIABILITY INSURANCE

6/29/2023

DATE (MM/DD/YYYY) 9/27/2022

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.

	rtificate does not confer rights to	o the	certi	ficate holder in lieu of si	uch end	lorsement(s).		
RODUCER	Lockton Companies				NAME:	•1		TEAV	
Three City Place Drive, Suite 900			PHONE (A/C, No	. Ext):		FAX (A/C, No):			
	St. Louis MO 63141-7081				E-MAIL ADDRES	is:			
	(314) 432-0500				,,		URERIS) AFFOR	DING COVERAGE	NAIC#
			INSURER A: National Union Fire Ins Co Pitts. PA				19445		
					INSURER B: Federal Insurance Company				20281
isured 448790	Vertex Aerospace, LLC								2,02.01
440 <i>17</i> 0	c/o Vertex Aerospace Services Corp.			INSURER C: *** SEE ATTACHMEN			TMRN1 ***		
555 Industrial Drive South					INSURER D:				
	Madison MS 39110				INSURE	RE:			
					INSURE	RF:			
OVER	AGES CER	TIFIC	ATE	NUMBER: 1748348	3			REVISION NUMBER: XX	XXXXX
INDICA CERTIF EXCLU	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	/ Contract The Policie	or other i s describe!	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
ISR TR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3737373737
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR			NOT APPLICABLE				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XX	XXXXX XXXXX
	herry							MED EXP (Any one person) \$ XX	XXXXX
								PERSONAL & ADV INJURY \$ XX	XXXXX
OTA	L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ XX	XXXXX
	PPO-						ļ		XXXXX
\vdash	POLICY JECT LOC							\$	21212121
	OTHER:					C 100 10000	6/00/0000	COMBINED SINGLE LIMIT & O. O.	00 000
·- —	OMOBILE LIABILITY	Y	N	AL 1722387		6/29/2022	6/29/2023	(Ea accident) \$\frac{\sigma \zeta_1 \text{U}}{2}\$	00,000
73.	ANY AUTO								XXXXX
	OWNED SCHEDULED AUTOS ONLY AUTOS								XXXXX
1	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY								XXXXX
	ABTOS ONET							\$ XX	XXXXX
D 32	UMBRELLA LIAB OCCUR	Y	N	79866408		6/29/2022	6/29/2023	EACH OCCURRENCE \$ 10,	000,000
		1	14	7,000,408		O/L//LULL	0/23/2023		000,000
	1 OE MAIO III AE	1							XXXXX
	DED RETENTION\$								AAAAA
	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N		Y	"See Attached"		6/29/2022	6/29/2023		
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A							00,000
(Man	datory in NH)							E.L. DISEASE - EA EMPLOYEE \$ 1,0	00,000
If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,0	00,000
HIS CERTI Okaloosa Sutomobi	ION OF OPERATIONS / LOCATIONS / VEHICI FICATE SUPERSEDES ALL PREVIOUSLY ISSU County Board of County Commission le Liability and Umbrella Liability per lla Liability, Automobile Liability, and	ED CE ers is i	RTIFIC includ erms a	ATES FOR THIS HOLDER, APPLIC led as additional insured on a and conditions of the policy. A	ABLE TO Primary A 30-day	rhe CARRIERS I and Non-cont notice of can	ISTED AND THE tributory basis cellation is incl	POLICY TERM(S) REFERENCED. if required by written contract with:	respect to with respect
ERTIF	ICATE HOLDER				CAN	CELLATION	See Atta	chments	
	7483483				1				11400
0	7463463 kaloosa County Board of Coun estin-Fort Walton Beach Airpor	ty C	omn	nissioners	THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE TY PROVISIONS.	LED BEFORE LIVERED IN

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

1701 State Road 85 N Eglin AFB FL 32542

Workers' Compensation and Employers' Liability

Insurer	Policy Number	Eff. Date	Exp. Date
AIU Insurance Co.	WC 013759818 (WI)	6/29/2022	6/29/2023
AIU Insurance Co.	WC 048425914 (CA)	6/29/2022	6/29/2023
AIU Insurance Company	WC 048425916 (AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, WA, WV, WY)	6/29/2022	6/29/2023



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 6/29/2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PRODUCER NAME, CONTACT PERSON AND ADDRESS | PHONE (A/C, No, Ext): (314) 432-0500 NAIC NO: 16535 COMPANY NAME AND ADDRESS Zurich American Insurance Company Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 FAX (A/C, No): (314) 812-3299 IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH POLICY TYPE SUB CODE: CODE Property AGENCY CUSTOMER ID #: POLICY NUMBER LOAN NUMBER NAMED INSURED AND ADDRESS Vertex Aerospace, LLC PPR6944819-02 1121039 c/o Vertex Aerospace Services Corp. 555 Industrial Drive South EXPIRATION DATE EFFECTIVE DATE CONTINUED UNTIL Madison MS 39110 6/29/2023 TERMINATED IF CHECKED 6/29/2022 THIS REPLACES PRIOR EVIDENCE DATED: ADDITIONAL NAMED INSURED(S) ☐ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) LOCATION / DESCRIPTION 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. X SPECIAL BASIC BROAD COVERAGE INFORMATION PERILS INSURED COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: 600,000,000 DED: 100,000 YES NO N/A X Actual Loss Sustained; # of months: X BUSINESS INCOME ☐ RENTAL VALUE Х If YES, LIMIT: Included If YES, indicate value(s) reported on property identified above: \$ Х BLANKET COVERAGE Attach Disclosure Notice / DEC Х TERRORISM COVERAGE IS THERE A TERRORISM-SPECIFIC EXCLUSION? X IS DOMESTIC TERRORISM EXCLUDED? X DED: 100,000 If YES, LIMIT: Included LIMITED FUNGUS COVERAGE X FUNGUS EXCLUSION (If "YES", specify organization's form used) X REPLACEMENT COST Х AGREED VALUE Х If YES. COINSURANCE Х If YES, LIMIT: Included DED: 100,000 EQUIPMENT BREAKDOWN (If Applicable) X If YES, LIMIT: Included DED: 100,000 ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg Х If YES, LIMIT: Included DED: 100,000 - Demolition Costs Х DED: 100,000 X If YES, LIMIT: 25,000,000 - Incr. Cost of Construction DED: SEE ADDENDUM If YES, LIMIT: SEE ADDENDUM Х EARTH MOVEMENT (If Applicable) DED: SEE ADDENDUM If YES, LIMIT: SEE ADDENDUM Х FLOOD (if Applicable) If YES, LIMIT: 250,000,000 DED: SEE ADDENDUM WIND / HAIL INCL X YES NO Subject to Different Provisions: Х DED: SEE ADDENDUM If YES, LIMIT: SEE ADDENDUM NAMED STORM INCL X YES NO Subject to Different Provisions: Х PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE X HOLDER PRIOR TO LOSS 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. [D550788] [D545180] ADDITIONAL INTEREST X LOSS PAYEE LENDER SERVICING AGENT NAME AND ADDRESS LENDER'S LOSS PAYABLE CONTRACT OF SALE MORTGAGEE NAME AND ADDRESS 648938 Okaloosa County Board of County Commissioners 1701 State Road 85 N Eglin AFB FL 32542 AUTHORIZED RED

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE-Including Special Conditions (Use only if more space is required)
RE: Leased Hanger #5 at 5486 Fairchild Rd Crestview, Florida 32539. Okaloosa County Board of County Commissioners is included as Loss Payee if required by written contract per the terms and conditions of the Property policy.

ACORD 28 (2016/03) Certificate Holder ID: 648938

Addendum

Limits:

Earth Movement:

\$50,000,000 annual aggregate, except:

- \$5,000,000 property located in high hazard earthquake zones
- \$10,000,000 property located in moderate hazard earthquake zones

Named Storm:

\$250,000,000 annual aggregate, except:

- \$50,000,000 for locations in high hazard named storm zones
- · No coverage for locations in moderate hazard named storm zones

Flood:

\$50,000,000 annual aggregate, except:

- \$5,000,000 property located in high hazard flood zones
- \$10,000,000 property located in moderate hazard flood zones

Deductibles:

Earth Movement:

\$100,000 per occurrence, except:

- California and Japan, and other Global High Hazard Zones: 5% Property Damage and 5% Time Element of the applicable values, subject to a minimum of \$250,000 per occurrence
- New Madrid and Pacific Northwest Seismic Zone: 2% Property Damage and 2% Time Element of the applicable values, subject to a minimum of \$100,000 per occurrence

Flood:

\$100,000 per occurrence, except:

- High Hazard Flood Zones: \$1,000,000 per occurrence
- Moderate Hazard Flood Zones: \$500,000 per occurrence

Named Storm:

\$100,000 per occurrence, except:

 <u>Critical Named Storm Areas:</u> 5% Property Damage and 5% Time Element of the applicable values, subject to a minimum of \$250,000 per occurrence

Wind/Hail:

• 1% of the applicable values, subject to a minimum of \$100,000 per occurrence



Okaloosa County Board of County Commissioners 1701 State Road 85 N Eglin AFB, FL 32542

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **648938**.

•Email: STL-edelivery@lockton.com •Phone: (866) 728-5657 (toll-free)

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox is for automating electronic delivery of certificates only. Please do NOT send future certificate requests to this inbox.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies