

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2024

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	CONTACT Willis T	Cowers Wats	on Certificate Cente	r			
Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-88				-467-2378		
P.O. Box 305191	E-MAIL ADDRESS: certifi						
Nashville, TN 372305191 USA			RDING COVERAGE		NAIC#		
			nce Company of North	Ameri	43575		
INSURED					22667		
Vertex Aerospace, LLC		INSURER B: ACE American Insurance Company INSURER C: ACE Fire Underwriters Insurance Company			20702		
Vertex Aerospace Services Corp. 555 Industrial Drive South	ertex Aerospace Services Corp.		1	20702			
5 Industrial Drive South INSURER D:							
	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: W32826188			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 INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$			
OTHER:			TRODUCTUS - CONTROP AGG	\$			
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT	\$	3,000,000		
X ANY AUTO			(Ea accident) BODILY INJURY (Per person)	\$			

ISA H10825970

XEU G28163691 008

WLR C55516753

WLR C55513958

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule,

Y / N

No

Y

SCHEDULED

AUTOS NON-OWNED

AUTOS ONLY

OCCUR

CLAIMS-MADE

X

RETENTION \$

ANYPROPRIETOR/PARTNER/EXECUTIVE

If yes, describe under DESCRIPTION OF OPERATIONS below

Workers Compensation and

SEE ATTACHED

X

в

OWNED AUTOS ONLY HIRED

AUTOS ONLY

UMBRELLA LIAB

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

OFFICER/MEMBER EXCLUDED?

Employers' Liability

EXCESS LIAB

DED

(Mandatory in NH)

Per Statute

LEASE: L21-0491-AP

BATCH: 3357486

03/01/2024 03/01/2025

03/01/2024 03/01/2025

03/01/2024 03/01/2025

VERTEX AIRCRAFT INTEGRATION & SUSTAINMENT, LLC LEASE OF GROUND SPACE AT 5486 FAIRCHILD RD.

BODILY INJURY (Per accident)

PROPERTY DAMAGE

EACH OCCURRENCE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

E.L. DISEASE -EA EMP

E.L. DISEASE -POLICY

AGGREGATE

X | PER STATUTE \$

\$

\$

\$

\$

\$

\$

\$2,000,000

\$2,000,000

\$2,000,000

10,000,000

10,000,000

2,000,000

2,000,000

2,000,000

EXPIRES: 04/19/2024 w/2 1 yr renewals

03/01/2024 03/01/2025 E.L. EACH ACCIDENT

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
	Manh Vox
EGIIII AFB, FL 32342	© 1000 0010 4 000 D 00 D 00 D 0 D 10 U 4 U 1 U 1

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AGENCY CUSTOMER ID:	
1.00.4	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

NAIC#: 20702

Willis Towers Watson Midwest, Inc.		NAMEDINSURED Vertex Aerospace, LLC Vertex Aerospace Services Corp. 555 Industrial Drive South Madison, MS 39110		
				POLICY NUMBER
See Page 1				
	T			
CARRIER	NAIC CODE			
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1		
ADDITIONAL DEMANUS				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ____25 FORM TITLE: Certificate of Liability Insurance

Okaloosa County Board of County Commissioners is included as Additional Insured as respects to Automobile Liability and Umbrella/Excess Liability.

Automobile Liability and Umbrella/Excess Liability shall be Primary and Non-Contributory with any other insurance in force for or which may be purchased by Additional Insured.

Waiver of Subrogation applies in favor of Additional Insured with respects to Workers Compensation, as permitted by law.

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company

SUBROGATION WAIVED:

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

Workers Compensation and E.L. EACH ACCIDENT

Employers' Liability E.L. DISEASE -EA EMP Per Statute

E.L. DISEASE -POLICY

LIMIT AMOUNT:

\$2,000,000

\$2,000,000 \$2,000,000

ACORD 101 (2008/01)

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SR ID: 25501919 BATCH: 3357486 CERT: W32826188