

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2023

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).

th	is certificate does not confer rights to							equite an engolocillent.	A 310	itoment on
PRODUCER						CONTACT NAME:				
Willis Towers Watson Northeast, Inc.						NAME:   PHONE   (A/C, No, Ext):   (A/C, No):				
Concourse Corporate Center Five, 18th Floor					E-MAIL ADDRESS:					
Atlanta, GA 30328									NAIC#	
					INSURER A: Various Insurance companies (see attached)				10.00 #	
INSURED					INSURE					
	V2X, Inc and as endorsed				INSURE					
	7901 Jones Branch Drive				INSURER D:					
	Suite 700				INSURER E :					
	McLean, VA 22102				INSURER E :					
CO	/ERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH I	QUIR PERT	EMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT	TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY				,				500,	000,000.
	CLAIMS-MADE X OCCUR		i					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,00	0,000.
			i						5,00	0.
Α	AVIATION GENERAL LIABILITY	Υ		As Attached		6/29/2023	6/29/2024	PERSONAL & ADV INJURY \$	25,0	00,000.
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	500,	000,000.
	OTHER:								<u> </u>	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	5	
	ANY AUTO							BODILY INJURY (Per person) \$	S	
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$	S 	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	S ———	
									<u> </u>	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	S	
EXCESS LIAB CLAIMS-MADE								AGGREGATE \$	<u> </u>	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH	<u> </u>	
	AND EMPLOYERS' LIABILITY Y / N	N/A						PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT \$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$  EACH AIRCRAFT		2 000 000
Α	HANGARKEEPERS LIABILITY	Υ		As atached		6/29/2023	6/29/2024	EACH OCCURENCE		0,000,000. 0,000,000.
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)		
Okaloosa County Board of County Commissioners is named as Additional Insured on appear.  LEASE: L  VERTEX A							2-0051 RCRAFT	-AP  &S	ıav	
						PROPERTY BSAP				
CERTIFICATE HOLDER					EXPIRES:INDEFINITE					
Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin AFB FL 32542-1498					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE					
					(14 B Har)					



Named Insured: V2X, Inc., Vertex Aerospace Services Corp., Vectrus Services Greenland, Vertex Aerospace, LLC and Vectrus Systems Corporation 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.

#### **SECURITY** (the "Insurers")

Insurer:	Policy Number:
Starr Indemnity & Liability Co through Starr Aviation Agency, Inc. 3353 Peachtree Rd. NE, Suite 1000 Atlanta, GA 30326-1437	1000189405-02
Allianz Global Corporate & Specialty 28 Liberty Street, 37th Floor New York, NY 10005-1453	A2PR001252023AM
Texas Insurance Company through Applied Risk Services, Inc. dba: Applied Underwriters Aviation P.O. Box 3804 Omaha, NE 68103	VQFPVA011300_130925_01
Falls Lake National Insurance Company 1332 Anacapa St, Suite 120 Santa Barbara, CA 93101-2090	ACQG FL-00510-02
QBE Insurance Corporation through QBE North America Wall Street Plaza 88 Pine Street New York, NY 10005-1801	122000515
Underwriters at Lloyd's & various Insurance Companies (each for their own part and not one for the other)	AVNLS2202474

### Several Liability Notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2023

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.

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PRODUCER	CONTACT Willis Towers Watson Certificate Center					
Willis Towers Watson Midwest, Inc.	PHONE (A/C, No, Ext): 1-877-945-7378	467-2378				
c/o 26 Century Blvd	EMAIL					
P.O. Box 305191	ADDRESS: certificates@willis.com					
Nashville, TN 372305191 USA	INSURER(S) AFFORDING COVERAGE		NAIC#			
	INSURER A: ACE American Insurance Company	22667				
INSURED	INSURER B: ACE Property & Casualty Insura	ance Company	20699			
Vertex Aerospace, LLC	INSURER C: Indemnity Insurance Company of	43575				
Vertex Aerospace Services Corp.	INSURER C: Indemnity insurance company of	NOICH AMELL	43373			
555 Industrial Drive South	INSURER D: ACE Fire Underwriters Insurance Company					
Madison, MS 39110	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: W29442438 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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	9
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
A	OWNED SCHEDULED AUTOS ONLY	Y		ISA H25578399	03/01/2023	03/01/2024	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE	Y		XEU G28163691 007	03/01/2023	03/01/2024	AGGREGATE	\$ 10,000,000
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-	
С	ANYPROPRIETOR/PARTNER/EXECUTIVE	1 1	Y		03/01/2023	03/01/2024	E.L. EACH ACCIDENT	\$ 2,000,000
	(Mandatory in NH)	N/A	1	WLR C70317734			E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
D	Workers Compensation and		Y	SCF C70317771	03/01/2023	03/01/2024	E.L. EACH ACCIDENT	\$1,000,000
	Employers' Liability						E.L. DISEASE -EA EMP	\$1,000,000
	Per Statute						E.L. DISEASE -POLICY	\$1,000,000

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

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.

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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John dla
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BATCH: 3032386

AGENCY CUSTOMER ID:	
LOC #:	



# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

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

CARRIER	NAIC CODE							
	See Page 1	EFFECTIVE DATE: See Page 1						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,							
FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance								
Waiver of Subrogation applies in favor of Additional Insured with respects to Workers Compensation, as permitted by								
law.		a mion respects to memors compensation, as permitted as						

ACORD 101 (2008/01)

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