

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/08/2022

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.

				R, AND THE CERTIFICATE HOLDER							
I	fthi	s certificate i	s being prepare	ed for a party who has an insurable i		perty, do not use	this	form. Use ACORD :	27 or A	CORD 28.	
PRO	UCE	R			CONTACT	CONTACT NAME:					
	Na	itional Ha	ngar Insura	ance Program	I PHONE	PHONE FAX (A/C, No):					
		00 S. Ma			l E-MAIL	E-MAIL					
					PRODUCER						
	lu	Isa, OK 🥻	74119		CUSTOMER ID:						
						INSURER(S) AFFORDING COVERAGE INSURER A . Travelers Indemnity Company (IND)					
INSU		Langer	шс		INSURER A:	INSURER A: Havelets indefinitly Company (IND)					
		Hangar,			INSURER B:	INSURER B:					
			nd Road N'	W	INSURER C:	INSURER C:					
	٩tla	anta, GA	30342		INSURER D:	INSURER D:					
		,			INSURER E :	INSURER E:					
						INSURER F:					
CO	/ER	AGES		CERTIFICATE NUMBER:		REVISION NUMBER:					
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 181, Additional Remarks Schedule, if more space is required)											
(1	/1)	Destin/Fo	ort Walton I	Beach Airport, Block 7, Lo	t 1, DESTIN	, FL 32540					
IN CI	DIC/ ERTI	ATED. NOTWI FICATE MAY I	THSTANDING AN BE ISSUED OR I	ICIES OF INSURANCE LISTED BELOW NY REQUIREMENT, TERM OR CONDITI MAY PERTAIN, THE INSURANCE AFFO SUCH POLICIES. LIMITS SHOWN MAY HA	ON OF ANY CONT PRDED BY THE PO	ract or other i Licies describei	D HE	UMENT WITH RESPEC	CT TO	WHICH THIS	
INSR LTR		TYPE OF IN	TYPE OF INSURANCE POLICY NUMBER			POLICY EXPIRATION DATE (MM/DD/YYYY)			LIMITS		
	×	PROPERTY						BUILDING	\$		
		JSES OF LOSS	DEDUCTIBLES	9B108121	06/05/2022	06/05/2023	X	BUILDING (1/1)	\$ 245,	050	
		BASIC	BUILDING	-				BUILDING (1/1)	\$		
		BROAD		-				EXTRA EXPENSE			
		SPECIAL	CONTENTS				-	RENTAL VALUE	\$		
	×			-					\$		
		EARTHQUAKE					_	BLANKET BUILDING	\$		
		WIND					_	BLANKET PERS PROP	\$		
		FLOOD						BLANKET BLDG & PP	\$		
									\$		
					<u>. </u>				\$		
		INLAND MARINE	3	TYPE OF POLICY					\$		
	CAL	USES OF LOSS		i					\$		
		NAMED PERILS		POLICY NUMBER	-				\$		
									\$		
\vdash		CRIME							\$	•	
	70.00						-				
	itt	E OF POLICY							\$		
		BOILER & MACH	IINEDV I				\vdash				
		EQUIPMENT BR	EAKDOWN						\$		
<u> </u>							1		\$		
				,		CONTD ACT	· # 1	(00 0224 AD		•	
					1.	CONTRACT # L08-0326-AP					
	SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if r					Ma That (OEX, EEC					
RE: Loss Payable Provision, DX T3 79 11 12 and Additional					nal Insured,	Insured DAP BLOCK 7/LOT 1					
					1	EXPIRES: 05/17/2035					
C	ertif	icate Holde	er is added a	s LP/AI as evidence by the for	m listed ab	EZH MED, V.	JI I .	114033			
CE	₹TIF	ICATE HOLI	UER		CANCELLA?	CANCELLATION					
0	kal	oosa Cοι	ıntv		SHOHED VM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
			ethel Road					OF, NOTICE WILL I			
						CE WITH THE POLIC					
C	res	tview, FL	32536								
					AUTHORIZED RE	AUTHORIZED REPRESENTATIVE					
_	AI/I P					Hal Hunt					
ıΑ	1/1 l	-			I	1140 114AU					

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/08/2022

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): National Hangar Insurance Program 1300 S. Main Street INSURER(S) AFFORDING COVERAGE NAIC # Tulsa, OK 74119 INSURER A: Travelers Indemnity Company (IND) INSURED INSURER B : MD Hangar, LLC INSURER C: 425 Broadland Road NW INSURER D: INSURER E: Atlanta, GA 30342 INSURER F COVERAGES CERTIFICATE NUMBER: **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 ADDL SUBR INSR WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY \$1,000,000 EACH OCCURRENCE 9B108121 06/05/2022-06/05/2023 DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$ Excluded CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY s Excluded \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER; s Excluded PRODUCTS - COMPIOP AGG POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE HIRED AUTOS AUTOS **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (1/1) Destin/Fort Walton Beach Airport, Block 7, Lot 1, DESTIN, FL 32540 Certificate Holder is added as AI as evidence by the CG 20 11 01 96 form. CERTIFICATE HOLDER CANCELLATION Okaloosa County SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 5479 A Old Bethel Road THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Crestview, FL 32536 AUTHORIZED REPRESENTATIVE Hal Hunt Additional Insured

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