CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/12/2024

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
Marsh & McLennan Agency LLC
6160 Golden Hills Drive
Minneapolis MN 55416

CONTACT NAME: Centralized Accounts Servicing Team
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS: CAST@MarshMMA.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Surplus Lines Insurance Company	13604
INSURER C : Interstate Fire & Casualty Company	22829
INSURER D :	
INSURER E :	
INSURER F :	

INSURED SUNCOUNTR
Sun Country, Inc. dba Sun Country Airlines
2005 Cargo Rd.
Minneapolis MN 55450

COVERAGES **CERTIFICATE NUMBER:** 1502366670 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED 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:							$
A	AUTOMOBILE LIABILITY			1000600324241	4/15/2024	4/15/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1000009312	4/15/2024	4/15/2025	X PER STATUTE / OTH-ER	
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N	N / A		1000003643	4/15/2024	4/15/2025	E.L. EACH ACCIDENT	$ 1,000,000
A	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			1000005474	4/15/2024	4/15/2025	E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
B				1000082570	4/15/2024	4/15/2025	E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Pollution			USL02286122	1/31/2022	1/31/2025	Limit	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Auto: #1000600324241
Physical Damage deuctibles: $500/$500 comp/coll
Contract #L23-0507-AP
Certificate Holder is included as Additional Insured as required by written contract or agreement limited to the Automobile Liability coverage.
A Waiver of Subrogation applies in favor of the certificate holder for Workers Compensation with respect to work performed by the named insured for specifically referenced jobs or as required by written contract or agreement.

LEASE: L23-0507-AP
SUN COUNTRY, INC.,
DBA SUN COUNTRY AIRLINES
SIGNATORY AIRLINE OPERATION
AGREE/TERMINAL LEASE
EXPIRES: 09/30/2024 w/ 2 1 yr renweals

CERTIFICATE HOLDER

Okaloosa County Board of County Commissioners
C/O Destin-Fort Walton Beach Airport Administratio
1701 State Road 85, North
Eglin AFB FL 32542

BEFORE
:RED IN

AUTHORIZED REPRESENTATIVE

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