



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)  
10/27/2023

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).

<b>PRODUCER</b> Kimmel Aviation Insurance Agency, Inc. 442 Airport Rd. Greenwood, MS 38930	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>PRODUCER CUSTOMER ID#:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	

<b>INSURED</b> Paul Q Ducharme 106 Keeney Avenue Lafayette, LA 70501	<b>INSURER A:</b> U.S. SPECIALTY INSURANCE COMPANY	<b>%</b> 100%	<b>NAIC #</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

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.

<b>POLICY INFORMATION</b>				<b>CERTIFICATE NUMBER:</b>				<b>REVISION NUMBER:</b>					
<b>POLICY TYPE</b>				<b>LINE OF BUSINESS SUBCODE</b>									
<input type="checkbox"/> INDUSTRIAL AID	<input checked="" type="checkbox"/> PLEASURE & BUS	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> AIRPLANE	<input type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET	<input type="checkbox"/> EXCESS	<input type="checkbox"/> QUOTA SHARE	<input checked="" type="checkbox"/> NON-OWNED	<input checked="" type="checkbox"/> LIABILITY ONLY	<input type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY		

<b>AIRCRAFT INFORMATION</b>				ACORD 333, Aircraft Schedule attached			
<b>YEAR</b> 1944	<b>MAKE</b> North American	<b>MODEL</b> AT-6F	<b>SERIAL NUMBER</b>	<b>REGISTRATION NUMBER</b> N748LL			


TERRITORY:

### AIRCRAFT COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED?(Y/N)	SUBROGATION WAIVED?(Y/N)
	AC3016121-05	10/26/2023	10/26/2024	Y	N
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL		\$	AGREED VALUE	\$	Ded. - Not in motion Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000 \$ 100,000	EA OCC EA PASS	\$ \$	EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW	\$ 5,000	EA PER	\$ 10,000	EA OCC
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION				
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

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

Certificate Holder is included as an Additional Insured.

<b>CERTIFICATE HOLDER</b> Okaloosa County Board of County Commissioners 302 Wilson Street Suite 301 Crestview, FL 32536	<b>CANCELLATION</b> 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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**LEASE: L08-0327-AP  
QR AIR, LLC (FORMERLY DESTIN LANDINGS)  
DAP BLK 7/LOT 4 XFERED FM #L227I  
EXPIRES: 05/17/2035**