

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/28/2024

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).												
	_		o the	e cert	ificate holder in lieu of si	CONTA	1	).				
PRODUCER MARSH USA, LLC.							NAME: PHONE FAX					
TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400							(A/C, No, Ext): (A/C, No):					
		, GA 30326				ADDRESS:						
CN401049052 DELTA and 24 25												
CN101818053-DELTA-end24-25 INSURED							INSURER A : ACE American Insurance Company					
DELTA AIR LINES, INC.						INSURER B : Indemnity Ins Co Of North America					43575 35300	
DEPARTMENT 858 1030 DELTA BLVD.						INSURER C : Allianz Global Risks Us Insurance Company					20702	
ATLA	ANTA	, GA 30320				INSURER D : ACE Fire Underwriters Insurance Company					20102	
CO	VEF	RAGES CER	TIFI	CATE	NUMBER:	INSURER F :         REVISION NUMBER: 6						
		IS TO CERTIFY THAT THE POLICIES									LICY 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:			0.0000000000000000000000000000000000000		0.0.10.1.10.0.0.1			\$		
A					ISAH10690675		02/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X				Self Insured for Physical Damage				BODILY INJURY (Per person)	\$		
	X	OWNED SCHEDULED AUTOS ONLY AUTOS HIRED Y NON-OWNED			Off Restricted Airport				BODILY INJURY (Per accident)			
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY			Premises Only				PROPERTY DAMAGE (Per accident)	\$		
С					A1AL000764723AM			10/01/0001		\$	4 000 000	
0		UMBRELLA LIAB X OCCUR			A TALUUU764723AW		12/21/2023	12/21/2024	EACH OCCURRENCE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$	1,000,000	
В	wo	DED RETENTION \$	WIRC		WLRC50673066 (AOS)		02/01/2024	02/01/2025	X PER OTH- STATUTE ER	\$		
D	AND	EMPLOYERS' LIABILITY Y / N			SCFC50673133 (WI)		02/01/2024	02/01/2025			1,000,000	
	OFF		N / A						E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		1,000,000			
A		CRIPTION OF OPERATIONS below			WCUC50673212 (GA)		02/01/2024	02/01/2025	E.L. DISEASE - POLICY LIMIT Per Occurrence	\$	STATUTORY	
		: \$1,000,000 Each Acc./Emp			100000000000000000000000000000000000000		02/01/2021	02/01/2020	EL : \$1,000,000 Acc/Aggr.		ontroront	
		. \$1,000,000 Lacit Acc./Linp							EL . \$ 1,000,000 ACC/Aggi.			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Okaloosa County Board of County Commissioners and its officers, members, Airport Director, employees and agents are additional insureds with respect to Auto Liability where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions. Lease #L16-0442-AP LEASE: L16-0442-AP DELTA AIR LINES, INC.												
CE	סדוד	FICATE HOLDER				_ DI SI	GNATORY A	IRLINE AGRE	EMENT AND TERMINAL	BUILD	ING	
UEI	111						XPIRES: 09/					
Okaloosa County Board of Commissioners C/O Destin-Fort Walton Beach Airport Administration 1701 State Road 85, North						11 m					)RE IN	
Eglin AFB, FL 32542							RIZED REPRESE h USA LLC	NTATIVE				
		1							March USA	c.c.c	2	
AC	ORE	D 25 (2016/03)	т	he A0	CORD name and logo ar	e reals			ORD CORPORATION.	All rig	hts reserved.	

AGENCY CUSTOMER ID: CN	101818053
------------------------	-----------

		LOC #: Atlanta				
ACORD	ADDITIONA		RKS SCHEDULE	Page 2 of 2		
AGENCY MARSH USA, LLC.			NAMED INSURED DELTA AIR LINES, INC. DEPARTMENT 858			
POLICY NUMBER			1030 DELTA BLVD. ATLANTA,GA 30320			
CARRIER		NAIC CODE	EFFECTIVE DATE:			
ADDITIONAL REMARKS						
	S FORM IS A SCHEDULE TO AC					
FORM NUMBER:25	FORM TITLE: Certificate of L	iability Insura	nce			
Additional Certificate Holders:						
Board of County Commissioners 302 N. Wilson Street						
Suite 302 Crestview, FL 32536						
Grestview, PL 52550						
Destin-Fort Walton Beach Airport 1701 State Road 85 North Eglin Air Force Base, FL 32542						