## **CERTIFICATE OF INSURANCE**

CERTIFICATE DATE: 3/18/24

CERTIFICATE HOLDER:

Okaloosa County Board of County Commissioners c/o Destin-Fort Walton Beach Airport Administration 1701 State Road 85, North

Eglin AFB, Florida 32542

POLICY HOLDER:

Do Whut, Inc 3511 Silverside Rd Ste 105 Wilmington, DE 19810

This is to certify that the following policy(s), subject to the terms and conditions, limitations and endorsements contained therein, and during their effective period, have been issued by the company(s) indicated below. In the event of material change or cancellation of said policy(s) the company will endeavor to notify the certificate holder, but failure to do so shall impose no liability or obligation of any kind upon the undersigned or the company(s) involved.

Policy Type: P&B - Airplane

Insurance Company: U. S. Specialty Insurance Co

**Policy Number:** SA00150431-18 **Policy Period:** 9/13/2023 to 9/13/2024

CONTRACT:L17-0455-AP
Delta Southern, LLC.
Hangar lease

For Lease #L17-0455-AP

EXPIRES:02/07/2037 W/OPTIONAL 20 YR RENEWAL

## **Aircraft**

1956 North American AT-6, FAA Registration N7061C

## Coverage

Aircraft Liability — Combined Single Limit Bodily Injury and Property Damage Limits: \$1,000,000 Each Occurrence / \$100,000 Each Passenger

## **Premises Liability**

Combined Single Limit Bodily Injury and Property Damage Limits: \$1,000,000 Each Occurrence

THE FOREGOING EVIDENCE OF COVERAGE IS NOT VERBATIM OF POLICY CONDITIONS, LIMITATIONS OR LANGUAGE; THE POLICY(S)REPRESENTED BY THIS CERTIFICATE ARE NOT AMENDED IN ANY WAY UNLESS SO STATED ON THIS CERTIFICATE.

Additional Insured – Okaloosa County Board of County Commissioners are included as an Additional Insured for Liability Coverages, but solely with respect to operations of the Named Insured, subject to all policy terms and conditions.

This Certificate is only valid provided that all terms and conditions of the policy have been met by the named insured.

NOTICE OF CANCELLATION: IN THE EVENT OF MATERIAL CHANGE OR CANCELLATION OF SAID POLICY(S), THE COMPANY(S) SHALL ENDEAVOR TO GIVE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER WITH THE EXCEPTION OF A 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

Authorized Signature

Feel S. Kind

Kimmel Aviation Insurance Agency, Inc. 442 Airport Road

Greenwood, MS 38930 (662) 455-3003 Fax: (662) 455-1611