

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/7/2023

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t				ich end	forsement(s)	١.	equire an endorsement	. Ast	atement on	
PRODUCER					CONTACT NAME: Ryanny Mok						
Coastal Insurance 625 Grand Blvd Unit 205E					(A/C, No. Ext): 8502310042 (A/C, No):						
Miramar Beach FL 32550					E-MAIL ADDRESS: ryanny@coastalcoverage.com						
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
						RA: Covingto	n Specialty Ir	nsurance Company		13027	
INSURED KDTSHAN-01 KDTS Hangar 13-101, LLC					INSURER B:						
Brauer Material Handling Systems Inc					INSURER C:						
3451 Tyree Springs Road					INSURER D:					<u></u>	
Hendersonville TN 37075					INSURER E:						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 2052928044 REVISION NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIY PERIOD.										ICY PERIOD	
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER D	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY							HEREIN IS SUBJECT TO	O ALL	THE TERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INST LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER						POLICY EFF POLICY EXP LIMITS  (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD		POLICY NUMBER VBA929730 00		7/24/2023	7/24/2024	EACH OCCURRENCE \$1,000			
•	CLAIMS-MADE X OCCUR			V D, 1020, 00 05		172 (72020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	-	
	CLAIMS-IMADE 71 OCCOR							MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 1,000	•	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	<del></del>	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
							~~~		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							Toda Loru	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E,L, DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT	\$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	) 101. Additional Remarks Schedu	le. may b	e attached if mor	e space is require	! ed)			
RE:	1001 Airport Road Block 11, Bay 1, De tificate Holder is additional insured on t	stin,	FL 32	2541			•	•			
					CONTRACT:L20-0484-AP						
						KDTS Hangar 13-101, LLC					
						Block 11 Lot 1					
CERTIFICATE HOLDER						EXPIRES:10/01/2048					
OFIVE FOURTH											
Okaloosa County BCC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
302 Wilson St. Suite 301 Crestview FL 32536						AUTHORIZED REPRESENTATIVE					
Grestview FL 32536					Chil H. Lyhl						
										<del></del>	