



Part of the Enstar Group

StarStone National Insurance Company

Aviation Insurance Policy

Company Address:

Harborside Financial Center
Harborside 5
185 Hudson Street, Suite 2600
Jersey City, NJ 07311
(201) 743-7700
www.starstone.com

To Report a Claim:

Contact your Insurance Agent, or
Contact London Aviation Underwriters, Inc.
at (206) 285-5401, or
Send an email: claims@londonaviation.net

To File a Complaint

Contact your Insurance Agent, or
Contact the Company at (201) 743-7700, or
Contact your State Director of Insurance



StarStone National Insurance Company
Harborside Financial Center
Harborside 5
185 Hudson Street, Suite 2600
Jersey City, NJ 07311
Tel: 201-743-7700

POLICY NO SAV100467102

Producer: Aircraft & Marine Ins Agency, Inc.
Burnsville, MN

DECLARATIONS

NAMED INSURED: Riche Aviation, LLC

ADDRESS: 1820 East Woodchase Drive, Baton Rouge, LA 70808-4000

POLICY PERIOD: From 11/06/2021 to 11/06/2022 12:01 A.M. Standard Time at the address of the named Insured stated above.

The insurance provided is only with respect to the following aircraft and coverages. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all terms of this Policy having reference thereto.

AIRCRAFT: N850TV 2009 Socata TBM700	PREMIUM
Having retractable wheel landing gear. Maximum 6 Passengers (Excluding Crew) at any one time.	
USES: This aircraft is covered only for uses defined as Pleasure and Business.	
I. LIABILITY COVERAGES: A. Bodily Injury sustained by any person, excluding all occupants of the aircraft, and excluding claims which originate from any injury to occupants of the aircraft, such as loss of care or services, or negligent infliction of emotional distress and B. Damage to Property and C. Bodily Injury sustained by any passenger, excluding the pilot and crew and all persons working upon the aircraft. Combined Single Limit \$1,000,000 Each Occurrence.	\$1,017.00
II. MEDICAL EXPENSE: Including Crew, Limited to \$5,000 Each Person Each Occurrence.	\$56.00
III. AIRCRAFT DAMAGE COVERAGE: Insured Value \$2,295,000 Subject to a \$500 Deductible while Not In Motion. Otherwise subject to a \$5,000 Deductible. Deductibles do not apply to Total Loss. Loss, if any, under Section III is payable, as interest may appear, to the Named Insured and NBT Bank, NA ISAOA/ATIMA, Attn: Aircraft Loans, PO Box 405, Norwich, NY, 13815	\$22,032.00
APPROVED PILOTS: The above coverages do not apply while N850TV is operated by other than the following: A. Named Pilot(s): • Kevin B Riche See SPECIAL CONDITION(S) below. B. Additional Pilot Clause: any Pilot, aged between 25 and 65, having a Private (or better) Pilot Certificate with Single-Engine Land and Instrument Ratings who has flown a minimum of 1000 total flying hours as Pilot In command, 250 Turbine hours including 25 hours in a Socata TBM700, and who has had no accidents, incidents, violations, or suspensions within the past five years, and who has the Insured's full approval and consent. All such pilots to have successfully completed, within 12 calendar months preceding the intended flight, initial or recurrent training, in the same make and model being flown, with a school acceptable to the company. Furthermore, all pilots must be in compliance with the requirements of both FAR 61.56 (Flight Review) and FAR 61.23 (Medical Certificates: Requirement and Duration), and must be certificated for the make and model being flown, and must be currently rated for the flight involved, unless otherwise stated.	
SPECIAL CONDITION(S): Kevin B Riche must successfully complete recurrent training for a Socata TBM700 at a school acceptable to the Company by 2/1/2022 in order for Kevin B Riche to remain an approved pilot.	
GEOGRAPHICAL LIMITS: The contiguous 48 United States, Alaska, Canada, Mexico, the Bahamas, and Islands of the Caribbean, excluding Cuba and Haiti.	
CANCELLATION: In the event of cancellation or deletion of coverage, premium retained by the Company will be calculated per the U.S. Short Rate Earned Premium Scale.	



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Producer: Aircraft & Marine Ins Agency, Inc.
Burnsville, MN

Total Premium	\$23,105.00
Endorsement(s) Premium	\$0.00
State Surcharge/Tax	\$0.00
Local Tax	\$0.00
Total Amount	\$23,105.00



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FORMS ATTACHED

Form	Endorsement No.
SAV 0001(02/17)	-
SAV 0016(11/15)	1
SAV 0053(11/15)	2
SAV 0086(11/15)	3
SAV 0161(11/15)	4
SAV 0212(11/15)	5
SAV 0212A(11/15)	6
SAV 0224NP(11/15)	7
SAV 0268(11/15)	8
SAV 0270(11/15)	9
SAV 0801(11/15)	10
SAV 0900(11/15)	11

In the event of accident or happening likely to give rise to a claim immediate advice should be given to:
London Aviation Underwriters Inc., 33405 6th Ave S, Federal Way, WA 98003-6335 (206)285-5401 Email:
claims@londonaviation.net

Where Liability Coverage is provided, prompt advice of any incident involving personal injury or damage to the property of others is especially important in order to enable the Company to assist in defending the insured.

AGENT: London Aviation Underwriters, Inc., 33405 6th Ave S, Federal Way, WA 98003-6335

ISSUED AT: Federal Way, Washington **DATE:** 11/04/2021

BY:


AUTHORIZED REPRESENTATIVE

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS,
DESTIN-FORT WALTON BEACH AIRPORT
1701 STATE ROAD 85 N
ELGIN AFB, FL 32542

Named Insured: JB AVIATION LLC
6649 BURDEN LANE
BATON ROUGE, LA 70808

Policy Period: From: MAY 25, 2021 To: MAY 25, 2022

Policy Number: 1000293986-01

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:		Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	Passenger Sublimits
Year	Make and Model					
1989	BEECHCRAFT A 36	N21VR	\$ 240,000.	\$ NIL / NIL	\$ 1,000,000.	/ 100,000.
			\$	\$	\$	/
			\$	\$	\$	/
			\$	\$	\$	/
			\$	\$	\$	/
			\$	\$	\$	/

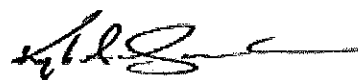
THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

THE CERTIFICATE HOLDER WILL BE PROVIDED WITH THIRTY (30) DAYS [TEN (10) IF FOR NON-PAYMENT] NOTICE OF CANCELLATION OR MATERIAL CHANGE.

Certificate Number: 2.1
Issued By and Date: MAY 25, 2021 (HA)

Starr 10201 (6/06)

By



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: N21VR

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS,
Address DESTIN-FORT WALTON BEACH AIRPORT
1701 STATE ROAD 85 N
ELGIN AFB, FL 32542

Name
Address

Name
Address

All other provisions of this policy remain the same.

This endorsement becomes effective MAY 25, 2021 to be attached to and hereby made a part of:

Policy No. 1000293986-01

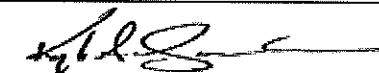
Issued to JB AVIATION LLC

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue MAY 25, 2021 (HA)

By



(Authorized Representative)



StarStone National Insurance Company
Harborside Financial Center
Harborside 5
185 Hudson Street, Suite 2600
Jersey City, NJ 07311
Tel: 201-743-7700

POLICY NO SAV100467102

ENDORSEMENT NO 12

EFFECTIVE PERIOD: 11/17/2021 - 11/6/2022

NAMED INSURED: Riche Aviation, LLC

Producer: Aircraft & Marine Ins Agency, Inc.
Burnsville, MN

ADDITION OF AIRCRAFT

The Insurance provided by the Policy is amended to include the following aircraft and coverages. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all terms of this Policy having reference thereto

AIRCRAFT: N202J 1964 Beech 35	PREMIUM
Having retractable wheel landing gear. Maximum 4 Passengers (Excluding Crew) at any one time.	
USES: This aircraft is covered only for uses defined as Pleasure and Business.	
I. LIABILITY COVERAGES: A. Bodily Injury sustained by any person, excluding all occupants of the aircraft, and excluding claims which originate from any injury to occupants of the aircraft, such as loss of care or services, or negligent infliction of emotional distress and B. Damage to Property and C. Bodily Injury sustained by any passenger, excluding the pilot and crew and all persons working upon the aircraft. Combined Single Limit \$1,000,000 Each Occurrence.	\$684.00
II. MEDICAL EXPENSE: Including Crew, Limited to \$5,000 Each Person Each Occurrence.	\$31.00
III. AIRCRAFT DAMAGE COVERAGE: Insured Value \$105,000 Subject to a \$100 Deductible while Not In Motion. Otherwise subject to a \$1,000 Deductible. Deductibles do not apply to Total Loss.	\$1,110.00
APPROVED PILOTS: The above coverages do not apply while N202J is operated by other than the following: A. Named Pilot(s): • Kevin B Riche See SPECIAL CONDITION(S) below. B. Additional Pilot Clause: any pilot, aged between 25 and 65, having a Private (or better) Pilot Certificate with Single-Engine Land and Instrument Ratings who has flown a minimum of 1000 total flying hours as Pilot in Command, 100 hours of which shall have been in Retractable Gear aircraft, including 25 hours in a Beech S35, and who has had no accidents, incidents, violations, or suspensions within the past five years, and who has the Insured's full approval and consent.	
Furthermore, all pilots must be in compliance with the requirements of both FAR 61.56 (Flight Review) and FAR 61.23 (Medical Certificates: Requirement and Duration), and must be certificated for the make and model being flown, and must be currently rated for the flight involved, unless otherwise stated.	
SPECIAL CONDITION(S): Prior to solo in N202J, Kevin B Riche must have completed a ground and flight checkout in a Beech 35 with a Certificated Flight Instructor who meets all the requirements of the Additional Pilot Clause.	
No coverage for Bodily Injury to Passengers applies while Kevin B Riche is at the controls of N202J, until Kevin B Riche has completed the requirements shown above and logged 3 total hours in a Beech 35.	
GEOGRAPHICAL LIMITS: The contiguous 48 United States, Mexico, the Bahamas, and Canada south of 54 degrees North Latitude.	
CANCELLATION: In the event of cancellation or deletion of coverage, premium retained by the Company will be calculated per the U.S. Short Rate Earned Premium Scale.	



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POLICY NO SAV100467102

ENDORSEMENT NO 12

EFFECTIVE PERIOD: 11/17/2021 - 11/6/2022

NAMED INSURED: Riche Aviation, LLC

Producer: Aircraft & Marine Ins Agency, Inc.
Burnsville, MN

Total Premium	\$1,825.00
Premium for the period	\$1,770.25
State Surcharge/Tax	\$0.00
Local Tax	\$0.00
Total Amount	\$1,770.25

BY: 

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/12/2022

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	Arthur G. Blackwell Insurance, Inc. DBA Coastal Insurance 5410 E. Co Hwy 30A, Suite 101 Santa Rosa Beach, FL 32459 License #: A022944	CONTACT NAME: Ryanny Mok PHONE (A/C, No, Ext): 850-231-0042 E-MAIL ADDRESS: Ryanny@coastalcoverage.com FAX (A/C, No): 850-837-1014
INSURED	Hebert Boudreaux Real Estate LLC 6649 Burden Ln Baton Rouge, LA 70808-4210	INSURER(S) AFFORDING COVERAGE INSURER A: Covington Specialty Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 80236705-279027

REVISION NUMBER: 7

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		VBA839633 00	12/28/2021	12/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: Lease number L06-0270-AP for premise 1001 Airport Road Block 4, Lot 2, Destin, FL 32541

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County Board of County Commissioners
Destin-Fort Walton Beach Airport Administration
1701 State Road 85 N
Eglin AFB, FL 32542

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

 (RMK)

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/28/2020

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Arthur G. Blackwell Insurance, Inc. DBA Coastal Insurance Agency 5410 E. Co Hwy 30A, Suite 101 Santa Rosa Beach, FL 32459		PHONE (A/C, No, Ext): 850-231-0042	COMPANY NAME AND ADDRESS Lloyds of London PO Box 1559 Morehead City, NC 28557	NAIC NO:
FAX (A/C, No): 850-837-1014	E-MAIL ADDRESS: Ryanny@coastalcoverage.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Commercial Property	
AGENCY CUSTOMER ID #: 80236705		LOAN NUMBER		POLICY NUMBER 773TA11390
NAMED INSURED AND ADDRESS Hebert Boudreaux Real Estate LLC 6649 Burden Ln Baton Rouge, LA 70808-4210		EFFECTIVE DATE 12/28/2021	EXPIRATION DATE 12/28/2022	CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY


LOCATION / DESCRIPTION	1001 Airport Road Block 4, Lot 2	Description: Airplane Hangar, Lease number L06-0270-AP
Destin	FL 32541	
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 EVIDENCE OF PROPERTY INSURANCE 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.		

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 275,000		DED: 1,000				
		YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE					If YES, LIMIT: Actual Loss Sustained; # of months:	
BLANKET COVERAGE					If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE					Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?						
IS DOMESTIC TERRORISM EXCLUDED?						
LIMITED FUNGUS COVERAGE					If YES, LIMIT: DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)						
REPLACEMENT COST		X				
AGREED VALUE						
COINSURANCE		X			If YES, 80 %	
EQUIPMENT BREAKDOWN (If Applicable)					If YES, LIMIT: DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg					If YES, LIMIT: DED:	
- Demolition Costs					If YES, LIMIT: DED:	
- Incr. Cost of Construction					If YES, LIMIT: DED:	
EARTH MOVEMENT (If Applicable)					If YES, LIMIT: DED:	
FLOOD (If Applicable)					If YES, LIMIT: DED:	
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:					If YES, LIMIT: DED:	
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:					If YES, LIMIT: DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS						

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin AFB, FL 32542			AUTHORIZED REPRESENTATIVE  RMK

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