

**ACORD** CERTIFICATE OF LIABILITY INSURANCE

6/29/2022 DATE (MM/DD/YYYY)  
6/24/2021

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 Lockton Companies 8110 E Union Avenue Suite 100 Denver CO 80237 (303) 414-6000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED 1464921 Vertex Aerospace, LLC, Crestview Aerospace LLC, Aero Structure Holdco Corp, and Impresa Aerospace Acquisition Corporation 555 Industrial Drive South Madison, MS 39110	INSURER A:	ACE Property & Casualty Insurance Co 20699
	INSURER B:	*** SEE ATTACHMENT ***
	INSURER C:	Westchester Fire Insurance Company 10030
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 17487712 REVISION NUMBER: XXXXXXXX  
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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> Aviation Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	AAPN10746152003	6/29/2021	6/29/2022	EACH OCCURRENCE \$ 100,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 25,000,000 GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ 100,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	See Attached	6/29/2021	6/29/2022	EACH OCCURRENCE \$ 400,000,000 AGGREGATE \$ 400,000,000 PER STATUTE OTHER \$ XXXXXXXX E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			
C	Aircraft Hull & Liability	N	N	AACN10746073003	6/29/2021	6/29/2022	Liability: \$100,000,000 ea occ. Hull: See Values Attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
To the extent required but solely with respect to the AIS East Side Ground Lease Agreement executed 3/31/21 for real property at the Bob Sikes Airport (CEW) between the Named Insured & Certificate Holder, subject to policy terms, conditions, limitations & exclusions, the following shall apply: Okaloosa County Airports Authority is included as an Additional Insured, but only as respects the operations of the Named Insured. This insurance shall be considered primary and non-contributory with Waiver of Subrogation. If the policy is cancelled or there is a material change to the policy, a 30 day notice will be provided. 10 days notice will be provided in the event of non-payment of premium.

CONTRACT#: L03-0228-AP  
VERTEX AIRCRAFT INEGRATION & SUSTAINMENT, LLC  
BOB SIKES AIRPORT MODIFICATION HANGAR  
EXPIRES: 12/03/2023

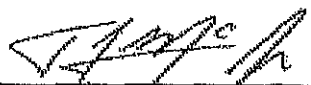
CERTIFICATE HOLDER

17487712

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



L92-0051-AP L03-0228 AP  
C10-0362 AP C08-1664-AP

Attachment Code : D566022 Master ID: 1464921, Certificate ID: 17487712

Named Insured :

Vertex Aerospace, LLC, Crestview Aerospace, LLC, Aero Structure Holdco Corp and Impresa Aerospace Acquisition Corporation and any parent, subsidiary, affiliated, associated or allied company, corporation, firm, organization and the Insured's interest in partnerships and joint ventures and any owned (wholly or partially) or controlled company(ies) where the Insured maintains an interest, as now or hereafter constituted or acquired.

Schedule Of Insurers (Insurer B - Excess Liability)

<u>Insurer</u>	<u>Policy No.</u>
Starr Indemnity & Liability Company 399 Park Avenue New York, NY 10022 Share: 50% NAIC #38318	1000189176-02
Swiss RE International SE, UK Branch Kansas City, MO 64105 Share: 25%	AVNLS2102186
QBE Insurance Corporation One QBE Way Sun Prairie, WI 53596 Share: 25% NAIC #39217	100039077

Schedule of Insured Aircraft:

<u>F.A.A. Number</u>	<u>Total Seats Incl Crew</u>	<u>Hull Limit</u>
N10FN Lear 36	6	\$1,327,800
N12FN Lear 36	6	\$1,327,800
N16FN Lear 36A	6	\$1,152,400
N26FN Lear 36	6	\$1,152,400
N39FN Lear 35	6	\$1,152,450
N50FN Lear 35A	6	\$1,152,450
N51FN Lear 35A	6	\$1,152,450
N52FN Lear 35A	6	\$1,000,535
N83FN Lear 36	6	\$1,152,450
N84FN Lear 36	6	\$1,152,450
N53N Lear 35A	6	\$1,152,450
N18FN Lear 36A	6	\$2,336,698