

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000

Certificate of Ins	urance
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			Atlanta, GA 3	0326		
Certificate of Insura	nce					
Certificate Holder:	OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS C/O DESTIN- FT WALTON BEACH AIRPORT ADMINISTRATION 1701 STATE ROAD 85 NORTH EGLIN AFB, FL 32542					
Named Insured:	384 CR 2731	DARRUS AVIATION, INC.				
Policy Period: Policy Number: Issuing Company:	1001221655		2023 ABILITY COMI	To: DECEMBER 16, 2	2024	
This is to certify that the of insurance is not an insurance any requirement, term or	policy(ies) listed her trance policy and do condition of any co	rein have beer es not amend entract, or oth	n issued providing , extend, or alter t er document with	coverage for the listed insur he coverage afforded by the respect to which this certif cate is subject to all the te	policy(ies) listed herein. ficate of insurance may	. Notwithstanding be concerned or
Aircraft	:	Reg	Insured	Deductibles		
Year Make and	d Model	No.	Value	NIM / IM	Liability Limit	
2008 ROBINSON R44 RAVE	N I/II	N442BL	\$ <u>175,000.</u>	\$ 1,000/17,500	\$_1,000,000.	100,000.
			\$	\$\$	\$	
			\$	\$\$	<u> </u>	
		F PARTITION	\$	\$\$	<u> </u>	
			\$	\$	<u> </u>	_,
pa			\$	\$	\$	
THE CERTIFICATE HOLDER IS THE INSURANCE EVIDENCED EVIDENCED IN THE CERTIFIC MANUFACTURE, MODIFICATI	BY THIS CERTIFICA TATE SHALL BE INSU	ATE SHALL NO JRED FOR BO	OT APPLY TO, AN DDILY INJURY OR	D NO PERSON OR ORGANIZ PROPERTY DAMAGE WHICH BY THAT PERSON OR ORGA	TATION TO WHICH COV HARISES FROM THE D NIZATION.	/ERAGE IS
				LEASE: LO8-034 THOMAS M. NEA DAP BLOCK 4/L EXPIRES: 04/23	AL OT 3 XFERED R	°M #L56

Ву

(Authorized Representative)

Starr 10200 (6/06)

DECEMBER 08, 2023 (JT)

Certificate Number: Issued By and Date:

ADDITIONAL INSURED ENDORSEMENT

-	olicy is amended as follows: ovisions of this endorsement shall apply with respect to: N442BL
(Only th	e clause(s) indicated by an "X" shall apply.)
☐ The	e scheduled persons or organizations are included as additional insured.
☐ The	e scheduled persons or organizations are the registered owner of
	e scheduled persons or organizations are included as additional insured but only as respects liability verages.
	e scheduled persons or organizations are included as additional insured under liability coverages, but only as pects operations of the named insured.
	e scheduled persons or organizations are included as additional insured but only as respects operations of the ned insured.
schedul	urance extended by this endorsement shall not apply to, and no person or organization named in the shall be insured for bodily injury or property damage which arises from the design, manufacture, ation, repair, sale, or servicing of aircraft by that person or organization.
Schedul	e:
Name Addres	OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS C/O DESTIN- FT WALTON BEACH AIRPORT ADMINISTRATION 1701 STATE ROAD 85 NORTH EGLIN AFB, FL 32542
All other	provisions of this policy remain the same.
This end Policy N Issued to	
Ву	STARR INDEMNITY & LIABILITY COMPANY
	ment No. TBA
Date of	Issue DECEMBER 08, 2023 (JT) By