ACORD

45 Eglin Parkway NE

Suite 202

AGENCY M.E Wilson Company, LLC DBA Waldorff Insurance & Bonding

COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

CARRIER

ACE American Insurance Company

COMPANY POLICY OR PROGRAM NAME

1	E (MM/DD/YYYY) 1/22/2021
	NAIC CODE 22667
PI	ROGRAM CODE

חתוופס

Fort Walton	Beach, FL 32548									
			POLICY NUMBER			•				
CONTACT NAME: PHONE (A/C, No, Ext): FAX [A/C, No):	K. Wayne Walker		UNDERWRITER		r - 16 Ak a	UNDER	WRITER	OFFICE		
PHONE (AC, No, Ext):	(850) 581-4925		John Elliott							
FAX (AVC, No):	(850) 581-4930				QUOTE		ISSUE P	OLICY	REN	EW
E-MAIL ADDRESS: FOC	eptionist@waldorffins	urance.com	STATUS OF TRANSACTION	Х	BOUND (Give Date a	and/or A	ltach Cop	y):		
CODE:		SUBCODE:			CHANGE DA	ATE		TIME		АМ
AGENCY CUST	MER ID: LEGEAIR-01]		CANCEL 11/2	3/202	1	12:01		PM

LINES OF BUSINESS INDICATE LINES OF BUSINESS PREMIUM PREMIUM PREMIUM BOILER & MACHINERY CYBER AND PRIVACY YACHT \$ \$ \$ BUSINESS AUTO FIDUCIARY LIABILITY \$ \$ \$ **BUSINESS OWNERS** \$ GARAGE AND DEALERS \$ \$ 250.00 X COMMERCIAL GENERAL LIABILITY LIQUOR LIABILITY \$ \$ \$ COMMERCIAL INLAND MARINE MOTOR CARRIER \$ \$ \$ Х 352.00 COMMERCIAL PROPERTY TRUCKERS \$ \$ Ş CRIME UMBRELLA

	CRIME]\$	UMBRELLA	\$	\$
A	TTACHMENTS				
	ACCOUNTS RECEIVABLE / VAL	JABLE PAPERS	GLASS AND SIGN SECT	ION	STATEMENT / SCHEDULE OF VALUES
	ADDITIONAL INTEREST SCHED	JLE	HOTEL / MOTEL SUPPLE	EMENT	STATE SUPPLEMENT (If applicable)
	ADDITIONAL PREMISES INFORM	ATION SCHEDULE	INSTALLATION / BUILDE	RS RISK SECTION	VACANT BUILDING SUPPLEMENT
	APARTMENT BUILDING SUPPLE	MENT	INTERNATIONAL LIABILI	ITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
	CONDO ASSN BYLAWS (for D&C	Coverage only)	INTERNATIONAL PROPE	ERTY EXPOSURE SUPPLEMENT	
	CONTRACTORS SUPPLEMENT		LOSS SUMMARY		
_	COVERAGES SCHEDULE		OPEN CARGO SECTION		
	DEALERS SECTION		PREMIUM PAYMENT SU	PPLEMENT	
	DRIVER INFORMATION SCHEDU	ILE	PROFESSIONAL LIABILI	TY SUPPLEMENT	
1	ELECTRONIC DATA PROCESSIN	IG SECTION	RESTAURANT / TAVERN	SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
11/23/2021	11/23/2022	DIRECT X AGENCY				\$	\$	\$

APPLICANT INFORMATION						
NAME (First Named Insured) AND MAILING ADDRESS (Including ZIP+4) .egondary Air, LLC		GL COI	E	SIC	NAICS	FEIN OR SOC SEC #
471 Legendary Drive Destin, FL 32541		BUSINE	SS PHONE #:		I	
		WEBSI	E ADDRESS			//////. (
CORPORATION JOINT VENTURE INDIVIDUAL LLC NO. OF MEMBERS	NOT FOR PROFIT OR	3	SUBCHAPTE	R "S" CORPORATION	J	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)) (GL COL	E	SIC	NAICS	FEIN OR SOC SEC #
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NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4)	1	GL COD	E	SIC	NAICS	FEIN OR SOC SEC #
		BUSINE	SS PHONE #:			
		WEBSIT	E ADDRESS			
CORPORATION JOINT VENTURE INDIVIDUAL LLC NO. OF MEMBERS	NOT FOR PROFIT ORG	 } 	SUBCHAPTER TRUST	R "S" CORPORATION	1	
ACORD 125 (2016/03) The ACORI	Page 1 D name and logo are			93-2015 ACORI of ACORD	LEG	TRACT: L20-0 ENDARY, INC.

82-AP BLOCK 10 LOT 6 EXPIRES: 10/01/2048

001-	A	47101					AG	ENCY CUSTO	MER	ID: LE	EGEAII	R-01	1	R	RUDD
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1	COUNTY:			ZIP: 32541				Okaldósa Counly				OTAL BUILDING A			SQ FT
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LOC #	STREET				CI	TY LIMITS	INT	EREST	# FL	ILL TIME		NNUAL REVENUE	5;\$		
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			NAME AND AL	DDRESS RANK:	EVI	DENCE:	Į CE	ERTIFICATE	POLIC	Y	SEND BII.	LOCATION:		BUILDING:	
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Â	MPLOYEE S LESSOR EASEBACK	OWNER										CLASS; ITEM DESCRIPT			
0	WNER	REGISTRANT				[
	DSS PAYABLE	TRUSTEE	REFERENCE	**************************************				ST END DATE:				FAX (A/C, No):			
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	DN FOR INTEREST:	0				Page									
ACO	RD 125 (2016	100)				, 496	2.01	•							

RRUDD LEGEAIR-01 AGENCY CUSTOMER ID: **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES Y/N 1a, IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? PARENT COMPANY NAME **RELATIONSHIP DESCRIPTION** % OWNED 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME **RELATIONSHIP DESCRIPTION** % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? 2, OSHA SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) 5, NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable 7. by a sentence of up to one year of imprisonment). 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCUR DATE EXPLANATION RESOLUTION **RESOLVE DATE** 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCUR DATE | EXPLANATION RESOLUTION **RESOLVE DATE** 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCUR DATE EXPLANATION RESOLUTION RESOLVE DATE 11, HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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YEAR	CATEGORY	·	GENERAL LIABILITY	AUTOMOBILE			PROPERTY	OTHER	:		<u> </u>
	CARRIER										
	POLICY NU	MBER		•				\$			
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	EFFECTIVE	DATE	· · · · · · · · · · · · · · · · · · ·	-							
	EXPIRATIO										
LOSS	HISTOR	Y	Check if none (Attac	h Loss Summary for	Additional	Loss Info	rmation)				
ENTER	ALL CLAIMS	OR LOSSES	(REGARDLESS OF FAULT AND WHETHE	ER OR NOT INSURED) OR OCC	URRENCES T	HAT MAY GIV	E RISE TO CLAIMS	TOTAL LOS	SES: \$		
FOR TH	E LAST	YEARS		^	· · · · · · · · · · · · · · · · · · ·					SUBRO	CLAM
	RRENCE	LINE	TYPE / DESCRIPTION OF OCC	SURRENCE OR CLAIM	DATE OF CL	AIM A	MOUNT PAID	AMOUNT	RESERVED	GATION Y/N	OPEN Y/N
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SIGN	ATURE										
	py of the N	otice of Info	rmation Practices (Privacy) has been	given to the applicant, (Not	required in a	l states, cont	act your agent or br	oker for you	r state's requ	rements.))
other With PREPR REVI WRIII BE LL HOW (Not a Appl bene priso Appl defra com, purp repo App press of, o com purp press of, o com purp press of, o ther ther ther ther ther ther ther ther	R PERSOI OUT YOUR MIJM YOU EW YOUR ING THAT MITED IN SE TO SUBMI applicable in fift or know n. *Applies licable in auding or pany or ag ose of def rted to the licable in anning any licable in ented to o ose of mis licable in mercial or ose of mis licable in stated valu	NAL AND F R AUTHOR WILL BE C PERSONA WE CONSI SOME STAT T A REQUID AZ, CA, D AL, AR, I vingly (or v s in MD O CO: It is attempting (ent of an irauding of Colorado FL and C faise, inco KS: Any r by an ins g of an ir personal deading, ir KY, NY, tatement of ts a fraudi	unlawful to knowingly provide f to defraud the company. Pe insurance company who knowing r attempting to defraud the polic Division of Insurance within the I DK: Any person who knowingly at omplete, or misleading informatio person who, knowingly and with surer, purported insurer, broker o insurance policy for personal or insurance which such person kn formation concerning any fact m OH and PA: Any person who kr of claim containing any materially alent insurance act, which is a cr alm for each such violation)*. *Ap	CTED BY US OR OUR AG DRMATION MAY BE USE(PARTY IN CONNECTION ID REQUEST CORRECTION ID REQUEST CORRECTION ID REQUEST CORRECTION ID REQUEST CORRECTION ID REQUEST CORRECTION ID REQUEST CORRECTION ID REQUEST CORRECTION INTOR BROKER TO LEAR DESCRIPTION OF YOUR MV. Specific ACORD 38s a my person who knowingly on in an application for in raise, incomplete, or mile nalties may include imp gly provides false, incom yholder or claimant with Department of Regulator and with intent to injure, n is guilty of a felony (of intent to defraud, presen r any agent thereof, any commercial insurance, o ows to contain materiali aterial thereto commils a nowingly and with intent false information or con ime and subjects such p opplies in NY Only.	BENTS MAY DO TO HELP WITH THE DN OF ANY I TION WITH THE RIGHTS AN re available f y (or willfull hsurance is sleading fac orisonment, oplete, or m regard to a y Agencies, defraud, o the third de ts, causes i written stal or a claim f y false infor a fraudulent to defraud ceals for th verson to cr	IN CERTAIN DETERMINE DETERMINE DEVELOPMIN NACCURAC THE DEVELOP SE RIGHTS DOUR PRAC or applicants of a papiloants of a papiloan	N CIRCUMSTANCE EITHER YOUR SC ENT OF YOUR SC ENT OF YOUR SC ENT OF YOUR SC ENT OF YOUR MAY APPLY IN YOUR MAY APPLY IN YOU TICES REGARDIN In these states.) is a false or fraudt or inference of the states in flag of insurance cts or information t or an insurance cts or information t or award payab my insurer files a plies in FL Only. Inted or prepares to and of, or in suppo t or other benefil tcerning any fact act, nce company or of misleading, Info civil penalties (noi	IS BE DISC IS BE DISC LIGIBILITY ORE, YOU SO HAVE T CREDIT SC UR STATE (UR STATE (UR STATE (UR STATE (UR STATE (IG PERSON (App ulent claim) subject to irance com and civil c i to a policy le from ins statement with knowled of of, an a pursuant material th other pers ormation co	In the second se	ANCE O THE RIG O REQU E RIGHT TRUCTION. Truction. The purpo Any insu- laimant ceeds sh an applicating onceals, applicating ny fact m and dolla	R THE HT TO EST IN S MAY NNS ON Son ent in ose of urance for the hall be lication will be duance licy for for the on for naterial ars and
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faise App or c shal thou thus year	e statemen licable in auses the l incur a fe isand dolla sestablishers.	PR: Any presentation presentati	person who knowingly and with y material fact may be violating si person who knowingly and with on of a fraudulent claim for the p upon conviction, shall be sanctio 20), or a fixed term of imprisonme e increased to a maximum of fiv	tate law. the intention of defraudi ayment of a loss or any oned for each violation b ent for three (3) years, o ve (5) years, if extenual	ng presents other bene y a fine of r r both pena ing circums	false infor it, or prese ot less that tlies. Shou tances are	mation in an Insu nts more than one n five thousand do Id aggravating cir present, it may	rance appl e claim for ollars (\$5,0 cumstance be reduce	ication, or j the same d 00) and no es [be] pres d to a mini	oresents amage of t more th ent, the mum of	, helps, or loss, ian ten penalty two (2)
ANS	UNDERSIO WERS TO WLEDGE	GNED IS A	N AUTHORIZED REPRESENTATIVE IS ON THIS APPLICATION, HE/SH	E REPRESENTS THAT TH	E ANSWER	S ARE TRU	EASONABLE INQU E, CORRECT AND	JIRY HAS B COMPLETE			16/115/
PROD	UCER'S SIGN	IATURE	K. Nope Walken	PRODUCER'S NAM		()			A276089	Florida)	
APPL	CANT'S SIGN		K. Nape Nollen				DATE 1	29/21	NATIONAL I	PRODUCE	RNUMBE
ACC	RD 125 ()	2016/03)	· · · · · · · · · · · · · · · · · · ·	Page 4 o	f 4						
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PRIOR CARRIER INFORMATION (continued)



RRUDD

DATE (MM/DD/YYYY)

COMMERCIAL	GENERAL	LIABILIT	Y SECTION	N
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COMINI	ERCIAL GENERA	L LIABILITY SECTION	11	/22/2021
AGENCY M.E Wilson Company, LLC DBA Waldorff Insurance & Bondi	ng	CARRIER ACE American Insurance Company		NAIC CODE 22667
POLICY NUMBER TBD		APPLICANT / FIRST NAMED INSURED Legendary Air, LLC		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

	VCDAO				1.0020						
	VERAG				LIMITS					I	
	COMMERC	CIAL GENERAL LIAB			GENERAL AGGRE	1	1	\$	1,000,000		MILIMS
		MS MADE	X OCCURRENC	Ë	LIMIT APPLIES PER		LOCATK	DN .		PREMISES/OPE	RATIONS
	OWNER'S	& CONTRACTOR'S I	PROTECTIVE			PROJECT	OTHER:				
					PRODUCTS & CON	IPLETED OPERATIONS AGO	REGATE	<u>ţ</u>		PRODUCTS	
DEC	UCTIBLES				PERSONAL & ADV	ERTISING INJURY		\$		<u> </u>	
	PROPERT	Y DAMAGE \$			EACH OCCURREN	CE		\$	1,000,000	OTHER	
	BODILY IN	JURY \$	ſ	PER	DAMAGE TO RENT	ED PREMISES (each occum	ance)	5			
		s		PER	MEDICAL EXPENSI			\$		TOTAL	
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Sea	attache	d Forms & End	orsements Sch	edule.							
			<u> </u>			IDED UNDER THE POLICY:	<u> </u>	<u> </u>			
	M / UIM CO			VAILABLE.	2. MEDICAL	PAYMENTS COVERAGE	IS	IS NO	r available.		······································
<u>sc</u>	HEDULE	OF HAZARDS	3		1		1	r			
LOC	HAZ	CLASSI	FICATION	CLASS	PREMIUM EXPOSURE TER			R/	ITE	PREM	11ŲM
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CLAIMS MADE (Explain all "Yes" responses)	
EXPLAIN ALL "YES" RESPONSES	Y/N
1, PROPOSED RETROACTIVE DATE:	-
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	
EMALOYEE BENEFITS LIADILITY	

	to ACORD 495 @ 4002 2014 ACORD CORPORATION All sights reserved
2. NUMBER OF EMPLOYEES:	4, RETROACTIVE DATE:
1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
ENIPLOTEE DEINEFITS LIADILIT	

		Д	GENCY CUS	TOMER ID:	LEGEAIR-01	R	RUDD
CONTRACTORS EXPLAIN ALL "YES" RESPONSES (For all past or present opera	allons					e	Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR		R OTHERS?					
						a a ta cara a sa cha laboutinebilikin di sidegi a jarjen, yana maga	
2, DO ANY OPERATIONS INCLUDE BLASTING OR U	ITILIZE OR STORE EX	PLOSIVE MA	TERIAL?				
3. DO ANY OPERATIONS INCLUDE EXCAVATION, T	UNNELING, UNDERG	ROUND WOF	K OR EARTH	MOVING?			
			<u>^_</u>				
4. DO YOUR SUBCONTRACTORS CARRY COVERA	GES ON LIMITS LESS	THAN YOUR	07				
5, ARE SUBCONTRACTORS ALLOWED TO WORK	WITHOUT PROVIDING	YOU WITH A	CERTIFICATE	OF INSURAN	ICE?		
6. DOES APPLICANT LEASE EQUIPMENT TO OTHE	RS WITH OR WITHOL	JT OPERATO	RS?				-
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF WOR SUBCONT	IK RACTED:	# FULL- TIME STAFE;	# PART- TIME STAFF:	
							····
PRODUCTS / COMPLETED OPERATIONS	H OF INUTS	TIME IN MARKET	EXPECTED	INTER	IDED USE	PRINCIPAL COMPONEN	
PRODUCTS ANNUAL GROSS SALES	# OF UNITS				ULH UUL		- Transie
	14.1/1.0.1/17777						
			· [
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EXPLAIN ALL "YES" RESPONSES (For all past or present prot			TERATURE, BROC	HURES, LABEL	S, WARNINGS, ETC.		<u> 11</u>
1, DOES APPLICANT INSTALL, SERVICE OR DEMO	JNSTRATE PRODUCT	ar					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, US	ED AS COMPONENTS	S? ()f"YES". (attach ACORD 8	315}			
3. RESEARCH AND DEVELOPMENT CONDUCTED				·			
4. GUARANTEES, WARRANTIES, HOLD HARMLES	S AGREEMENTS?						
	A			AMA IN ALL IN			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE IN	DUSTRY?						
					<u></u>		
6. PRODUCTS RECALLED, DISCONTINUED, CHAI	AGED3						
7, PRODUCTS OF OTHERS SOLD OR RE-PACKAG		NT LABEL?					
8, PRODUCTS UNDER LABEL OF OTHERS?	ALAANAA 10-741.000 9-7-10			,,,,			_
9. VENDORS COVERAGE REQUIRED?							
10, DOES ANY NAMED INSURED SELL TO OTHER	NAMED INSUREDS?						

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			e	AGEN	CY	CUSTOMER	ID:	LEGEAIR-01			RRUDD
<u>, A</u>	DITIONAL INTEREST /	CERTIFICATE RECIPIENT	X ACORD	46 attache	ed f	for additional	<u>1 na</u>	mes			
	TEREST									ITEM NUMBER	
	ADDITIONAL INSURED	Okaloosa County Risk Manager 302 Wilson Street, Sulte 301 Str		ient				LOGA	_{non:} 1	BUILDING:]
	EMPLOYEE AS LESSOR	Crestview, FL 32536						ITEM CLAS		ITEM:	
	LIENHOLDER							Hand	er at Destin	Airport	
	LOSS PAYEE									·	
	MORTGAGEE Additional Interest Lessor		1								
<u> </u>	akan	<u> </u>		<u></u>							
	ENERAL INFORMATION										1
		For all past or present operations)		0/50 00 0		TD 1 075 00					<u>Y/N</u>
11.	ANY MEDICAL PACILITIES	S PROVIDED OR MEDICAL PROFES	SIONALS EMPL	OYED OR C	ON	TRACTED?					
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS?									
3,	DO/HAVE PAST PRESEN	IT OR DISCONTINUED OPERATIONS				TING DISCHAR	908		SPOSING OR		
1		ARDOUS MATERIAL? (e.g. landfills, v									
4.	ANY OPERATIONS SOLD,	ACQUIRED, OR DISCONTINUED IN	LAST FIVE (5)	YEARS?							
5,	DO YOU RENT OR LOAN E	EQUIPMENT TO OTHERS?		·····							
	EQUIPMENT					TYPE OF	EQL	r	INSTRUCTION	GIVEN (Y/N)	
	· · · · · · · · · · · · · · · · · · ·					SMALL TOOLS		LARGE EQUIPMENT			
						SMALL TOOLS		LARGE EQUIPMENT			
6,	ANY WATERCRAFT, DOCI	KS, FLOATS OWNED, HIRED OR LE	ASED?								
77	ANY PARKING FACILITIES					· · · · · · · · · · · · · · · · · · ·					
ľ.	ANT FARMING FAULTIES	Sowneb/RenTeb?									
8.	IS A FEE CHARGED FOR I	PARKING?									
-/											
9,	RECREATION FACILITIES	PROVIDED?									
10.	ARE THERE ANY LODGIN	G OPERATIONS INCLUDING APART	IMENTS? (If "Y	ES", answer I	the	following):					
	# APTS TOTAL APT A	AREA DESCRIBE OTHER LODGING OF	ERATIONS								
		Sq. Ft.									
11,	IS THERE A SWIMMING PC	OOL ON PREMISES? (Check all that a	ipply}	_							
	APPROVED FENCE	LIMITED ACCESS DIVING BOA	RD SLIDE	ABOV	ΈG	ROUND	I GR	OUND LIFE C	UARD		
12.	ARE SOCIAL EVENTS SPO	DNSORED?									
					_						
13,	ARE ATHLETIC TEAMS SP	4	······	[·	
	TYPE OF SPORT	SPORT (Y/N) AGE GROUP	13 - 18	TYPE OF SP	POR	r		CONTACT PORT (Y/N) AGE GR	DUP	13 - 18	
		12 & UNDER	OVER 18					12 (UNDER	OVER 18	-
	EXTENT OF SPONSORSHIP:			EXTENT OF	SPO	DNSORSHIP:					
14.	ANY STRUCTURAL ALTER	RATIONS CONTEMPLATED?		. —							
				·····.							
15,	ANY DEMOLITION EXPOS	URE CONTEMPLATED?									

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RRUDD

GENERAL INFORMATION (continued)		AGENCY CUSTOMER ID: LE	GEAIR-01		
EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ns)				Y/N
16, HAS APPLICANT BEEN ACTIVE IN OR IS CURRENT		TURES?			
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER	······································	F		WORKERS	
	WORKERS	LEASE FROM	col	MPENSATION	
LEASE TO	COVERAGE CARRIED (YIN)		COVERA	GE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTH	HER BUSINESS OR SUBS				
19. ARE DAY CARE FACILITIES OPERATED OR CONT	ROLLED?				
20, HAVE ANY CRIMES OCCURRED OR BEEN ATTEM	PTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEARS	5?		
21. IS THERE A FORMAL, WRITTEN SAFETY AND SEC	URITY POLICY IN EFFEC	Γ?			
22. DOES THE BUSINESSES' PROMOTIONAL LITERAT		ENTATIONS ABOUT THE SAFETY OR S	SECURITY OF THE P	REMISES?	
22, DUES THE BUSHVESSES FROMOTIONAL LITERAL					
REMARKS (ACORD 101, Additional Remarks S	chedule, may be attac	hed if more space is required)			
Commercial Policy Package					
617					
SIGNATURE		······			
Applicable in AL, AR, DC, LA, MD, NM, RI and N benefit or knowingly (or willfully)* presents false info	NV: Any person who kr	nowingly (or willfully)* presents a false	e or fraudulent clain d may be subject to	for payment of a 1 fines and confinem	oss or ient in
prison, *Apolies in MD Only,					
Applicable in CO: It is unlawful to knowingly pr	rovide false, incomplete,	or misleading facts or information t	to an insurance cor	npany for the purp	ose of
defrauding or attempting to defraud the company company or agent of an insurance company who k	y. Penalties may includ powingly provides false	te imprisonment, fines, denial of in incomplete or misleading facts or in	surance and civil d formation to a policy	amages. Any insi /holder or claimant	for the
purpose of defrauding or attempting to defraud the	e policyholder or claimar	it with regard to a settlement or awa	rd payable from ins	urance proceeds sl	nall be
reported to the Colorado Division of Insurance with	in the Department of Reg	ulatory Agencles.			
Applicable in FL and OK: Any person who know containing any false, incomplete, or misleading info	vingly and with intent to rmation is quilty of a felo	injure, detraud, or deceive any insur- ny (of the third degree)*, *Applies in F	FL Only.	of claim or an appl	ICAUON
Applicable in KS: Any person who knowingly and	d with intent to defraud, r	resents, causes to be presented or p	repares with knowle	dge or belief that it	will be
orecented to or by an insurer, numerted insurer, br	oker or any agent thereo	if, any written statement as part of, or	r in support of, an ar	oplication for the lss	uance
of, or the rating of an insurance policy for person commercial or personal insurance which such person	ial or commercial insura	nce, or a claim for payment or ourse iterially false information concerning	any fact material th	ereto; or conceals,	for the
purpose of misleading, information concerning any	fact material thereto com	mits a fraudulent insurance act.			
Applicable in KY NY OH and PA: Any person	who knowingly and with	intent to defraud any insurance cor	npany or other pers	son files an application	tion for
insurance or statement of claim containing any ma thereto commits a fraudulent insurance act, which	terially faise information	or conceals for the purpose of mislea	allies (not to exceed	five thousand dolla	ars and
the stated value of the claim for each such violation	a)* *Applies in NY Only.				
Applicable in ME, TN, VA and WA: It is a crime	to knowingly provide fall	se, incomplete or misleading informa	tion to an insurance	company for the p	urpose
of defrauding the company. Penalties (may)* includ Applicable in NJ: Any person who includes any	de imprisonment, fines al	nd denial of insurance benefits. "Appl	ies in me Only. Surance policy is sti	blect to criminal a	nd civil
penalties,	vialse of misleading into	unation of an application of an in-	solution policy is so		
Applicable in OR: Any person who knowingly a	nd with intent to defraud	or solicit another to defraud the insu	urer by submitting a	n application conta	ining a
false statement as to any material fact may be viola Applicable in PR: Any person who knowingly an	ating state law.	foudios proporto folgo information ir	an incurance annli	cation or presents	beins
or causes the presentation of a fraudulent claim for	r the navment of a loss o	r any other benefit, or presents more	than one claim for	the same damage o	or loss,
shall incur a felony and upon conviction shall be	sanctioned for each viola	tion by a fine of not less than five tho	usand dollars (\$5,0)	00) and not more th	ian ten
thousand dollars (\$10,000), or a fixed term of impr thus established may be increased to a maximum	isonment for three (3) ye	ars, or both penalties. Should aggra	it may be reduced	is to a minimum of	two (2)
years.					
THE UNDERSIGNED IS AN AUTHORIZED REPRESEN	TATIVE OF THE APPLICAN	T AND REPRESENTS THAT REASONA	BLE INQUIRY HAS BI	EEN MADE TO OBTA	IN THE
ANSWERS TO QUESTIONS ON THIS APPLICATION. KNOWLEDGE,	HE/SHE REPRESENTS TH	IAT THE ANSWERS ARE TRUE, CORRI	LUI AND UUMPLETE	TO THE BEAT OF I	NORTER
PRODUCER'S SIGNATURE	PRODUCER	t'S NAME (Please Print)		STATE PRODUCER LIC (Required in Florida)	ENSE NO
K Nora Whelk		ne Walker		A276089	
APPLICANTS SIGNATURE	1		DATE 11/29/2)	NATIONAL PRODUCES	NUMBER
1.120	<u> </u>	· · · · · · · · · · · · · · · · · · ·	11/24/21	463837	



PAGE 1 OF 1 RRUDD

ACORD			DATE (MM/DD/YYYY)					
	ADDITIONAL IN	FEREST SCHEDULE	11/22/2021					
AGENCY		CARRIER	NAIC CODE					
M.E Wilson Company, LLC I	DBA Waldorff Insurance & Bonding	ACE American Insurance Compar	ıy 22667					
POLICY NUMBER	EFFECTIVE	DATE NAMED INSURED(S)						
TBD	11/23/2	021 Legendary Air, LLC						
ADDITIONAL INTEREST (Not	all fields apply to all scenarios - prov	ide only the necessary data)						
INTEREST	NAME AND ADDRESS RANK;EVIDENC	E: X CERTIFICATE POLICY SEND BILL	INTEREST IN ITEM NUMBER					
ADDITIONAL LOSS PAYEE	Okaloosa County Risk Management D	epartment	LOCATION: 1 BUILDING: 1					
BREACH OF MORTGAGEE	302 Wilson Street, Suite 301 Crestview, FL 32536		VEHICLE: BOAT:					
CO-OWNER OWNER	0103141614, 1 2 02000		AIRPORT: AIRGRAFT:					
EMPLOYEE REGISTRANT			ITEM CLASS: ITEM:					
ULEASEBACK TRUSTEE			ITEM DESCRIPTION					
LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:	Hanger at Destin Airport					
X WAIVER OF SUBROGATION	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/G, No):					
REASON FOR INTEREST:		E-MAIL ADDRESS:						
WTEREST	NAME AND ADDRESS RANK: EVIDENC	E: CERTIFICATE POLICY SEND BILL	INTEREST IN ITEM NUMBER					
ADDITIONAL LOSS PAYEE	Okaloosa County Board of County Co	mmissioners	LOCATION: 1 BUILDING: 1					
BREACH OF MORTGAGEE	302 Wilson Street, Suite 301 Crestview, FL 32536		VEHICLE: BOAT:					
CO-OWNER OWNER	Clastview, I'L 02000		AIRPORT: AIRCRAFT:					
EMPLOYEE REGISTRANT			ITEM CLASS: ITEM:					
LEASEBACK OWNER TRUSTEE	REFERENCE / LOAN #:		ITEM DESCRIPTION					
LIENHOLDER	INTEREST END DATE:	Hanger at Destin Airport						
X 30 DAY NOC	DAY NOC LIEN AMOUNT: PHONE (A/C, No, Ext):							
REASON FOR INTEREST: 30 DAY NO	TICE OF CANCELLATION	E-MAIL ADDRESS:						
INTEREST	NAME AND ADDRESS RANK: EVIDENC	E: CERTIFICATE POLICY SEND BILL	INTEREST IN ITEM NUMBER					
ADDITIONAL INSURED			LOCATION: BUILDING:					
BREACH OF WARRANTY MORTGAGEE			VEHICLE: BOAT:					
CO-OWNER OWNER			AIRPORT: AIRCRAFT:					
EMPLOYEE AS LESSOR REGISTRANT			ITEM CLASS:					
UEASEBACK TRUSTEE			ITEM DESCRIPTION					
LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):					
REASON FOR INTEREST:		E-MAIL ADDRESS:						
	NAME AND ADDRESS RANK: EVIDENC	E: CERTIFICATE POLICY SEND BILL						
INSURED LOSS PATER			LOCATION: BUILDING:					
WARRANTY WORTGAGE			VEHICLE: BOAT:					
EMPLOYEE DECISTRANT			AIRPORT: AIRCRAFT:					
AS LESSOR			ITEM CLASS: ITEM:					
OWNER OWNER			ITEM DESCRIPTION					
LIENHOLDER	REFERENCE / LOAN #:							
	LIEN AMOUNT:	PHONE (A/C, No, Exi):	FAX (A/C, No):					
REASON FOR INTEREST:		E-MAIL ADDRESS:	INTED COT IN ITEM NUMBED					
	NAME AND ADDRESS RANK:EVIDENC	E: CERTIFICATE POLICY SEND BILL	INTEREST IN ITEM NUMBER					
ADDITIONAL LOSS PAYEE INSURED BREACH OF MORTGAGEE			VEHICLE: BOAT:					
WARRANTY WORTGROLL								
AS LESSOR			ITEM: ITEM:					
LEASEBACK OWNER TRUSTEE			ITEM DESCRIPTION					
	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/G, No):					
REASON FOR INTEREST:		E-MAIL ADDRESS:						



RRUDD 1 of 1

Page

FORMS AND ENDORSEMENTS SCHEDULE

NAIC CODE AGENCY CARRIER M.E Wilson Company, LLC DBA Waldorff insurance & Bonding ACE American Insurance Company 22667 EFFECTIVE DATE NAMED INSURED(S) POLICY NUMBER 11/23/2021 Legendary Air, LLC TBD

00#	VEH#	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER COD
1				CG2104	11-86 Exci Products Completed Oper Hazard		
1				CG2106	5-14 Excl- ACC. DISCL of CONFI or personal info		
1				CG2109	06-15 Exclsulon-Unmanned Aircraft		
				CG2132	05-09 Communicable Disease Exclusion		
1				CG2137	06-15 Excl-Employees & Volunteers as insured		
1				CG2138	11-85 Personal & Adv Injury exclusion		
1				CG2142	12-04 Excl -Explosion. Collapse & Underground PD		
<u>-</u> 1				CG2147	12-07 Emplyment Related Practices Exculsion		
1			-	CG2165	12-04 Total Pollution Excl -with Exceptions		
1				CG2166	06-15 Exclusion -Volunteer Workers		
				CG2167	12-04 Fungl or Bacteria Exclusion		
1				CG218/	03-05 Silica or Silica-Related Dust Exclusion		
1					03-87 Exclusion Asbestos		
1	ļ			LD-3R16	06-92 Exclusion-Lead		
1			<u>-</u>	LD4S35	00-92 Exclusion-Leau		
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RRUDD

DATE (MM/DD/YYYY) 11/22/2021

PROF	PERTY	SECTION

AGENCY NAME M.E Wilson Company, LLC DBA Waldorff Insurance & Bondin							ing	CARRIER NAIC GODE ACE American Insurance Company 22667												
POLICY	NUMBER					- E -		IVE DATE 3/2021		ied ing jend a		is) Ir, LL	C							
BLAN	KET SUMMARY																			
BLKT #	AMOUNT			TYPE					BLK	(Т#	ŕ	MOUNT		1				TYPE		
			PREMISES #: 1										lot 6	, Hange	r 12	105, 1	Dest	in, FL	325	41
PREN	IISES INFORMA	TION	BUILDING #: 1	BL	DG DI	SCRIP	rion:	Hanger	at D	estin	Airp	ort								
s	UBJECT OF INSURAN	CE	AMOUNT	co	INS %	VALU- ATION	CAI	USES OF L	OSS	GUA	TION RD %	DED	, [DED TYPE	BLKT					IONS TO APPLY
	ess Personal		50,0	1	80	R	Spq	cial (Incl t) - Detai	uding				000	1		Wind	sto	rm & I	Hail	Excluded
Prope	rty		00,0		00		niau	() • Detai	1			بو 1	100							
										1		•						,		
			Î	·						Ì										
·	ng n						•			1				ndhaan kaala daarada Sondaar ka						
ADDITIC	NAL INFORMATION		BUSINESS INCOME / I	XTRAE)	PENS	iE - Atta	ch AC	ORD 810		<u>.</u>	v	ALUE RE	PORT	NG INFOR	MATIC	N - Atta	ch AC	ORD 81	1	
ADDIT	IONAL COVERA	GES O	PTIONS, RESTR	ICTION	IS. E	NDOR	SEN	IENTS		RATI		FORM	ATIO	N						
SPOIL	GE DESCRIPTION		ERTY COVERED			<u>1.2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u>			0 140	LIME				REFRIG	MAINT	OPTI	ONS			
COVER. (Y/N										\$				AGREEN	IENT		BREA	KDOWN	ORC	ONTAMINATION
1	1										UCTIBL	E.		(Y/N	N) 1		POWE	ER OUTA	GE	SELLING PRICE
L										\$!_	1					
SINKHO	LE COVERAGE (Requi	red in Fig	orida)					ACCEPT	COVE	RAGE		REJE	CT CC	VERAGE		LIMIT	\$			
	MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$																			
	OPERTY HAS BEEN DE				K											ØFOF	EN SI	DES ON	STRU	CTURE:
	ttached Overfio																			
										r		•					T		T	
	NUCTION TYPE		DISTANCE I HYDRANT FI	IC CYATI	.			TRICT		COD	E NUM	BER	RÖT		. 1	# BASI	N'TS	YR BUI	I	TOTAL AREA
Metal			1,000 _{FT}			tin FC				1			4	1		0		200	8	3,900
BUILDIN	G IMPROVEMENTS	1		BLDG C GRAD	ЮDE Æ	TAX (BODE	ROOF	TYPE		!*	OTHER C	CCUP	ANCIES						
wi	RING, YR:	PLUM	ABING, YR:									1.100	TAIA	A LANDER	101 10	ooppl	(Charles)	<u>~ </u>	ATE	
RØ	OFING, YR:	HEAT	ring, yr:	WIND CL	LASS		SE	EMI-RES	STIVE		_	STC	VE OF	Source II R Fireplac	CE INS	SERT	IRININ		ATE ISTAL	LED:
OT	HER		YR:	RE	SISTI	/E			,			MANUFA	CTURI	ER:						
PRIMAR	Y HEAT		1						SEC	ONDAF		т —Т			1					
во		ID FUEL		ז						BOILE	R		SOLID	FUEL]					
IF 8	BOILER, IS INSURANCE	E PLACED		Y/N						IF BOI	LER, IS	INSURA	NCE P	LACEDEL	SEW			Y/N	·····.	
RIGHT E	XPOSURE & DISTANCI	E	LEFT EXPC	SURE &	DISTA	NCE			FRO	NTEXF	OSUR	E& DIST	ANCE			REAR	EXPO	SURE &	DISTA	NCE
									l		• • 5 5 • • • • • • • • • • •				l				OCH	
BURGLA	IR ALARM TYPE				CERTI	FICATE	#								EXP	IRATIO	N DAT	ε	STA	TRAL LOCAL FION GONG
													·r····						WITI	IKEYS
BURGLA	R ALARM INSTALLED	AND SER	VICED BY						EXT	ENT			GR/	IDE	# GI	JARDS	/WAT	CHMEN		CLOCK HOURLY
									L										<u> </u>	
PREMISI	ES FIRE PROTECTION	(Sprinkler	rs, Standpipes, CO2 / 0	Chomical	Syste	ms)		% SPI	RNK	FIRE A	LARM	MANUFA	CTUR	ER						CENTRAL STATION
																				LOCAL GONG
ADDIT	IONAL INTERES	ат 📜	ACORD 45 att	ached	for a	<u>udditi</u>	onal	names												
INTERES	ат.	NA	ME AND ADDRESS	RANK:	İ	EVIDE	NCE:	CE	RTIFIC	ATE							IN	TEREST	<u>in ite</u>	M NUMBER
	SS PAYEE															LOCA				UILDING;
мо	RTGAGEE															ITEM CLASS):			TEM:
																		RIPTION		
		RE	FERENCE / LOAN #:																	
1000	D 440 (0044/40)						44-	1. 4. 2.	000	n 40d			004	11000	n 0/			1011	A ()	

ACORD 140 (2014/12)

Attach to ACORD 125 © 1985-2014 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD

				A	GENCY C	USTOME	R ID:	L	EGEA	١R	-01			RRL	<u>aar</u>
ADDITIONAL	PREMISES #:	STREET										· · · · · · · · · · · ·			
PREMISES INFORMATION		BLDG DE				LINEL ATION	T	DEL	DBL	KŤ?					-+
SUBJECT OF INSURANCE	AMOUNT	COINS %	ATION	CAUSE	S OF LOSS	GUARD 36	DED	TYP			FORMS	AND CO	NDIT	IONS TO APPLY	
							·····								
														••••••	
			·				ļ			_					
							I								
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	E - Attac	h ACORI	3 810 C	1	ALUE REF	PORTING IN	IFORMA	TION	- Attach AC	ORD 811			
ADDITIONAL COVERAGES,	OPTIONS, RESTR	ICTIONS. E	NDOR	SEME	TS AND	RATING IN	FORMA	ATION							
SPOILAGE DESCRIPTION OF PR						LIMIT		3	RIG MA	INT	OPTIONS				
COVERAGE						\$			REEME		BREA	KDOWN	ORC	ONTAMINATION	
(Y/N)						DEDUCTIB	110		(Y / N)		~—-i			SELLING	
							L.K.2						<u>.</u>	PRICE	
·				····· 1 ·····		\$	1				}				
SINKHOLE COVERAGE (Required in	Fiorida)			AC	CEPTCOVE	ERAGE	REJE	CT COVER	AGE	L	IMIT: \$				
MINE SUBSIDENCE COVERAGE (Re	quired in IL, IN, KY and	WV)		AC	CEPT COVE	ERAGE	REJE	CT COVER	AGE	L	IMIT: \$./A.u/aaa/aqabba/ab///baadaaaaa/88/7A	
PROPERTY HAS BEEN DESIGN	IATED AN HISTORICAL	ANDMARK								#	OF OPEN S	DES ON	STRU	ICTURE:	
See Attached Overflow.															
CONSTRUCTION TYPE	DISTANCE HYDRANT F	TO RE STAT	FIR	e distri	ст	CODE NU	MBER P	ROT CL.	# STORII	ES 1	# BASM'TS	YR BUI	נד	TOTAL AREA	
	FT	M				1									
BUILDING IMPROVEMENTS		BLDG CODE	TAX	ODE	ROOF TYPE		OTHER O	CCUPANCI	ES	4	•				
		GRADE													
WIRING, YR:	LUMBING, YR:		L	L			HEA	TING SOUR	RCEINC	LWC	DODBURNIN	G D.	ATE		
ROOFING, YR:H	EATING, YR:	WIND CLASS		SEMI	- RESISTIVE	⊑			EPLACE	INSI	DODBURNIN ERT	41	ISTAI	LED:	
OTHER:	YR:	RESIST	VE				MANUFA	CTURER:							
PRIMARY HEAT					SE	CONDARY HE			r	_					
BOILER SOLID FU	EL					BOILER		SOLID FUE	ե 🗌						
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	YIN				IF BOILER, I	S INSURA	NGE PLACI	ED ELSE	WH	ERE?	Y/N			
RIGHT EXPOSURE & DISTANCE		OSURE & DIST	ANCE		FR	ONT EXPOSU	RE & DIST	ANCE			REAR EXPO	SURE &	DIST	ANCE	
		OFPT	FICATE	بد	I.,				I	EYPI	RATION DAT	re l	CEN	ITRAL LC	DCAL
BURGLAR ALARM TYPE		CERI		H.						F-0 (-)					ÓNG
													I WIT	HKEYS	
BURGLAR ALARM INSTALLED AND	SERVICED BY				EX	TENT		GRADE		# GU	AROS / WAT	CHMEN		CLOCK HOUR	Y
PREMISES FIRE PROTECTION (Sprin	nklera, Standpipea, CO2	Chamical Syst	ems)		% SPRNK	FIRE ALAR	MANUFA	CTURER						CENTRAL STA	TION
														LOCAL GONG	
ADDITIONAL INTEREST	ACORD 45 al	tacked for	944141.	onale	amee										
INTEREST	NAME AND ADDRESS		EVIDE		CERTIFI							ITEORET	- 151 17	EM NUMBER	
<u>l</u> —''''''''''''''''''''''''''''''''''''	NAME AND ADDRESS		LYIDE												****
LOSS PAYEE										-	LOCATION:			BUILDING:	
MORTGAGEE										ł	ITEM CLASS:		1	ITEM:	
											ITEM DESC	RIPTION			
	REFERENCE / LOAN #:				1										
REMARKS (ACORD 101.			la má	v ha al	tached i	f more en	ace le m	Autor							
Commercial Property Fo		Va Anliadn	o ilid	<u>x né di</u>	Naviida I	LINNIA PR		egan eu							
121895 10-17 Property P		anco Ende	reom	ont											
CP0010 06-07 Building a			eraye	101111											
CP0090 07-88 Commerc CP0140 07-06 Exclusion	ial Property Con	uluuns Viimo on Pr	a tar	-											
CP0321 07-06 Windstorn			erinie												
CP1030 06/07 Causes of															
CP1032 08-08 Water Exc															
CP1065 10-12 Flood Cov		ment													
CP0125 07/08 Florida Ch	nanges														

LEGEAIR-01

RRUDD

SIGNATURE

AGENCY CUSTOMER ID:

LEGEAIR-01

RRUDD

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE	TO OBTAIN THE
ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE F	JEST OF HIS/HER
KNOWLEDGE,	

PRODUCER'S SIGNATURE K. Wape Hallen	PRODUCER'S NAME (Please Print) K. Wayne Walker		STATE PRODUCER LICENSE NO (Required in Florida) A276089
APPLICANT'S SIGNATURE	<u>t</u>	DATE 129/21	NATIONAL PRODUCER NUMBER 463837



RRUDD

1 of 1

Page

FORMS AND ENDORSEMENTS SCHEDULE

CARRIER NAIC CODE AGENCY M.E Wilson Company, LLC DBA Waldorff Insurance & Bonding ACE American Insurance Company 22667 EFFECTIVE DATE NAMED INSURED(S) POLICY NUMBER 11/23/2021 Legendary Air, LLC TBD

FORMS AND ENDORSEMENTS							
		BOAT#		FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
1				IL 0935	7-02 Excl of Centain Computer Released losses		
1				CP0140	7-06 Excl of loss due to Virus or Bacteria		
1				CP1032	08-08 Water Exclusion Endorsement		
1				CP1053	06/07 Windstorm & Hail Exclusion-Direct Damage		
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