

OP ID: CR

DATE (MM/DD/YYYY)
12/02/2020

ACORD [®]	ERTI	FICATE OF LIA	BILITY INS	URAN	CE	DATE (MM/DD/YY) 12/02/2021			
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 If SUBROGATION IS WAIVED, subjecthis certificate does not confer rights	is an ADI to the te	DITIONAL INSURED, the p rms and conditions of the	e policy, certain po	olicies may i	IAL INSURED provision require an endorsemen	ns or be endors it. A statement	sed. t on		
PRODUCER		0-978-4855	CONTACT Terry M.						
Ebco Aviation Insurance, LLC 3070 Five Forks Trickum Road			PHONE (A/C, No, Ext): 770-97	FAX (A/C No)	o): 770-978-4868				
P.O. Box 1534			E-MAIL ADDREss: tbritt@eaisllc.com						
Snellville, GA 30078 Terry M. Britt			INSURER(S) AFFORDING COVERAGE NAIC #						
			INSURER A : ACE American Insurance Co						
INSURED Emerald Coast Aviation dba Aero FX, Inc	Eucl EV		INSURER B :						
5535 John Givens Road	., ruei ra		INSURER C :						
Crestview, FL 32539		r	INSURER D :						
		-	INSURER E :						
			INSURER F :						
	Conduction and the second second second	E NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equireme Pertain.	INT, TERM OR CONDITION	of any contract Ed by the policie	OR OTHER I S DESCRIBEI	Document with Respi D Herein is Subject 1	ECT TO WHICH "	THIS		
INSR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/PP/YYYY)	POLICY EXP	LIMI	TS			
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	ş 25,0	00,000		
CLAIMS-MADE X OCCUR	x	AAPN10721118003	01/06/2022	01/06/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)		00,000		
					MED EXP (Any one person)	2	25,000		
					PERSONAL & ADV INJURY	3	00,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	3	00,000		
					PRODUCTS - COMP/OP AGG		00,000		
OTHER:						\$ 5,01	00,000		
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$			
					BODILY INJURY (Per person)	\$			
AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident PROPERTY DAMAGE				
HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
DED RETENTION \$					AGO NEO NE	s			
WORKERS COMPENSATION					PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	NIA				E.L. DISEASE - EA EMPLOYE	E \$			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	- <u>\$</u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIO	LES (ACOR	D 101, Additional Remarks Schedu	le, may be attached if mo	re space is requi	red)				
	·		CONTR FUEL F FUEL F AND RE	ACT# C21- X INC. DB	-3047-AP A EMERALD COAS AGE SYSTEM MA /PS				
CERTIFICATE HOLDER			CAN		······································				
and the second		OKALOO1							
Okaloosa County Parks Rec		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 N. Wilson Street, Su 301 Crestview, FL 32536		AUTHORIZED REPRESENTATIVE Terry M. Britt							

NOTEPAD	Emerald Coast Avia	tion dba Aero FX,	EMERA-1 OP ID: CR	Date	PAGE 2 12/02/2020
additional ins The insurance person or orga injury or prop modification, organization.	AAP236 Okaloosa County shal ured but only as respects op extended by this endorsement nization named in the schedu erty damage which arises fro repair, sale, or servicing o	perations of the t shall not appl the shall be ins om the design, m of aircraft by t	named insured. y to, and no ured for bodily anufacture, hat person or	*****	
The Certificat days if for no The coverage i Coverage is pr to the Certifi The coverage i	e Holder will be provided wi n-payment of premium) notice ncludes On Airport Premises imary and non-contributory t cate Holder. ncludes Contractual Liabilit Excess Auto Liability	of cancellatio Auto Liability to any other ins	n. Límit. urance available		
and the cy find	Excess Auto Hraditity				
·	a				
			1999.91.11.0.4.1.1.4.4.	****	



						·	EN	IERA-1		OP ID: CR
4		EF	TI	FICATE OF LIA	BIL	ITY INS	URAN	CE		(MM/DD/YYYY) 5/30/2022
C B	HIS CERTIFICATE IS ISSUED AS A I ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	VEL	Y OF NCE	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	D OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	e policies
lf	MPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	ie te	rms and conditions of th	e polic	y, certain p	olicies may i			
PRODUCER Ebco Aviation Insurance, LLC 3070 Five Forks Trickum Road				CONTACT NAME: PHONE (A/C, No, Ext): (A/C, No, Ext):						
P.O. Box 1534 Snellville, GA 30078 Terry M. Britt					EMAIL ADDRESS: INSURER(S) AFFORDING COVERAGE N INSURER A : Granite State Insurance Co.					NAIC #
INSURED Emerald Coast Aviation dba Aero FX, Inc. & Fuel FX, Inc. 5545 John Givens Road Crestview, FL 32539					INSURE	_{R B :} Nationa _{R C :} Praetor	l Union & F	Fire Ice Company		
					INSURE INSURE	RE:				
co	VERAGES CER	TIFIC		E NUMBER:				REVISION NUMBER:		
ll C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH		REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	(Contract The Policie Reduced by	OR OTHER I S DESCRIBEI PAID CLAIMS.	Document with Resp D Herein IS Subject	ЕСТ ТО	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	
							-	MED EXP (Any one person)	\$	
]							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
								PRODUCTS - COMP/OP AGO		
Α		х		00.04.040047005 40/000		00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X Comp X Collision			02-CA-019047925-12/000		06/26/2022	06/26/2023	BODILY INJURY (Per person) BODILY INJURY (Per accider PROPERTY DAMAGE (Per accident)	1	
В	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	ŝ	4,000,000
	X EXCESS LIAB CLAIMS-MADE			41-UD-042726231-3		07/18/2022	07/18/2023	AGGREGATE	\$	4,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					(())))))))))))))))))		X PER OTH-	\$	
		N/A	Х	AWC0500167		11/30/2021	11/30/2022	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOY		1,000,000
D	Property			41-LX086581302-012/000		06/26/2022	06/26/2023	E.L. DISEASE - POLICY LIMI	5	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL aloosa County Board of Commiss			-					I _,	
	l excess coverage.							-		
CE	RTIFICATE HOLDER				CANC	ELLATION				
				OKALOO1						
Okaloosa County Parks & Rec 302 N. Wilson Street Suite				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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Crestview, FL 32536