

OP ID: CR

DATE (MM/DD/YYYY)
1/11/2023

ACORD	CERTI	FICATE OF LIA	ABILI	TY INS	SURAN	CE		•	MM/DD/YYYY) 4 /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 If SUBROGATION IS WAIVED, subject this certificate does not confer rights	t to the te	rms and conditions of th	ne policy Jch endo	, certain porsement(s)	olicies may						
PRODUCER	77()-978-4855	CONTACT Terry M. Britt								
Ebco Aviation Insurance, LLC 3070 Five Forks Trickum Road			PHONE 770-978-4855 FAX (A/C, No):								
P.O. Box 1534 Snellville, GA 30078			E-MAIL ADDRESS: tbritt@eaislic.com								
Terry M. Britt				INS	URER(S) AFFOR	DING COVERAGE			NAIC #		
			INSURER	A: ACE Ar	nerican Ins	urance Co					
INSURED Emerald Coast Aviation dba Aero FX, In	c Fuel FX		INSURER B :								
5535 John Givens Road Crestview, FL 32539			INSURER C :								
			INSURER D :								
			INSURER								
			INSURER	F:			oro.				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:											
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 TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	0	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS				
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x	AAPN10721118004			01/06/2024	EACH OCCURRENCE DAMAGE TO RENTEL PREMISES (Ea occur		\$ \$	25,000,000 500,000		
	_					MED EXP (Any one pe		\$	25,000		
	_					PERSONAL & ADV IN	JURY	\$	25,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	JE	\$	25,000,000		
						PRODUCTS - COMPK	<u>DP AGG</u>	\$	25,000,000		
OTHER:						HKLL COMBINED SINGLE L	IMIT	\$	5,000,000		
						(Ea accident)		\$			
ANY AUTO OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per		\$			
						BODILY INJURY (Per PROPERTY DAMAGE (Per accident)	accident)	\$			
AUTOS ONLY AUTOS ONLY						(Per accident)		\$\$			
UMBRELLA LIAB OCCUR					~	EACH OCCURRENCE		\$			
EXCESS LIAB CLAIMS-MAD	E					AGGREGATE		\$			
DED RETENTION \$						Nooneonte		\$			
WORKERS COMPENSATION						PER STATUTE	OTH- ER				
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT		\$			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EN	APLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below					-	E.L. DISEASE - POLIC	Y LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI		1 Additional Demovies Seterate	ula mau h-	attached if was		[
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (ACORI	J 101, Additional Remarks Schedu									
			CC	INTRA	.CT: L0	8-0335-A	P				
EMERALD COAST AVIATION											
BSAP FBO											
						1 (0051					
			<u> </u>	NIKE	<u>s: 01/0</u>	1/2054					
CERTIFICATE HOLDER			CANCE	ELLATION							
		OKALOO1							10 IS 10 IS 10 IS		
						ESCRIBED POLICIE EREOF. NOTICE					
Okaloosa County Board of				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
County 302 N Wilson Street, Ste. 301											
Crestview, FL 32536				AUTHORIZED REPRESENTATIVE Terry M. Britt							

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NOTEPAD	Emerald Coast Aviation	1 dba Aero FX, EMERA OP ID: C		PAGE 2
additional The insuran person or o injury or p	'orm AAP236 Okaloosa County shall h insured but only as respects opera- ice extended by this endorsement sh organization named in the schedule roperty damage which arises from t on, repair, sale, or servicing of a	ations of the named hall not apply to, a shall be insured fo the design, manufact	nd no or bodily ure,	
The Certifi days if for The coverag Coverage is to the Cert	cate Holder will be provided with non-payment of premium) notice of le includes On Airport Premises Aut primary and non-contributory to a ifficate Holder. re includes Contractual Liability,	cancellation. to Liability Limit. any other insurance	available	
	nd Excess Auto Liability	independent contrac		