



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/27/2023

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).

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|--|--|------------------------|
| PRODUCER Coastal Insurance - Miramar Beach 625 Grand Blvd. Suite 205E Miramar Beach FL 32550 | CONTACT NAME: Chris Zakas PHONE (A/C, No. Ext): 772-410-5222 E-MAIL ADDRESS: chris.zakas@acordia.com | FAX (A/C, No): |
| INSURED Hebert Boudreaux Real Estate LLC 6649 Burden Ln Baton Rouge LA 70808 | INSURER(S) AFFORDING COVERAGE INSURER A: Covington Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | NAIC # 13027 |

License#: L100460
HEBEBOU-01**COVERAGES****CERTIFICATE NUMBER:** 1265349783**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 LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | VBA956487 00 | 12/28/2023 | 12/28/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lease number L06-0270-AP

CERTIFICATE HOLDER

Okaloosa County Board of County Commissioners
Destin-Fort Walton Beach Airport Administration
1701 State Road 85 N
Eglin AFB FL 32542-1498

LEASE: L06-0270-AP
HERBERT BOUDREAUX REAL ESTATE, LLC/RICHE AVIATION
DAP LEASE LOT 2/BLOCK 4
EXPIRES: 05/18/2032

AUTHORIZED REPRESENTATIVE

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IN

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/27/2023

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|---|---|-----------------------|---------------|
| PRODUCER Coastal Insurance - Miramar Beach 625 Grand Blvd. Suite 205E Miramar Beach FL 32550 License#: L100460 | CONTACT NAME: Chris Zakas | | |
| | PHONE (A/C, No, Ext): 772-410-5222 | FAX (A/C, No): | |
| | E-MAIL ADDRESS: chris.zakas@acentria.com | | |
| | PRODUCER CUSTOMER ID: HEBEBOU-01 | | |
| INSURED Hebert Boudreaux Real Estate LLC 6649 Burden Ln Baton Rouge LA 70808 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Scottsdale Insurance Company | | 41297 |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** 621725266 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
1001 Airport Rd, Block 4, Lot 2, Destin, FL 32541, USA

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 | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS |
|----------|-------------------------------------|--|----------------|------------------------------------|-------------------------------------|--|------------|
| A | <input checked="" type="checkbox"/> | PROPERTY | CPS7916412 | 12/28/2023 | 12/28/2024 | <input checked="" type="checkbox"/> BUILDING | \$ 275,000 |
| | | CAUSES OF LOSS | | | | | |
| | | DEDUCTIBLES | | | | | |
| | | BASIC | | | | PERSONAL PROPERTY | \$ |
| | | BROAD | | | | BUSINESS INCOME | \$ |
| | | | | | | EXTRA EXPENSE | \$ |
| | <input checked="" type="checkbox"/> | SPECIAL | | | | RENTAL VALUE | \$ |
| | | EARTHQUAKE | | | | BLANKET BUILDING | \$ |
| | | WIND | | | | BLANKET PERS PROP | \$ |
| | | FLOOD | | | | BLANKET BLDG & PP | \$ |
| | | INLAND MARINE | TYPE OF POLICY | | | | \$ |
| | | CAUSES OF LOSS | | | | | \$ |
| | | NAMED PERILS | POLICY NUMBER | | | | \$ |
| | | | | | | | \$ |
| | | CRIME | | | | | \$ |
| | | TYPE OF POLICY | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lease number L06-0270-AP

| | |
|--|---|
| CERTIFICATE HOLDER Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin AFB FL 32542-1498 | CANCELLATION 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 |
|--|---|

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