

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 10/07/2013

Contract/Lease Control #: L02-0191-AP

Bid #: N/A

Contract/Lease Type: LEASE REVENUE

Award To/Lessee: HARVEY WILLIAMS

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 09/24/2013

Term: 07/15/2033

Description of
Contract/Lease: HANGAR LEASE BLOCK 2 LOT 3

Department: AP

Department Monitor: HARMAN

Monitor's Telephone #: 850-651-7160

Monitor's FAX # or E-mail: sharman@co.okaloosa.fl.us

Date Closed: _____

cc: Finance Department Contracts & Grants Office

STAR

LEASE: L02-0191-AP
VERTOL SYSTEMS COMPANY, INC.
BSAP GROUND LEASE/BUILD HANGER/ BLOCK 2 LOT 3
EXPIRES: 07/15/2033

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY, FLORIDA
5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Named Insured: VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS VERTOL SYSTEMS
COMPANY, INC
PO BOX 727
DESTIN, FL 32540

Policy Period: From: FEBRUARY 06, 2024 To: FEBRUARY 06, 2025

Policy Number: 1000641767-03

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Year	Aircraft: Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	Passenger Sublimits
	- SEE ATTACHED		\$	\$	\$	/
	FLEET SCHEDULE -		\$	\$	\$	/
			\$	\$	\$	/
			\$	\$	\$	/
			\$	\$	\$	/
			\$	\$	\$	/

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

THE CERTIFICATE HOLDER WILL BE PROVIDED WITH THIRTY (30) DAYS NOTICE OF CANCELLATION OR MATERIAL CHANGE.

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED, BUT SOLELY AS RESPECTS THE OPERATIONS OF THE NAMED INSURED.

THE INSURANCE EVIDENCED BY THIS CERTIFICATE SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHICH COVERAGE IS EVIDENCED IN THE CERTIFICATE SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF AIRCRAFT BY THAT PERSON OR ORGANIZATION.

Certificate Number: 2.1
Issued By and Date: FEBRUARY 02, 2024 (SBC)

Starr 10201 (6/06)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance – Fleet Schedule Attachment

Named Insured: VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS VERTOL SYSTEMS
COMPANY, INC
PO BOX 727
DESTIN, FL 32540

Policy Period: From: February 06, 2024 To: February 06, 2025
Policy Number: 1000641767-03

Year	Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	Passenger Sublimit
2005	CESSNA 182T SKYLANE	N2455U	\$170,000	5000 / 5000	\$1,000,000	CSL INCL PAX
2009	CESSNA 172S	N571ND	\$170,000	5000 / 5000	\$1,000,000	CSL INCL PAX
1972	CESSNA 172M	N20195	\$0	/	\$1,000,000	CSL INCL PAX
1974	CESSNA 172M	N4351R	\$0	/	\$1,000,000	CSL INCL PAX
2012	CESSNA 172S	N93707	\$0	/	\$1,000,000	CSL INCL PAX
1976	CESSNA 172 M SKYHAWK II	N70378	\$0	/	\$1,000,000	CSL INCL PAX
2009	CESSNA 172S	N569ND	\$200,000	5,000 / 5,000	\$1,000,000	CSL INCL PAX
2016	PIPER PA-44-180 SEMINOLE	N783ND	\$600,000	5,000 / 5,000	\$1,000,000	CSL INCL PAX

Issued By and Date: FEBRUARY 02, 2024 (SBC)



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: ALL SCHEDULED AIRCRAFT

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY, FLORIDA
Address 5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2024 to be attached to and hereby made a part of:

Policy No. 1000641767-03

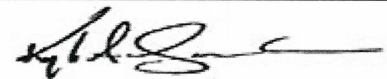
Issued to VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS VERTOL SYSTEMS COMPANY, INC

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 02, 2024 (SBC)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate Holder: OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

Policy Period: From: FEBRUARY 06, 2024 To: FEBRUARY 06, 2025

Policy Number: SASICOM60009924-14

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aviation Commercial General Liability	Limits of Insurance
Each Occurrence Limit	\$ <u>2,000,000</u>
Damage to Premises Rented to You Limit	\$ <u>500,000</u> Any one premises
Medical Expense Limit	\$ <u>25,000</u> Any one person
Personal & Advertising Injury Aggregate Limit	\$ <u>2,000,000</u>
General Aggregate Limit	\$ <u>2,000,000</u>
Products/Completed Operations Aggregate Limit	\$ <u>1,000,000</u>
Hangarkeepers Limit	
Each Aircraft Limit	\$ <u>2,000,000</u>
Each Loss Limit	\$ <u>2,000,000</u>
Hangarkeeper's Deductible	\$ <u>AS ENDORSED</u> Each Aircraft

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

THE CERTIFICATE HOLDER IS PROVIDED A WAIVER OF SUBROGATION AS RESPECTS TO LIABILITY COVERAGE.

FOR FURTHER INFORMATION, PLEASE REFER TO ATTACHED FORM NUMBER, STARR 10803 & 10134.

*ALL PREMISES NECESSARY AND/OR INCIDENTAL TO THE AVIATION OPERATIONS OF THE NAMED INSURED.

THE COMPANY AGREES TO PROVIDE THE CERTIFICATE HOLDER WITH THIRTY (30) DAYS [TEN (10) DAYS IF FOR NON-PAYMENT OF PREMIUM] NOTICE OF CANCELLATION IF MADE BY THE COMPANY.

Certificate Number: 6.1
Issued By and Date: FEBRUARY 02, 2024 (SBC)

Starr 10058 (6/06)

By



(Authorized Representative)

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The **Transfer Of Rights Of Recovery Against Others To Us** Condition (SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2024 to be attached to and hereby made a part of:

Policy No. SASICOM60009924-14

Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 02, 2024 (SBC)

By



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Additional Insured Person(s) or Organization(s): OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION 1701 STATE ROAD 85 N EGLIN AFB, FL 32542
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

SECTION II - WHO IS AN INSURED is amended to include as an additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

As respects the above additional insured:

- 1. this insurance does not apply to any claim or liability arising out of the use of any aircraft product manufactured, sold, handled, or distributed by the above additional insured.
- 2. this insurance does not apply to the design, manufacture, repair, sale, or servicing of aircraft by the above additional insured.
- 3. this insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2024 to be attached to and hereby made a part of:

Policy No. SASICOM60009924-14

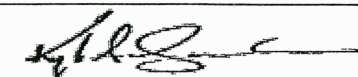
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 02, 2024 (SBC)

By



(Authorized Representative)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER National Hangar Insurance Program 1300 S. Main Street Tulsa, OK 74119	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Vertol Systems Company, Inc., Crestview Hangar #51, LLC Post Office Box 727 Destin, FL 32541	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Travelers Excess and Surplus Lines Company (TXS)	
	INSURER B:	
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

(2/3) 5614 John Givens Rd, CRESTVIEW, FL 32539; (3/4) 5491 John Givens Road, CRESTVIEW, FL 32539; (4/5) 5535 John Givens Rd, CRESTVIEW, FL 32539; (5/6) Crestview Airport, Block 2, Lot 1 John Givens Road, CRESTVIEW, FL 32539; (6/7) 5495 John Givens Road, CRESTVIEW, FL 32539; (7/8) 5521 John Givens Rd, CRESTVIEW, FL 32539; (8/9) 5475 John Givens Rd, CRESTVIEW, FL 32539; (9/10) 51/57 Aviation Way, FREDERICKSBURG, VA 22406

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
	<input checked="" type="checkbox"/> PROPERTY		3S526806	02/06/2024	02/06/2025		
	CAUSES OF LOSS	DEDUCTIBLES				<input checked="" type="checkbox"/> BUILDING	\$
		BUILDING				<input checked="" type="checkbox"/> BUILDING (2/3)	\$ 953,488
		BROAD				<input checked="" type="checkbox"/> BUILDING (3/4)	\$ 1,214,400
	<input checked="" type="checkbox"/> SPECIAL	CONTENTS				<input checked="" type="checkbox"/> BUILDING (4/5)	\$ 433,125
						<input checked="" type="checkbox"/> BUILDING (5/6)	\$ 120,000
						<input checked="" type="checkbox"/> BUILDING (6/7)	\$ 535,500
						<input checked="" type="checkbox"/> BUILDING (7/8)	\$ 1,183,875
						<input checked="" type="checkbox"/> BUILDING (8/9)	\$ 404,250
						<input checked="" type="checkbox"/> BUILDING (9/10)	\$ 5,250,000
							\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY					\$
	CAUSES OF LOSS						\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER					\$
							\$
	<input type="checkbox"/> CRIME						\$
	TYPE OF POLICY						\$
							\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
							\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Loss Payable Provision, DX T3 79 11 12

RE: Full name of Loss Payee is Okaloosa County Board of County Commissioners; Destin-Fort Walton Beach Airport Administration

Certificate Holder is added as LP as evidence by the form listed above.

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County Board of County Commissioners
1701 State Road 85 N
Elgin AFB, FL 32542-1498

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

Hal Hunt

Loss Payee

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ACORD 24 (2009/09)

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STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

Policy Period: From: FEBRUARY 06, 2024 To: FEBRUARY 06, 2025

Policy Number: SASICOM60009824-14

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Year	Aircraft: Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit
	- SEE ATTACHED		\$	\$	\$
	FLEET SCHEDULE -		\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

A WAIVER OF SUBROGATION AS RESPECTS PHYSICAL DAMAGE COVERAGE IS PROVIDED.

FOR FURTHER INFORMATION, PLEASE REFER TO ATTACHED FORM NUMBER, STARR 10284 & 10277.

THE COMPANY AGREES TO PROVIDE THE CERTIFICATE HOLDER WITH THIRTY (30) DAYS [TEN (10) DAYS IF FOR NON-PAYMENT OF PREMIUM] NOTICE OF CANCELLATION IF MADE BY THE COMPANY.

Certificate Number: 1.1
Issued By and Date: FEBRUARY 02, 2024 (SBC)

Starr 10200 (6/06)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

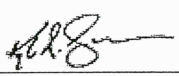
Certificate of Insurance – Fleet Schedule Attachment

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

Policy Period: From: February 06, 2024 To: February 06, 2025
Policy Number: SASICOM60009824-14

Year	Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	Passenger Sublimit
2005	MIL MI-24	N62VS	\$0	N/A / N/A	\$5,000,000	CSL INCL PAX
1993	MIL MI-17	N2502N	\$0	N/A / N/A	\$5,000,000	CSL INCL PAX
1979	MIL MI-24	N114VS	\$0	N/A / N/A	\$5,000,000	CSL INCL PAX
2011	PACIFIC AEROSPACE LTD PAC 750	N132TJ	\$500,000	125,000 / N/A	\$5,000,000	CSL EXCL PAX
1993	BELL 212 (IFR)	N249H	\$0	N/A / N/A	\$1,000,000	CSL EXCL PAX
1980	MD 500 D (369D)	N969VS	\$275,000	68,750 / N/A	\$1,000,000	CSL EXCL PAX
1979	MIL MI-24	N204VS	\$0	N/A / N/A	\$5,000,000	CSL INCL PAX

Issued By and Date: FEBRUARY 02, 2024 (SBC)


(Authorized Representative)

WAIVER OF SUBROGATION

In consideration of additional premium of \$ INCLUDED, this policy is amended as follows:

The Company hereby waives its right of subrogation against the following provided, however, that this waiver shall not prejudice the Company's right of recourse for damages arising from the design, manufacture, modification repair, sale or servicing of the **aircraft** by the following:

This Waiver of Subrogation shall apply: ONLY AS RESPECTS TO LOSS OR DAMAGES ARISING UNDER PHYSICAL DAMAGE COVERAGES AS SET FORTH UNDER THIS POLICY.

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS DESTIN-FORT WALTON BEACH AIRPORT
ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2024 to be attached to and hereby made a part of:

Policy No. SASICOM60009824-14

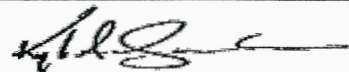
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 02, 2024 (SBC)

By



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: ALL SCHEDULED AIRCRAFT

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
Address DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2024 to be attached to and hereby made a part of:

Policy No. SASICOM60009824-14

Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 02, 2024 (SBC)

By



(Authorized Representative)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/06/2023

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER National Hangar Insurance Program 1300 S. Main Street Tulsa, OK 74119	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID:	FAX (A/C, No):
INSURED Vertol Systems Company, Inc., Crestview Hangar #51, LLC Post Office Box 727 Destin, FL 32541	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Excess and Surplus Lines Company (TXS) INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
(2/3) 5614 John Givens Rd, CRESTVIEW, FL 32539; (3/4) 5491 John Givens Road, CRESTVIEW, FL 32539; (4/5) 5535 John Givens Rd, CRESTVIEW, FL 32539; (5/6) Crestview Airport, Block 2, Lot 1 John Givens Road, CRESTVIEW, FL 32539; (6/7) 5495 John Givens Road, CRESTVIEW, FL 32539; (7/8) 5521 John Givens Rd, CRESTVIEW, FL 32539; (8/9) 5475 John Givens Rd, CRESTVIEW, FL 32539; (9/10) 5157 Aviation Way, FREDERICKSBURG, VA 22405

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
	<input checked="" type="checkbox"/> PROPERTY	3S526806	02/06/2023	02/06/2024	<input type="checkbox"/> BUILDING	\$
	CAUSES OF LOSS				<input checked="" type="checkbox"/> BUILDING (2/3)	\$ 835,140
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUILDING (3/4)	\$ 1,109,147
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> BUILDING (4/5)	\$ 433,125
	<input checked="" type="checkbox"/> SPECIAL				<input checked="" type="checkbox"/> BUILDING (5/6)	\$ 114,899
	<input type="checkbox"/> EARTHQUAKE				<input checked="" type="checkbox"/> BUILDING (6/7)	\$ 433,125
	<input type="checkbox"/> WIND				<input checked="" type="checkbox"/> BUILDING (7/8)	\$ 1,183,875
	<input type="checkbox"/> FLOOD				<input checked="" type="checkbox"/> BUILDING (8/9)	\$ 404,250
					<input checked="" type="checkbox"/> BUILDING (9/10)	\$ 5,250,000
						\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS	POLICY NUMBER				\$
	<input type="checkbox"/> NAMED PERILS					\$
						\$
						\$
	<input type="checkbox"/> CRIME					\$
	TYPE OF POLICY					\$
						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Loss Payable Provision, DX T3 79 11 12
RE: Full name of Loss Payee is Okaloosa County Board of County Commissioners; Destin-Fort Walton Beach Airport Administration
Certificate Holder is added as LP as evidence by the form listed above.

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 1701 State Road 85 N Elgin AFB, FL 32542-1498 Loss Payee	CAN SH THE AC AUTHORIZED REPRESENTATIVE <i>Hal Hunt</i>	CONTRACT#: L02-0191-AP VERTOL SYSTEMS COMPANY, INC. HANGAR LEASE BLOCK 2 LOT 3 EXPIRES: 07/15/2033
--	---	---

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY, FLORIDA
5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Named Insured: VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS VERTOL SYSTEMS
COMPANY, INC
PO BOX 727
DESTIN, FL 32540

Policy Period: From: FEBRUARY 06, 2023 To: FEBRUARY 06, 2024

Policy Number: 1000641767-02

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:		Reg	Deductibles		Passenger	
Year	Make and Model	No.	Insured	NIM / IM	Liability Limit	Sublimits
----	----SEE ATTACHED FORM----	-----	\$ -----	-----	\$ ----- /\$	-----
-----	-----	-----	\$ -----	-----	\$ ----- /\$	-----
-----	-----	-----	\$ -----	-----	\$ ----- /\$	-----
-----	-----	-----	\$ -----	-----	\$ ----- /\$	-----
-----	-----	-----	\$ -----	-----	\$ ----- /\$	-----
-----	-----	-----	\$ -----	-----	\$ ----- /\$	-----

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS THE OPERATIONS OF THE ABOVE REFERENCED AIRCRAFT.

THE CERTIFICATE HOLDER WILL BE PROVIDED WITH THIRTY (30) DAYS NOTICE OF CANCELLATION OR MATERIAL CHANGE.

Certificate Number: 3.1
Issued By and Date: FEBRUARY 03, 2023 (DM)

Starr 10201 (6/06)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Continued:

Named Insured: VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS VERTOL SYSTEMS
COMPANY, INC
PO BOX 727
DESTIN, FL 32540

Policy Number: 1000641767-02

Year	Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	Passenger Sublimits
2005	CESSNA 182T SKYLANE	N2455U	\$ 170,000.	\$ 5000/5000	\$ 1,000,000./\$ 100,000.	
2009	CESSNA 172S	N571ND	170,000.	5000/5000	1,000,000.	100,000.
1972	CESSNA 172M	N20195	0	/	1,000,000.	100,000.
1974	CESSNA 172M	N4351R	0	/	1,000,000.	100,000.
1974	CESSNA 150 M	N66736	0	/	1,000,000.	100,000.
2012	CESSNA 172S	N93707	0	/	1,000,000.	100,000.
1976	CESSNA 172 M SKYHAWK II	N70378	0	/	1,000,000.	100,000.

Certificate Number: 3.1
Issued By and Date: FEBRUARY 03, 2023 (DM)

Starr 10201 (6/06)

By



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: ALL SCHEDULED AIRCRAFT

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY, FLORIDA
Address 5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2023 to be attached to and hereby made a part of:

Policy No. 1000641767-02

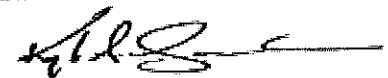
Issued to VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS VERTOL SYSTEMS COMPANY, INC

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 03, 2023 (DM)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

Policy Period: From: FEBRUARY 06, 2023 To: FEBRUARY 06, 2024

Policy Number: SASICOM60009823-13

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:		Reg	Deductibles		Liability Limit	
Year	Make and Model	No.	Insured	NIM / IM		
----	-----SEE ATTACHED FORM-----	-----	\$ -----	-----	\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

A WAIVER OF SUBROGATION AS RESPECTS PHYSICAL DAMAGE COVERAGE IS PROVIDED.

FOR FURTHER INFORMATION, PLEASE REFER TO ATTACHED FORM NUMBER, STARR 10284 & 10277.

THE COMPANY AGREES TO PROVIDE THE CERTIFICATE HOLDER WITH THIRTY (30) DAYS [TEN (10) DAYS IF FOR NON-PAYMENT OF PREMIUM] NOTICE OF CANCELLATION IF MADE BY THE COMPANY.

COVERAGE FOR THE FOLLOWING AIRCRAFT APPLIES ONLY WHILE NOT IN MOTION: N132TJ, N249H, N60VS, AND N421VS.

Certificate Number: 1.1
Issued By and Date: FEBRUARY 02, 2023 (SBC)

Starr 10200 (6/06)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Continued:

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

Policy Number: SASICOM60009823-13

Year	Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	
1993	MIL MI-17	N2502N	\$ 0	\$	N/A/N/A	5,000,000. CSL INCL PAX
1979	MIL MI-24	N114VS	0		N/A/N/A	5,000,000. CSL INCL PAX
2011	PACIFIC AEROSPACE LTD PAC 750	N132TJ	500,000.		125,000/N/A	5,000,000. CSL EXCL PAX
1993	BELL 212 (IFR)	N249H	0		N/A/N/A	1,000,000. CSL EXCL PAX
1979	MD 500 D (369D)	N60VS	0		N/A/N/A	1,000,000. CSL INCL PAX
1979	MD 500 D (369D)	N421VS	275,000.		68,750/N/A	1,000,000. CSL EXCL PAX
1979	MIL MI-24	N204VS	0		N/A/N/A	5,000,000. CSL INCL PAX

Certificate Number: 1.1
Issued By and Date: FEBRUARY 02, 2023 (SBC)

Starr 10200 (6/06)

By



(Authorized Representative)

WAIVER OF SUBROGATION

In consideration of additional premium of \$ INCLUDED, this policy is amended as follows:

The Company hereby waives its right of subrogation against the following provided, however, that this waiver shall not prejudice the Company's right of recourse for damages arising from the design, manufacture, modification repair, sale or servicing of the **aircraft** by the following:

This Waiver of Subrogation shall apply: ONLY AS RESPECTS TO LOSS OR DAMAGES ARISING UNDER PHYSICAL DAMAGE COVERAGES AS SET FORTH UNDER THIS POLICY.

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS DESTIN-FORT WALTON BEACH AIRPORT
ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2023 to be attached to and hereby made a part of:

Policy No. SASICOM60009823-13


Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 02, 2023 (SBC)

By



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: N2502N, N114VS, N132TJ, N249H, N60VS, N421VS, N204VS

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
Address DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2023 to be attached to and hereby made a part of:

Policy No. SASICOM60009823-13

Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 02, 2023 (SBC)

By



(Authorized Representative)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/10/2022

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER National Hangar Insurance Program 1300 S. Main Street Tulsa, OK 74119		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID:		FAX (A/C, No):
INSURED Vertol Systems Company, Inc., Crestview Hangar #51, LLC Post Office Box 727 Destin, FL 32541		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Excess and Surplus Lines Company (TXS) INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
				NAIC #

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
(2/3) 5614 John Givens Rd, CRESTVIEW, FL 32539; (3/4) 5491 John Givens Road, CRESTVIEW, FL 32539; (4/5) 5535 John Givens Rd, CRESTVIEW, FL 32539; (5/6) Crestview Airport, Block 2, Lot 1 John Givens Road, CRESTVIEW, FL 32539; (6/7) 5495 John Givens Road, CRESTVIEW, FL 32539; (7/8) 5521 John Givens Rd, CRESTVIEW, FL 32539; (8/9) 5475 John Givens Rd, CRESTVIEW, FL 32539

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
	<input checked="" type="checkbox"/> PROPERTY	3S526806	05/27/2022	02/06/2023	<input checked="" type="checkbox"/> BUILDING	\$
	CAUSES OF LOSS				<input checked="" type="checkbox"/> BUILDING (2/3)	\$ 759,218
	DEDUCTIBLES				<input checked="" type="checkbox"/> BUILDING (3/4)	\$ 1,008,315
	BASIC				<input checked="" type="checkbox"/> BUILDING (4/5)	\$ 393,750
	BROAD				<input checked="" type="checkbox"/> BUILDING (5/6)	\$ 104,454
	<input checked="" type="checkbox"/> SPECIAL				<input checked="" type="checkbox"/> BUILDING (6/7)	\$ 393,750
	EARTHQUAKE				<input checked="" type="checkbox"/> BUILDING (7/8)	\$ 1,076,250
	WIND				<input checked="" type="checkbox"/> BUILDING (8/9)	\$ 367,500
	FLOOD					\$
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS	POLICY NUMBER				\$
	NAMED PERILS					\$
						\$
	CRIME					
	TYPE OF POLICY					
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

CONTRACT #: L02-0191-AP
VERTOL SYSTEMS COMPANY, INC.
HANGAR LEASE BLOCK 2 LOT 3
EXPIRES: 07/15/2033

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Loss Payable Provision, DX T3 79 11 12

RE: Full name of Loss Payee is Okaloosa County Board of County Commissioners; Destin-Fort Walton Beach Airport Administration

Certificate Holder is added as LP as evidence by the form listed above.

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County Board of County Commissioners
1701 State Road 85 N
Elgin AFB, FL 32542-1498

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

Hal Hunt

Loss Payee

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ACORD 24 (2009/09)

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STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate Holder: OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

Policy Period: From: FEBRUARY 06, 2022 To: FEBRUARY 06, 2023

Policy Number: SASICOM60009922-12

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aviation Commercial General Liability

	Limits of Insurance
Each Occurrence Limit	\$ <u>2,000,000.</u>
Damage to Premises Rented to You Limit	\$ <u>500,000.</u> Any one premises
Medical Expense Limit	\$ <u>25,000.</u> Any one person
Personal & Advertising Injury Aggregate Limit	\$ <u>2,000,000.</u>
General Aggregate Limit	\$ <u>NOT APPLICABLE</u>
Products/Completed Operations Aggregate Limit	\$ <u>1,000,000.</u>
Hangarkeepers Limit	
Each Aircraft Limit	\$ <u>2,000,000.</u>
Each Loss Limit	\$ <u>2,000,000.</u>
Hangarkeeper's Deductible	\$ <u>AS ENDORSED</u> Each Aircraft

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

THE CERTIFICATE HOLDER IS PROVIDED A WAIVER OF SUBROGATION AS RESPECTS TO LIABILITY COVERAGE.

FOR FURTHER INFORMATION, PLEASE REFER TO ATTACHED FORM NUMBER, STARR 10803 & 10134.

*ALL PREMISES NECESSARY AND/OR INCIDENTAL TO THE AVIATION OPERATIONS OF THE NAMED INSURED.


THE COMPANY AGREES TO PROVIDE THE CERTIFICATE HOLDER WITH THIRTY (30) DAYS [TEN (10) DAYS IF FOR NON-PAYMENT OF PREMIUM] NOTICE OF CANCELLATION IF MADE BY THE COMPANY.

CONTRACT #: L02-0191-AP
VERTOL SYSTEMS COMPANY, INC.
HANGAR LEASE BLOCK 2 LOT 3
EXPIRES: 07/15/2033

Certificate Number: 6.1
Issued By and Date: FEBRUARY 03, 2022 (SBC)

Starr 10058 (6/06)

By


(Authorized Representative)

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The **Transfer Of Rights Of Recovery Against Others To Us** Condition (**SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2022 to be attached to and hereby made a part of:

Policy No. SASICOM60009922-12

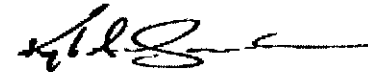
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 03, 2022 (SBC)

By



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Additional Insured Person(s) or Organization(s): OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION 1701 STATE ROAD 85 N EGLIN AFB, FL 32542
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

SECTION II - WHO IS AN INSURED is amended to include as an additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

As respects the above additional insured:

- 1. this insurance does not apply to any claim or liability arising out of the use of any aircraft product manufactured, sold, handled, or distributed by the above additional insured.
- 2. this insurance does not apply to the design, manufacture, repair, sale, or servicing of aircraft by the above additional insured.
- 3. this insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2022 to be attached to and hereby made a part of:

Policy No. SASICOM60009922-12

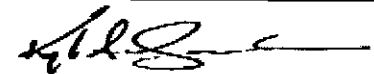
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 03, 2022 (SBC)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

Policy Period: From: FEBRUARY 06, 2022 To: FEBRUARY 06, 2023

Policy Number: SASICOM60009822-12

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:		Reg	Insured	Deductibles		Liability Limit	
Year	Make and Model	No.		NIM / IM			
----	----SEE ATTACHED FORM----	-----	\$ -----	-----	\$ -----		
			\$ -----		\$ -----		
			\$ -----		\$ -----		
			\$ -----		\$ -----		
			\$ -----		\$ -----		
			\$ -----		\$ -----		

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

A WAIVER OF SUBROGATION AS RESPECTS PHYSICAL DAMAGE COVERAGE IS PROVIDED.

FOR FURTHER INFORMATION, PLEASE REFER TO ATTACHED FORM NUMBER, STARR 10284 & 10277.

THE COMPANY AGREES TO PROVIDE THE CERTIFICATE HOLDER WITH THIRTY (30) DAYS [TEN (10) DAYS IF FOR NON-PAYMENT OF PREMIUM] NOTICE OF CANCELLATION IF MADE BY THE COMPANY.

COVERAGE FOR THE FOLLOWING AIRCRAFT APPLIES ONLY WHILE NOT IN MOTION: N132TJ, N249H, N56CF, AND N421VS.

CONTRACT#: L02-0191-AP
VERTOL SYSTEMS COMPANY, INC.
HANGAR LEASE BLOCK 2 LOT 3
EXPIRES: 07/15/2033

Certificate Number: 1.1
Issued By and Date: FEBRUARY 03, 2022 (SBC)

Starr 10200 (6/06)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Continued:

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

Policy Number: SASICOM60009822-12

Year	Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	
1993	MIL MI-17	N2502N	\$ 0	\$ N/A/N/A	5,000,000.	CSL INCL PAX
1979	MIL MI-24	N114VS	0	N/A/N/A	5,000,000.	CSL INCL PAX
2011	PACIFIC AEROSPACE LTD PAC 750	N132TJ	500,000.	125,000/N/A	5,000,000.	CSL EXCL PAX
1993	BELL 212 (IFR)	N249H	500,000.	125,000/N/A	1,000,000.	CSL EXCL PAX
1964	BELL UH-1	N56CF	325,000.	75,000/N/A	1,000,000.	CSL EXCL PAX
1979	MD 500 D (369D)	N60VS	0	N/A/N/A	1,000,000.	CSL INCL PAX
1979	MD 500 D (369D)	N421VS	275,000.	68,750/N/A	1,000,000.	CSL EXCL PAX

Certificate Number: 1.1
Issued By and Date: FEBRUARY 03, 2022 (SBC)

Starr 10200 (6/06)

By



(Authorized Representative)

WAIVER OF SUBROGATION

In consideration of additional premium of \$ INCLUDED, this policy is amended as follows:

The Company hereby waives its right of subrogation against the following provided, however, that this waiver shall not prejudice the Company's right of recourse for damages arising from the design, manufacture, modification repair, sale or servicing of the aircraft by the following:

This Waiver of Subrogation shall apply: ONLY AS RESPECTS TO LOSS OR DAMAGES ARISING UNDER PHYSICAL DAMAGE COVERAGES AS SET FORTH UNDER THIS POLICY.

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2022 to be attached to and hereby made a part of:

Policy No. SASICOM60009822-12

Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 03, 2022 (SBC)

By



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: ALL SCHEDULED AIRCRAFT

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
Address DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

Name
Address

Name
Address

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2022 to be attached to and hereby made a part of:

Policy No. SASICOM60009822-12

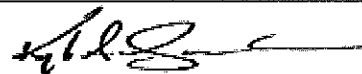
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 03, 2022 (SBC)

By



(Authorized Representative)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/07/2021

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER National Hangar Insurance Program 1300 S. Main Street Tulsa, OK 74119	CONTACT NAME:	
	PHONE (A/C No. Ext):	FAX (A/C No.):
INSURED Vertol Systems Company, Inc., Crestview Hangar #51, LLC Post Office Box 727 Destin, FL 32541	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Excess and Surplus Lines Company (TXS)	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

(2/3) 6614 John Givens Rd, CRESTVIEW, FL 32539; (3/4) 5491 John Givens Road, CRESTVIEW, FL 32539; (4/6) 6635 John Givens Rd, CRESTVIEW, FL 32539; (6/8) Crestview Airport, Block 2, Lot 1 John Givens Road, CRESTVIEW, FL 32539; (6/7) 5495 John Givens Road, CRESTVIEW, FL 32539; (7/8) 5521 John Givens Rd, CRESTVIEW, FL 32539; (8/9) 6476 John Givens Rd, CRESTVIEW, FL 32539

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
<input checked="" type="checkbox"/>	PROPERTY	3S526806	05/27/2021	05/27/2022	<input type="checkbox"/> BUILDING	\$
	CAUSES OF LOSS				<input checked="" type="checkbox"/> BUILDING (2/3)	\$ 723,065
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUILDING (3/4)	\$ 980,300
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> BUILDING (4/5)	\$ 376,000
	<input checked="" type="checkbox"/> SPECIAL				<input checked="" type="checkbox"/> BUILDING (5/6)	\$ 99,480
	<input type="checkbox"/> EARTHQUAKE				<input checked="" type="checkbox"/> BUILDING (6/7)	\$ 375,000
	<input type="checkbox"/> WIND				<input checked="" type="checkbox"/> BUILDING (7/8)	\$ 1,025,000
	<input type="checkbox"/> FLOOD				<input checked="" type="checkbox"/> BUILDING (8/9)	\$ 350,000
	<input type="checkbox"/>					\$
	<input type="checkbox"/>					\$
<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS	POLICY NUMBER				\$
<input type="checkbox"/>	NAMED PERILS					\$
						\$
<input type="checkbox"/>	CRIME					\$
	TYPE OF POLICY					\$
<input type="checkbox"/>						\$
						\$
<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
<input type="checkbox"/>						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Loss Payable Provision, DX T3 79 11 12

RE: Full name of Loss Payee is Okaloosa County Board of County Commissioners; Des

Certificate Holder is added as LP as evidence by the form listed above.

CONTRACT # L02-0191-AP
VERTOL SYSTEMS COMPANY INC.
EXPIRES: 12/31/2027

CERTIFICATE HOLDER**CAN**

Okaloosa County Board of County Commissioners
1701 State Road 85 N
Elgin AFB, FL 32542-1498

Loss Payee

SH
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Hal Hunt

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ACORD 24 (2009/09)

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STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY, FLORIDA
5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Named Insured: VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS VERTOL SYSTEMS
COMPANY, INC
PO BOX 727
DESTIN, FL 32540

Policy Period: From: JANUARY 07, 2022 To: FEBRUARY 06, 2023

Policy Number: 1000641767-01

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:		Reg	Deductibles		Passenger	
Year	Make and Model	No.	Insured	NIM / IM	Liability Limit	Sublimits
----	-----SEE ATTACHED FORM-----	-----	\$ -----	-----	\$ ----- / \$	-----
-----	-----	-----	\$ -----	-----	\$ ----- / \$	-----
-----	-----	-----	\$ -----	-----	\$ ----- / \$	-----
-----	-----	-----	\$ -----	-----	\$ ----- / \$	-----
-----	-----	-----	\$ -----	-----	\$ ----- / \$	-----
-----	-----	-----	\$ -----	-----	\$ ----- / \$	-----
-----	-----	-----	\$ -----	-----	\$ ----- / \$	-----

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS THE OPERATIONS OF THE ABOVE REFERENCED AIRCRAFT.

THE CERTIFICATE HOLDER WILL BE PROVIDED WITH THIRTY (30) DAYS NOTICE OF CANCELLATION OR MATERIAL CHANGE.

Certificate Number: 3.1

Issued By and Date: JANUARY 11, 2022 (SBC)

Starr 10201 (6/06)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Continued:

Named Insured: VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS VERTOL SYSTEMS
COMPANY, INC
PO BOX 727
DESTIN, FL 32540

Policy Number: 1000641767-01

Year	Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	Passenger Sublimits
2005	CESSNA 182T SKYLANE	N2455U	\$ 235,000.	\$ 5000/5000	\$ 1,000,000./\$	100,000.
2009	CESSNA 172S	N571ND	250,000.	5000/5000	1,000,000.	100,000.
1972	CESSNA 172M	N20195	0	/	1,000,000.	100,000.
1974	CESSNA 172M	N4351R	0	/	1,000,000.	100,000.
1974	CESSNA 150 M	N66736	0	/	1,000,000.	100,000.
2012	CESSNA 172S	N93707	350,000.	5000/5000	1,000,000.	100,000.
1976	CESSNA 172 M SKYHAWK II	N70378	0	/	1,000,000.	100,000.

Certificate Number: 3.1
Issued By and Date: JANUARY 11, 2022 (SBC)

Starr 10201 (6/06)

By



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: ALL SCHEDULED AIRCRAFT

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY, FLORIDA
Address 5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Name
Address

Name
Address

All other provisions of this policy remain the same.

This endorsement becomes effective JANUARY 7, 2022 to be attached to and hereby made a part of:

Policy No. 1000641767-01

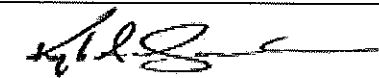
Issued to VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS VERTOL SYSTEMS COMPANY, INC

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue JANUARY 11, 2022 (SBC)

By



(Authorized Representative)

L02-0191-AP

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

Policy Period: From: FEBRUARY 06, 2021 To: FEBRUARY 06, 2022

Policy Number: SASICOM60009821-11

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:		Reg	Deductibles		Liability Limit	
Year	Make and Model	No.	Insured	NIM / IM		
----	-----SEE ATTACHED FORM-----	-----	\$ -----	-----	\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	
			\$ -----		\$ -----	

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

A WAIVER OF SUBROGATION AS RESPECTS PHYSICAL DAMAGE COVERAGE IS PROVIDED.

FOR FURTHER INFORMATION, PLEASE REFER TO ATTACHED FORM NUMBER, STARR 10284 & 10277.

THE COMPANY AGREES TO PROVIDE THE CERTIFICATE HOLDER WITH THIRTY (30) DAYS [TEN (10) DAYS IF FOR NON-PAYMENT OF PREMIUM] NOTICE OF CANCELLATION IF MADE BY THE COMPANY.

COVERAGE FOR THE FOLLOWING AIRCRAFT APPLIES ONLY WHILE NOT IN MOTION: N132TJ, N249H, N56CF, N869VS, N969VS AND N421VS

THIS CERTIFICATE CANCELS AND SUPERSEDES THE CERTIFICATE NUMBER 1.1

CONTRACT: L02-0191-AP
VERTOL SYSTEMS COMPANY, INC.
HANGAR LEASE BLOCK 2 LOT 3
EXPIRES: 07/15/2023

Certificate Number: 1.2
Issued By and Date: APRIL 20, 2021 (CM)

Starr 10200 (6/06)

By



(Authorized Representative)

STARR

INSURANCE COMPANIES

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Continued:

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 727
DESTIN, FL 32540

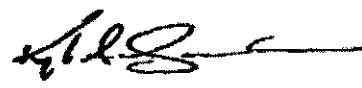
Policy Number: SASICOM60009821-11

Year	Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	
1986	MIL MI-17	N25299	\$ 0	\$ N/A / N/A	5,000,000.	CSL INCL PAX
1979	MIL MI-24	N114VS	0	N/A / N/A	5,000,000.	CSL INCL PAX
2011	PACIFIC AEROSPACE LTD PAC 750	N132TJ	500,000.	125,000 / N/A	5,000,000.	CSL EXCL PAX
1993	BELL 212 (IFR)	N249H	500,000.	125,000 / N/A	1,000,000.	CSL EXCL PAX
1984	BELL UH-1	N56CF	325,000.	75,000 / N/A	1,000,000.	CSL EXCL PAX
1979	MD 500 D (369D)	N60VS	275,000.	68750 / 68750	1,000,000.	CSL INCL PAX
1982	MD 500 D	N869VS	275,000.	68750 / N/A	1,000,000.	CSL EXCL PAX
1980	MD 500 D (369D)	N969VS	275,000.	68,750 / N/A	1,000,000.	CSL EXCL PAX
1979	MD 500 D (369D)	N421VS	275,000.	68,750 / N/A	1,000,000.	CSL EXCL PAX
2003	EUROCOPTER AS350B-2	N504RA	0	AS ENDORSED	5,000,000.	CSL INCL PAX

Certificate Number: 1.2
Issued By and Date: APRIL 20, 2021 (CM)

Starr 10200 (6/06)

By



(Authorized Representative)

WAIVER OF SUBROGATION

In consideration of additional premium of \$ INCLUDED, this policy is amended as follows:

The Company hereby waives its right of subrogation against the following provided, however, that this waiver shall not prejudice the Company's right of recourse for damages arising from the design, manufacture, modification repair, sale or servicing of the aircraft by the following:

This Waiver of Subrogation shall apply: ONLY AS RESPECTS TO LOSS OR DAMAGES ARISING UNDER PHYSICAL DAMAGE COVERAGES AS SET FORTH UNDER THIS POLICY.

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

All other provisions of this policy remain the same.

This endorsement becomes effective APRIL 19, 2021 to be attached to and hereby made a part of:

Policy No. SASICOM60009821-11

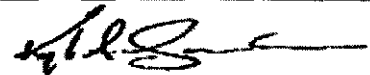
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. 59

Date of Issue APRIL 20, 2021 (JS)

By



(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: _____

ALL SCHEDULED AIRCRAFT

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS
Address DESTIN-FORT WALTON BEACH AIRPORT ADMINISTRATION
1701 STATE ROAD 85 N
EGLIN AFB, FL 32542

Name
Address

Name
Address

All other provisions of this policy remain the same.

This endorsement becomes effective APRIL 19, 2021 to be attached to and hereby made a part of:

Policy No. SASICOM60009821-11

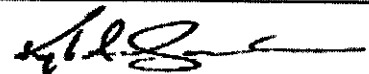
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. 58

Date of Issue APRIL 20, 2021 (JS)

By



(Authorized Representative)



April 8, 2019

VIA ELECTRONIC MESSAGE DELIVERY ONLY

Mr. David Miner
Okaloosa County Airport
1701 Highway 85 North, Suite 1
Eglin AFB, Florida 32542-1498

**CONTRACT#: L02-0191-AP
VERTOL SYSTEMS COMPANY, INC.
HANGAR LEASE BLOCK 2 LOT 3
EXPIRES: 07/15/2033**

Re: Lease Agreement No. L06-0276-AP
Hanger Lease Block 3, Lot 5
Vertol Systems Company, Inc., to
Proposed Mortgage from BancorpSouth Bank

Dear Mr. Miner:

Please accept this correspondence as a written request for Okaloosa County approval of a proposed mortgage given by Vertol Systems Company, Inc. ("Borrower"), in favor of BancorpSouth Bank ("BancorpSouth"), upon the leasehold property and improvements more particularly described as follows:

Block 3 Lot 5 - A parcel situated in the West ½ of the West ½ of the Northwest ¼ of Section 11, Township 3 North, Range 23 West, Okaloosa County, more particularly described as follows: Commence at the Northwest corner of said Section 11; Thence S.01 °59'03"W. along the West line of said section for a distance of 2459.57 feet; Thence departing said West Section line, S.88°09'51"E. for a distance of 188.74 feet to the Point of Beginning; Thence N.81 °56'40"E. for a distance of 110.00 feet; Thence S.08°03'20"E. for a distance of 194.00 feet; Thence S.81°56'40"W. for a distance of 110.00 feet; Thence N.08°03 '20"W. for a distance of 194.00 feet to the Point of Beginning. Parcels described contains 0.49 acres.

The promissory note and leasehold mortgage related to this request will be in the original principal amount of \$925,000.00 for a period of ten (10) years.

Additionally, BancorpSouth requests Okaloosa County consent to provide written notice to BancorpSouth of any default occurring under the subject lease, which would result in termination thereof and further for Okaloosa County to grant BancorpSouth the right, but not the obligation, to cure the specified default within a reasonable time after delivery of such notice.

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: 202-0191-17P Tracking Number: 3369-19
Procurement/Contractor/Lessee Name: Vertol Systems Grant Funded: YES___ NO X
Purpose: Mortgage from Bancorp South
Date/Term: _____ 1. ☐ GREATER THAN \$100,000
Amount: _____ 2. ☐ GREATER THAN \$50,000
Department: Airport 3. ☐ \$50,000 OR LESS
Dept. Monitor Name: Stage

Purchasing Review

Procurement or Contract/Lease requirements are met:

DeRita Mason Date: 5-17-19
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Victoria Taravella

2CFR Compliance Review (If required)

Approved as written: NO Federal funds Grant Name: _____

Grants Coordinator Danielle Garcia Date: _____

Risk Management Review

Approved as written: NO risk element Date: _____

Risk Manager or designee Laura Porter or Krystal King

County Attorney Review

Approved as written: see email attached Date: 5-3-19

County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

Clerk Finance

Document has been received: _____ Date: _____

Finance Manager or designee

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Friday, May 03, 2019 8:37 AM
To: DeRita Mason
Cc: Lynn Hoshihara; Karen Donaldson
Subject: RE: Vertol Mortgage Letter for Coordination

This is approved for legal purposes.

Kerry A. Parsons, Esq.

**Nabors
Giblin &
Nickerson**
ATTORNEYS AT LAW

1500 Mahan Dr. Ste. 200
Tallahassee, FL 32308
T. (850) 224-4070
Kparsons@ngn-tally.com

The information contained in this e-mail message is intended for the personal and confidential use of the recipient(s) named above. This message and its attachments may be an attorney-client communication and, as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone or e-mail and delete the original message. Thank you!

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Wednesday, May 1, 2019 2:34 PM
To: Parsons, Kerry <KParsons@ngn-tally.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Karen Donaldson <kdonaldson@myokaloosa.com>
Subject: FW: Vertol Mortgage Letter for Coordination

Please review the attached.

Karen-I sent to you but I do not believe it has an insurance element.

From: Dave Miner
Sent: Wednesday, May 01, 2019 1:16 PM
To: DeRita Mason <dmason@myokaloosa.com>
Cc: Allyson Oury <aoury@myokaloosa.com>
Subject: Vertol Mortgage Letter for Coordination

DeRita:

Please start the coordination for the attached Vertol mortgage letter.
Thank you.

Dave

CONTRACT#: L02-0191-AP
VERTOL SYSTEMS COMPANY, INC.
HANGAR LEASE BLOCK 2 LOT 3
EXPIRES: 07/15/2033



3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY

5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Named Insured:

VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 230768
TIGARD, OR 97281

Policy Period: From FEBRUARY 6, 2019

To FEBRUARY 6, 2020

Policy Number: SASICOM60009919-09

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aviation Commercial General Liability

Limits of Insurance

Each Occurrence Limit

\$ 3,000,000.

Damage to Premises Rented to You Limit

\$ 500,000. Any one premises

Medical Expenses Limit

\$ 25,000. Any one person

Personal & Advertising Injury Aggregate Limit

\$ 3,000,000.

General Aggregate Limit

\$ NOT APPLICABLE

Products/Completed Operations Aggregate Limit

\$ 3,000,000.

Hangarkeepers Limit

Each Aircraft Limit

\$ 3,000,000.

Each Loss Limit

\$ 5,000,000.

Hangarkeeper's Deductible

\$ AS ENDORSED Each Aircraft

FOR FURTHER INFORMATION, PLEASE REFER TO ATTACHED FORM NUMBER, STARR 10060.

*ALL PREMISES NECESSARY AND/OR INCIDENTAL TO THE AVIATION OPERATIONS OF THE NAMED INSURED.

THE COMPANY AGREES TO PROVIDE THE CERTIFICATE HOLDER WITH THIRTY (30) DAYS [TEN (10) DAYS IF FOR NON-PAYMENT OF PREMIUM] NOTICE OF CANCELLATION IF MADE BY THE COMPANY.

Certificate Number: 7.1

Issued By and Date: FEBRUARY 1, 2019 (SBC)

Starr 10058 (8/06)

By

(Authorized Representative)

L02-0191-AP



3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY

5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

PO BOX 230756
TIGARD, OR 97281

Policy Period: From FEBRUARY 6, 2019 To FEBRUARY 6, 2020

Policy Number: SASICOM60009819-09

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:

Year	Make and Model	Reg No	Insured Value	Deductibles NIM / IM	Liability Limit
	SEE ATTACHED FORM		\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

FOR FURTHER INFORMATION, PLEASE REFER TO ATTACHED FORM NUMBER, STARR 10284.

THE COMPANY AGREES TO PROVIDE THE CERTIFICATE HOLDER WITH THIRTY (30) DAYS [TEN (10) DAYS IF FOR NON-PAYMENT OF PREMIUM] NOTICE OF CANCELLATION IF MADE BY THE COMPANY.

Certificate Number: 1.1

Issued By and Date: FEBRUARY 5, 2019 (SBC)

Starr 10200 (6/06)

By

(Authorized Representative)

NAMED INSURED ENDORSEMENT

This policy is amended as follows:

The Named Insured and/or Address set forth on the Declarations is COMPLETED as follows:

VERTOL SYSTEMS COMPANY, INC., VSC AVIATION INC., CRESTVIEW HANGAR #51, LLC AND VSC AIRCRAFT MAINTENANCE, LLC AND ANY SUBSIDIARY OR AFFILIATE COMPANIES. A SUBSIDIARY AND AFFILIATE COMPANY MEANS ANY COMPANY OR ENTITY OF WHICH AT LEAST 50% OF THE STOCK IS OWNED BY THE APPLICANT.

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2019 to be attached to and hereby made a part of:

Policy No. SASICOM60009819-09

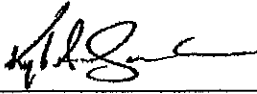
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. 32

Date of Issue MARCH 6, 2019 (CC)

Starr 10179 (2/06)

By 
(Authorized Representative)



STARR COMPANIES

GLOBAL INSURANCE & INVESTMENTS

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED
PO BOX 230756
TIGARD, OR 97281

Policy Number: SASICOM60009819-09

Year	Make and Model	Reg No	Insured Value	Deductibles NIM / IM	Liability Limit	
1979	MD 500 D (369D)	N60VS	\$ AS ON FILE\$	AS ENDORSED\$	5,000,000.	CSL INCLUDING PAX
1990	MIL MI-8	N8062Z	AS ON FILE	AS ENDORSED	5,000,000.	CSL INCLUDING PAX
1986	MIL MI-17	N25299	AS ON FILE	AS ENDORSED	5,000,000.	CSL INCLUDING PAX
1979	MIL MI-24	N114VS	AS ON FILE	AS ENDORSED	5,000,000.	CSL INCLUDING PAX
2011	AEROSPACE LTD PAC 750	N132TJ	AS ON FILE	AS ENDORSED	5,000,000.	CSL EXCLUDING PAX
1993	BELL 212 (IFR)	N249H	AS ON FILE	AS ENDORSED	5,000,000.	CSL EXCLUDING PAX
1981	EUROCOPTER BO 105CBS	N549VS	AS ON FILE	AS ENDORSED	5,000,000.	CSL INCLUDING PAX
1964	BELL UH-1	N56CF	AS ON FILE	AS ENDORSED	5,000,000.	CSL EXCLUDING PAX
1988	BELL 212 (IFR)	N303VS	AS ON FILE	AS ENDORSED	5,000,000.	CSL INCLUDING PAX

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: ALL SCHEDULED AIRCRAFT

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☐ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☒ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY
Address 5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Name
Address

Name
Address

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2019 to be attached to and hereby made a part of:
Policy No. SASICOM60009819-09
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 5, 2019 (SBC)

Starr 10284 (3/06)

By _____



(Authorized Representative)

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 12-07-2018

Contract/Lease Control #: L02-0191-AP

Procurement#: NA

Contract/Lease Type: LEASE

Award To/Lessee: VERTOL SYSTEMS COMPANY, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 12/04/2018

Expiration Date: 07/15/2033

Description of
Contract/Lease: HANGAR LEASE BLOCK 2 LOT 3

Department: AP

Department Monitor: STAGE

Monitor's Telephone #: 850-651-7160

Monitor's FAX # or E-mail: TSTAGE@MYOKALOOSA.COM

Closed:

Cc: Finance Department Contracts & Grants Office

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: <u>LO2-0191-VAP</u>		Tracking Number: <u>3154-19</u>	
Procurement/Contractor/Lessee Name: <u>Harvey Williams</u>		Grant Funded: YES ___ NO <u>X</u>	
Purpose: <u>AOL to Veritol Systems Company</u>			
Date/Term: <u>7-15-33</u>	1. <input type="checkbox"/> GREATER THAN \$100,000		
Amount: <u>\$5,500.00</u>	2. <input type="checkbox"/> GREATER THAN \$50,000		
Department: <u>VAP</u>	3. <input type="checkbox"/> \$50,000 OR LESS		
Dept. Monitor Name: <u>Stacy</u>			

Purchasing Review	
Procurement or Contract/Lease requirements are met:	
<u>[Signature]</u>	Date: <u>10-19-18</u>
Purchasing Manager or designee	Jeff Hyde, DeRita Mason

2CFR Compliance Review (if required)	
Approved as written: <u>no feedback</u>	
_____	Date: _____
Grants Coordinator	Danielle Garcia

Risk Management Review	
Approved as written: <u>no feedback see email attached</u>	
_____	Date: <u>10-22-18</u>
Risk Manager or designee	Laura Porter or Krystal King

County Attorney Review	
Approved as written: <u>see email attached</u>	
_____	Date: <u>10-22-18</u>
County Attorney	Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:	
Clerk Finance	
Document has been received:	
_____	Date: _____
Finance Manager or designee	

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Saturday, October 20, 2018 3:12 PM
To: DeRita Mason
Cc: Lynn Hoshihara
Subject: RE: AOL Williams to Vertol for Coordination

This is approved for legal and risk purposes.

From: DeRita Mason [mailto:dmason@myokaloosa.com]
Sent: Friday, October 19, 2018 5:10 PM
To: Parsons, Kerry
Cc: Lynn Hoshihara
Subject: FW: AOL Williams to Vertol for Coordination

Please review and approve.

From: Dave Miner
Sent: Friday, October 19, 2018 3:24 PM
To: DeRita Mason <dmason@myokaloosa.com>
Cc: Allyson Oury <aoury@myokaloosa.com>
Subject: AOL Williams to Vertol for Coordination

DeRita:

Please start the coordination for the attached AOL from Harvey Williams to Vertol Systems company (L02-0191-AP).
Thank you.

Dave

David E. Miner
Properties and Leases
Okaloosa County Airports

Dave Miner

From: Thomas Martin
Sent: Thursday, November 15, 2018 1:07 PM
To: Dave Miner
Cc: Allyson Oury; Tracy Stage
Subject: RE: AOL Williams to Vitol COIs for Compliance

You have Risk Management's approval. Thanks for the phone call!

Thomas L. (Tom) Martin, Jr., CSP
Interim Risk Manager/Safety Coordinator
Okaloosa County Board of County Commissioners
Risk Management Department
5479-B Old Bethel Road
Crestview, Florida 32536
Office: (850) 689-4111
Work Cell: (850) 612-7830
tmartin@myokaloosa.com

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Dave Miner
Sent: Wednesday, November 14, 2018 12:57 PM
To: Thomas Martin <tmartin@myokaloosa.com>
Cc: Allyson Oury <aoury@myokaloosa.com>
Subject: AOL Williams to Vertol COIs for Compliance

Tom:

Please review the attached certificates of insurance for the assignment of lease from Harvey Williams to Vertol Systems (L02-0191-AP) and let us know if the COIs complies with requirements.

Please note that Vertol Systems stated that wind coverage is not available for any leases at the Destin or Crestview Airport.

Thank you.

Dave

David E. Miner
Properties and Leases
Okaloosa County Airports
(850) 651-7160 Ext. 4
www.flyvps.com



STARR COMPANIES

GLOBAL INSURANCE & INVESTMENTS

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY

5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Named Insured: VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

PO BOX 230756
TIGARD, OR 97281

Policy Period: From FEBRUARY 6, 2018 To FEBRUARY 6, 2019

Policy Number: SASICOM60009918-08

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aviation Commercial General Liability

Limits of Insurance

Each Occurrence Limit	\$ 3,000,000.
Damage to Premises Rented to You Limit	\$ 500,000. Any one premises
Medical Expense Limit	\$ 25,000. Any one person
Personal & Advertising Injury Aggregate Limit	\$ 3,000,000.
General Aggregate Limit	\$ NOT APPLICABLE
Products/Completed Operations Aggregate Limit	\$ 3,000,000.
Hangarkeepers Limit	
Each Aircraft Limit	\$ 3,000,000.
Each Loss Limit	\$ 5,000,000.
Hangarkeeper's Deductible	\$ AS ENDORSED Each Aircraft

FOR FURTHER INFORMATION, PLEASE REFER TO ATTACHED FORM NUMBER, STARR 10060.

*ALL PREMISES NECESSARY AND/OR INCIDENTAL TO THE AVIATION OPERATIONS OF THE NAMED INSURED.

THE COMPANY AGREES TO PROVIDE THE CERTIFICATE HOLDER WITH THIRTY (30) DAYS [TEN (10) DAYS IF FOR NON-PAYMENT OF PREMIUM] NOTICE OF CANCELLATION IF MADE BY THE COMPANY.

Certificate Number: 7.1

Issued By and Date: FEBRUARY 5, 2018 (AH)

Starr 10058 (6/06)

By

(Authorized Representative)

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):

OKALOOSA COUNTY
5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

SECTION II - WHO IS AN INSURED is amended to include as an additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

All other provisions of this policy remain the same.

This endorsement becomes effective FEBRUARY 6, 2018 to be attached to and hereby made a part of:
Policy No. SASICOM60009918-08
Issued to VERTOL SYSTEMS COMPANY, INC. AND AS ENDORSED

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue FEBRUARY 5, 2018 (AH)

By 
(Authorized Representative)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/9/2018

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.

PRODUCER SterlingRisk of Florida 1001 Airport Road Destin FL 32541	CONTACT NAME:	
	PHONE (A/C, No, Ext): 850-650-1811	FAX (A/C, No): 850-270-2602
INSURED Vertol Systems Company, Inc. Crestview Hangar #51, LLC PO Box 727 Destin FL 32541	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID: VERTSYS-01	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Indemnity Company	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		
NAIC # 25658		

COVERAGES **CERTIFICATE NUMBER:** 1723224920 **REVISION NUMBER:**


LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
5535 John Givens Road
Hangar #5509
Crestview, FL 32539

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	KTK6302302R389	5/27/2018	5/27/2019	<input checked="" type="checkbox"/> BUILDING	\$ 345,000
		CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 400,000
						BUSINESS INCOME	\$
		BASIC				EXTRA EXPENSE	\$
		BROAD				RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	SPECIAL				BLANKET BUILDING	\$
						BLANKET PERS PROP	\$
		EARTHQUAKE				BLANKET BLDG & PP	\$
		WIND					\$
		FLOOD					\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS					\$
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
	<input type="checkbox"/>	CRIME					\$
		TYPE OF POLICY					\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
							\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LOCATION IS ADDED TO THE POLICY EFFECTIVE 11/10/2018

WIND/HAIL COVERAGE IS EXCLUDED - COVERAGE NOT AVAILABLE UNDER THIS POLICY.
OKALOOSA COUNTY, FLORIDA IS LISTED AS A LOSS PAYEE AS PER THEIR INTEREST IN THE BUILDING LISTED ABOVE AS PER THE LEASE AGREEMENT.

CERTIFICATE HOLDER Okaloosa County, Florida 5749 A Old Bethel Road Crestview FL 32536	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 
---	--



3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY, FLORIDA
5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Named Insured: VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS
VERTOL SYSTEMS COMPANY, INC (REGISTERED OWNER OF N93707, N70378, AND
N4351R)
PO BOX 727

Policy Period: From DECEMBER 6, 2017 To DECEMBER 6, 2018

Policy Number: 1000317744-03

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:		Reg	Deductibles		Liability Limit	
Year	Make and Model	No	Insured Value	NIM / IM		
1976	CESSNA 172 M SKYHAWK II	N70378	\$ AS PER FILE	AS PER FILE	\$ 1,000,000.	CSL INCLUDING PAX
2012	CESSNA 172S	N93707	\$ AS PER FILE	AS PER FILE	\$ 1,000,000.	CSL INCLUDING PAX
1974	CESSNA 150 M	N66736	\$ AS PER FILE	AS PER FILE	\$ 1,000,000.	CSL INCLUDING PAX
1974	CESSNA 172M	N4351R	\$ AS PER FILE	AS PER FILE	\$ 1,000,000.	CSL INCLUDING PAX
			\$		\$	
			\$		\$	

THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS THE OPERATIONS OF THE ABOVE REFERENCED AIRCRAFT.

THE CERTIFICATE HOLDER WILL BE PROVIDED WITH THIRTY (30) DAYS NOTICE OF CANCELLATION OR MATERIAL CHANGE.

THIS CERTIFICATE CANCELS AND SUPERSEDES THE CERTIFICATE NUMBER 3.1

Certificate Number: 3.2

Issued By and Date: NOVEMBER 30, 2017 (AB)

Starr 10200 (6/06)

By

(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: ALL AIRCRAFT INCLUDED

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY, FLORIDA
Address 5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536
FL

Name
Address

Name
Address

All other provisions of this policy remain the same.

This endorsement becomes effective DECEMBER 6, 2017 to be attached to and hereby made a part of:
Policy No. 1000317744-03
Issued to VSC AIRCRAFT MAINTENANCE, LLC DBA DESTIN FLIGHT WORKS
VERTOL SYSTEMS COMPANY, INC (REGISTERED OWNER OF N93707, N70378, AND N4351R)
By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. 1

Date of Issue NOVEMBER 30, 2017 (AB)

By 
(Authorized Representative)

Starr 10284 (3/06)

**CONSENT TO ASSIGNMENT OF LEASE AND AMENDMENT L02-0191-AP
HARVEY WILLIAMS HANGAR LEASE AT THE
BOB SIKES AIRPORT**

This Consent to Assignment of Lease and Amendment, made and entered into this 4th day of December, 2018, hereby approves of the assignment and amendment between Harvey Williams ("Lessee") and Vertol Systems Company, Inc., ("Assignee"), and Okaloosa County, Florida through its Board of County Commissioners (hereinafter the "County").

WITNESSETH:

WHEREAS, the County entered into an Assignment of Lease Agreement, L02-0191-AP with Harvey Williams on September 24, 2013 with a current expiration date of July 15, 2033; and

WHEREAS, Lessee desires an Assignment of Lease from Harvey Williams to Vertol Systems Company, Inc.; and

WHEREAS, in accordance with Section 13 of the Lease Agreement, Lessee is required to obtain the County's consent prior to assigning its interest and all other conditions have been satisfied to approve the assignment; and

WHEREAS, on October 18, 2016 the Board approved the new hangar appraisals for the Destin Executive and Bob Sikes Airports with a new ground lease rate; and

WHEREAS, the County as recipient of federal assistance is required to incorporate specific revisions in grant funded leases. These provisions are being incorporated per this amendment as listed below; and

WHEREAS, Harvey Williams has been entered into a Revocable Trust with Wells Fargo Bank on October 5, 2012 and Ms. Janet W. Burttram, Vice President, has been duly appointed as acting officer of the bank authorized to act on the behalf of Wells Fargo Bank; and

WHEREAS, the parties now desire to provide additional revisions to the Lease Agreement.

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the executing parties consent to and agree to the following:

I. CONSENT TO ASSIGNMENT

1. In accordance with Section 13 of L02-0191-AP, the County hereby consents to this assignment of the Lessee interest of Harvey Williams to Vertol Systems Company, Inc.

2. Assignee by execution of this Consent to Assignment of Lease and Amendment, and in consideration of consent by the County of the same, if bound by all terms of the Lease Agreement as may be amended from time to time and does hereby assume all responsibilities, duties,

obligations, rights, and privileges as set forth in the original lease, supplemental agreements, and assignment of leases.

II. AMENDMENT TO THE LEASE AGREEMENT

L02-0191-AP is hereby amended as follows:

1. Section 5a titled "Ground Lease", is deleted and replaced as follows:

Lessee shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted in accordance with Section 6. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to Okaloosa County. Okaloosa County Airports, 1701 State Road 85 North, Suite 1, Eglin AFB, Florida 32542-1498. This lease includes 5,500 square feet at \$1.0769 per square foot per year for a total annual cost of \$5,922.95 plus state sales tax and County non-ad valorem taxes.

2. Section 6 titled "Escalation Clause", is deleted and replaced as follows:

The ground lease shall be increased annually to reflect the increase in the Consumer Price Index ("CPI") based on a twelve (12) month September through August average. The "CPI" shall be the revised Consumer Price Index for all Urban Consumers for all items - U. S. City Average, published by the Bureau of Labor Statistics, U. S. Department of Labor, 1982-84=100 (CPI-U).

3. Section 12 titled "Taxes & Assessments", is deleted and replaced as follows:

Lessee shall pay all taxes, assessments, and other similar charges required by any local, state or federal law, including but not limited to such taxes and assessments as may from time to time be imposed by the County, if so authorized, which by law may be levied or assessed against any of the premises occupied by Lessee pursuant to this Lease Agreement, or which may arise out of or are identical to the conduct of Lessee's operation and activities under this Agreement or by reason of Lessee's occupancy of its facilities or use of County facilities under this Agreement. Lessee shall protect, reimburse and indemnify County from and assume all liability for its tax and assessment obligations under the terms of this Lease Agreement.

4. Section 17c under Section 17 titled 'Insurance', is deleted and replaced as follows:

All aircraft liability and public liability coverage shall be endorsed to include Okaloosa County as Additional Insured. In addition, all insurance policies shall contain a clause that the insurer will not cancel or change the insurance without first giving the County thirty (30) days prior written notice and ten (10) day notice for non-payment of premium. Prior to occupying the Leased Premises and annually upon renewal, Lessee shall furnish County a Certificate of Insurance evidencing all required insurance. The Certificate(s) of Insurance shall be delivered to Okaloosa County, 5479 A Old Bethel Road, Crestview, FL 32536 and a copy to Airports Administration. On request, Lessee shall deliver an exact copy of the policy or policies including all endorsements.

5. Section 18 titled "Notices", is hereby deleted and replaced as follows:

Any and all notices to be given under this Lease may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the Airport Director is as follows: Okaloosa County Airports, 1701 State Road 85 North, Suite 1, Eglin Air Force Base, Florida 32542-1498. The address of Lessee is: Vertol Systems Company, Inc., James L. Montgomerie, P. O. Box 727, Destin, FL 32541.

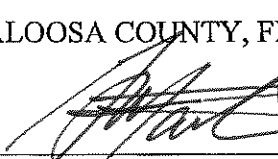
6. Section 26 titled "Place of Payments", is hereby deleted and replaced as follows:

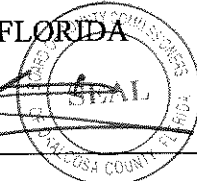
All payments and notices to County shall be given or mailed to the following address: Okaloosa County, Okaloosa County Airports, 1701 State Road 85 North, Suite 1, Eglin AFB, FL 32542-1498.

7. Lessee agrees to comply with all federal regulations, including, but not limited to those set forth in Exhibit "B", attached to and incorporated herein.
8. All other provisions of the Lease Agreement shall remain in full force and effect through the duration of the Lease term.

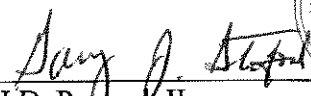
IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the day and year first written.

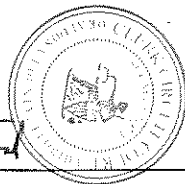
OKALOOSA COUNTY, FLORIDA


Graham W. Fountain
Chairman, Board of County Commissioners
Date: 12/4/18



ATTEST:


J.D. Peacock II
Clerk of Circuit Court



LESSEE
HARVEY WILLIAMS
REVOCABLE TRUST WELLS FARGO BANK

Janet W. Burttram V.P.

Janet W. Burttram

Vice President

Date: 10/24/18

ATTEST:

B. J. McNeil
Witness

Matthew L. Earnest
Witness

ACKNOWLEDGMENTS

STATE OF ALABAMA
COUNTY OF JEFFERSON

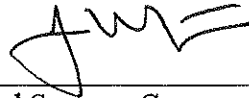
Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared JANET W. BURTTTRAM who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 24th day of October, 2018, AD.

Cheryl A. Harvick
NOTARY

My Commission Expires: 10-28-2018

ASSIGNEE

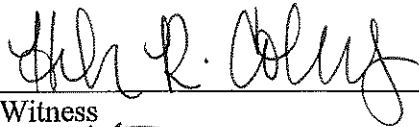


Vertol Systems Company, Inc.

James Montgomerie

Date: 24 Oct 2018

ATTEST:



Witness



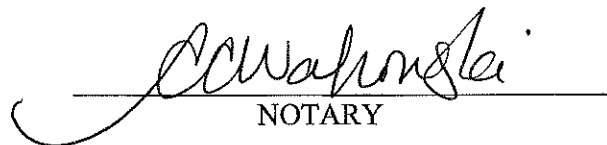
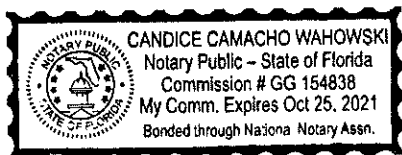
Witness

ACKNOWLEDGMENTS

STATE OF Florida
COUNTY OF Okaloosa

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared JAMES MONTGOMERIE who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 24 day of October, 2018, AD.


NOTARY

My Commission Expires: 25 October 2021

Exhibit "B"

GENERAL CIVIL RIGHTS PROVISIONS

The lessee and its transferee agree to comply with pertinent statutes, Executive Orders and such rules as are promulgated to ensure that no person shall, on the grounds of race, creed, color, national origin, sex, age, or disability be excluded from participating in any activity conducted with or benefiting from Federal assistance.

This provision obligates the lessee or its transferee for the period during which Federal assistance is extended to the airport through the Airport Improvement Program.

In cases where Federal assistance provides, or is in the form of personal property; real property or interest therein; structures or improvements thereon, this provision obligates the party or any transferee for the longer of the following periods:

- (a) The period during which the property is used by the airport sponsor or any transferee for a purpose for which Federal assistance is extended, or for another purpose involving the provision of similar services or benefits; or
- (b) The period during which the airport sponsor or any transferee retains ownership or possession of the property.

The following clauses will be included in deeds, licenses, permits, or similar instruments/agreements entered into by Okaloosa County pursuant to the provisions of the Airport Improvement Program grant assurances.

A. The Lessee, for himself/herself, his/her heirs, personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree, as a covenant running with the land, that (1) no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land, and the furnishing of services thereon, no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, (3) that the lessee will use the premises in compliance with all other requirements imposed by or pursuant to the List of discrimination Acts And Authorities.

B. With respect to (licenses, leases, permits, etc.), in the event of breach of any of the above nondiscrimination covenants, Okaloosa County will have the right to terminate the lease, and to enter or re-enter and repossess said land and the facilities thereon, and hold the same as if said lease had never been made or issued.

C. With respect to deeds, in the event of breach of any of the above nondiscrimination covenants, Lessee will there upon revert to and vest in and become the absolute property of Lessee and its assigns.*

(*Reverter clause and related language to be used only when it is determined that such a clause is necessary to make clear the purpose of Title VI.)

Title VI List of Pertinent Nondiscrimination Acts and Authorities

During the performance of this contract, the lessee, for itself, its assignees, and successors in interest (hereinafter referred to as the "lessee") agrees to comply with the following non-discrimination statutes and authorities; including but not limited to:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*, 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin);
- 49 CFR part 21 (Non-discrimination In Federally-Assisted Programs of The Department of Transportation—Effectuation of Title VI of The Civil Rights Act of 1964);
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794 *et seq.*), as amended, (prohibits discrimination on the basis of disability); and 49 CFR part 27;
- The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 *et seq.*), (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131 – 12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration's Non-discrimination statute (49 U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures non-discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;

- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U.S.C. 1681 et seq).

FEDERAL FAIR LABOR STANDARDS ACT (FEDERAL MINIMUM WAGE)

All leases and subleases that result from this solicitation incorporate by reference the provisions of 29 CFR part 201, the Federal Fair Labor Standards Act (FLSA), with the same force and effect as if given in full text. The FLSA sets minimum wage, overtime pay, recordkeeping, and child labor standards for full and part time workers.

The lessee has full responsibility to monitor compliance to the referenced statute or regulation. The lessee must address any claims or disputes that arise from this requirement directly with the U.S. Department of Labor – Wage and Hour Division

OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970

All leases and subleases that result from this solicitation incorporate by reference the requirements of 29 CFR Part 1910 with the same force and effect as if given in full text. Lessee must provide a work environment that is free from recognized hazards that may cause death or serious physical harm to the employee. The Lessee retains full responsibility to monitor its compliance and their subleases compliance with the applicable requirements of the Occupational Safety and Health Act of 1970 (20 CFR Part 1910). Lessee must address any claims or disputes that pertain to a referenced requirement directly with the U.S. Department of Labor – Occupational Safety and Health Administration.

E-VERIFY

Enrollment and verification requirements.

- (1) If the Lessee is not enrolled as a Federal Contractor in E-Verify at time of contract award, the Lessee shall-
 - a. Enroll. Enroll as a Federal Contractor in the E-Verify Program within thirty (30) calendar days of contract award;
 - b. Verify all new employees. Within ninety (90) calendar days of enrollment in the E-Verify program, begin to use E-Verify to initiate verification of employment eligibility of all new hires of the Lessee, who are working in the

United States, whether or not assigned to the contract, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); and,

- c. Verify employees assigned to the lease. For each employee assigned to the lease, initiate verification within ninety (90) calendar days after date of enrollment or within thirty (30) calendar days of the employee's assignment to the lease, whichever date is later (but see paragraph (b)(4) of this section.)

(2) If the Lessee is enrolled as a Federal Contractor in E-Verify at time of lease award, the Lessee shall use E-Verify to initiate verification of employment eligibility of

a. All new employees.

- i. Enrolled ninety (90) calendar days or more. The Lessee shall initiate verification of all new hires of the Lessee, who are working in the United States, whether or not assigned to the lease, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or

- b. Enrolled less than ninety (90) calendar days. Within ninety (90) calendar days after enrollment as a Federal Contractor in E-Verify, the Lessee shall initiate verification of all new hires of the lessee, who are working in the United States, whether or not assigned to the lease, within three (3) business days after the date of hire (but see paragraph (b)(3) of this section); or

- ii. Employees assigned to the lease. For each employee assigned to the lease, the Lessee shall initiate verification within ninety (90) calendar days after date of lease award or within thirty (30) days after assignment to the lease, whichever date is later (but see paragraph (b)(4) of this section.)

(3) If the Lessee is an institution of higher education (as defined at 20 U.S.C. 1001(a)); a State of local government or the government of a Federally recognized Indian tribe, or a surety performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond, the Lessee may choose to verify only employees assigned to the lease, whether existing employees or new hires. The Lessee shall follow the applicable verification requirements of (b)(1) or (b)(2), respectively, except that any requirement for verification of new employees applies only to new employees assigned to the lease.

(4) Option to verify employment eligibility of all employees. The Lessee may elect to verify all existing employees hired after November 6, 2986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), rather than just those employees assigned to the lease. The Lessee shall initiate verification for each existing employee working in the United States who was hired after November 6,

1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), within one hundred eighty (180) calendar days of-

- i. Enrollment in the E-Verify program; or
 - ii. Notification to E-Verify Operations of the Lessee's decision to exercise this option, using the lease information provided in the E-Verify program Memorandum of Understanding (MOU)
- (5) The Lessee shall comply, for the period of performance of this lease, with the requirements of the E-Verify program MOU.
- i. The Department of Homeland Security (DHS) or the Social Security Administration (SSA) may terminate the Lessee's MOU and deny access to the E-Verify system in accordance with the terms of the MOU. In such case, the Lessee, will be referred to a suspension or debarment official.
 - ii. During the period between termination of the MOU and a decision by the suspension or debarment official whether to suspend or debar, the lessee is excused from its obligations under paragraph (b) of this clause. If the suspension or debarment official determines not to suspend or debar the Lessee, then the Lessee must reenroll in E-Verify.
 - iii. Web site. Information on registration for and use of the E-Verify program can be obtained via the Internet at the Department of Homeland Security Web site: <http://www.dhs.gov/E-Verify>.

Individuals previously verified. The Lessee is not required by this clause to perform additional employment verification using E-Verify for any employee-

- (a) Whose employment eligibility was previously verified by the Lessee through the E-Verify program;
- (b) Who has been granted and holds an active U.S. Government security clearance for access to confidential, secret, or top secret information in accordance with the National Industrial Security Program Operating Manual; or
- (c) Who has undergone a completed background investigation and been issued credentials pursuant to Homeland Security Presidential Directive (HSPD)-12. Policy for a Common Identification Standard for Federal Employees and Lessees.

Subleases. The Lessee shall include the requirements of this clause, including this paragraph € (appropriately modified for identification of the parties in each sublease that-

- (1) Is for-(i) Commercial and noncommercial services (except for commercial services that are part of the purchase of a COTS item (or an item that would be a COTS item, but for minor modifications), performed by the COTS provider, and are normally provided for that COTS item); or
(ii) Construction;
- (2) Has a value of more than \$3,500; and
- (3) Includes work performed in the United States.

**Contract # L02-0191-AP
HARVEY WILLIAMS
HANGAR LEASE BLOCK 2 LOT 3
EXPIRES: 07/15/2033**

**AMENDMENT ONE TO HANGAR LEASE L02-0191-AP
HARVEY WILLIAMS HANGAR LEASE AT THE
BOB SIKES AIRPORT**

This First Amendment made and entered into this 16th day of August, 2017, hereby approves this First Amendment for lease L02-0191-AP by Harvey Williams ("Lessee"), and Okaloosa County, Florida through its Board of County Commissioners (hereinafter the "County").

WITNESSETH:

WHEREAS, on September 24, 2013, Lessee entered into an Assignment Lease Agreement, L02-0191-AP with the County for Hanger Space at the Bob Sikes Airport with a current expiration date of July 15, 2033 (hereinafter the "Lease"); and

WHEREAS, the new language for storage of items in the hangar was approved by the Board of County Commissioners in open session on November 15, 2016; and

WHEREAS, Section 10 of the Lease, titled "Care of Leased Premises" will be changed to correspond to the new language which was approved by the Board.

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the executing parties consent to and agree as follows:

1. Section 10 titled "Care of Leased Premises" of L02-0191-AP is hereby replaced in its entirety with the following provision:

Lessee shall keep said hangar and premises neat, clean, and orderly at all times. Hangars located on airport property shall be used for aeronautical purposes. Lessee is permitted to store non-aeronautical items in the hangars provided the items do not interfere with the aeronautical use of the hangar and or impede the movement or access of the aircraft or other aeronautical contents of the hangar. All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.


2. All other provisions of the Lease Agreement shall remain in full force and effect through the duration of the Lease term.

(The remainder of this page intentionally left blank)

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the day and year first written.


OKALOOSA COUNTY, FLORIDA

Carolyn N. Ketchel
Carolyn N. Ketchel, Chairman
Date: 16 Aug 2017



ATTEST:

J.D. Peacock II
J.D. Peacock II, Clerk



LESSEE

Linda Sue Williams
Harvey Williams POA
Harvey Williams
Date: 7/11/17

ATTEST:

Bella Jean Loftis
Witness
Tress A Padgett
Witness

ACKNOWLEDGMENTS

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared HARVEY WILLIAMS who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 11th day of April, 2017, AD.

Billie Joann Loftis
NOTARY

My Commission Expires: Sept. 8, 2020



CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: <u>L02-0191-AP</u>	Tracking Number: <u>2130-17</u>
Contractor/Lessee Name: <u>Harvey Williams</u>	Grant Funded: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Purpose: <u>Amendment one to Harvey Lease</u>	
Date/Term: <u>7-15-33</u>	1. <input type="checkbox"/> GREATER THAN \$50,000
Amount: <u>\$5,665.00 annually plus tax</u>	2. <input type="checkbox"/> GREATER THAN \$25,000
Department: <u>AP</u>	3. <input type="checkbox"/> \$25,000 OR LESS
Dept. Monitor Name: <u>Shay/maie</u>	
Document has been reviewed and includes any attachments or exhibits.	

Purchasing Review

Procurement requirements are met:

Ch - Powell

Date: 11/21/2016

Purchasing Director or designee

Zan Fedorak, Charles Powell, DeRita Mason

Risk Management Review

Approved as written: with updated COL

Laura J. Porter

Date: 11/21/16

Risk Manager or designee

Laura Porter or Krystal King

County Attorney Review

See email dated 11/22/2016

Approved as written:

Date: _____

County Attorney

Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

Contract & Grant

Document has been received:

Date: _____

Contracts & Grants Manager

Charles Powell

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Tuesday, November 22, 2016 3:50 PM
To: Dave Miner
Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara
Subject: RE: Hangar Amendments L02-0191-AP

The First Amendment to the L02-0191-AP, Harvey Williams Hangar Lease is approved for legal sufficiency.

From: Dave Miner [mailto:dminer@co.okaloosa.fl.us]
Sent: Tuesday, November 22, 2016 4:28 PM
To: Parsons, Kerry
Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara
Subject: RE: Hangar Amendments

Ms. Parsons:

Corrections accepted and made.

Dave

From: Parsons, Kerry [mailto:KParsons@ngn-tally.com]
Sent: Tuesday, November 22, 2016 2:36 PM
To: Dave Miner
Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara
Subject: RE: Hangar Amendments

Hey Dave:

Attached please find my revisions to the eight hangar amendments you sent me earlier. When you send them back, please send them each separately and in the subject line specify the hangar lease you are looking for legal approval on. That way it will make the approval documents easy for all to understand when processing for the board's agenda.

Thanks,

DURABLE POWER OF ATTORNEY

I, **HARVEY LEE DAVID WILLIAMS**, as of this October 5, 2012, hereby appoint and empower my wife, **LINDA SUE WILLIAMS**, as my true and lawful attorney-in-fact ("my Agent"), to act for me and in my name and on my behalf to exercise the powers listed in this Durable Power of Attorney.

Third Parties. Any third party to whom this Durable Power of Attorney is presented may rely upon an affidavit by my Agent stating, to the best of my Agent's knowledge and belief, that this power has not been revoked, that I am then living, and that no proceedings have been initiated to determine my incapacity.

A THIRD PARTY WHO IMPROPERLY REFUSES TO ACCEPT THIS POWER OF ATTORNEY WILL BE LIABLE FOR DAMAGES, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS, INCURRED IN ANY ACTION OR PROCEEDING THAT CONFIRMS THE VALIDITY OF THIS POWER OF ATTORNEY.

Durable Power. This Durable Power of Attorney will not be affected by my subsequent incapacity except as provided in Chapter 709 of the Florida Statutes. It is my specific intent that the power conferred on my Agent will be exercisable from the date of this Durable Power of Attorney, and will remain effective thereafter, notwithstanding my subsequent disability or incapacity, except as otherwise specifically provided by statute.

My Agent will have the following powers and duties:

GENERAL AUTHORITY

1. To manage all assets and properties belonging to me or in which I have any interest, and to expend whatever funds my Agent deems proper for the preservation, maintenance, or improvement of those assets or properties.
2. To exercise all powers even though my Agent may also be acting individually or on behalf of any other person or entity interested in the same matters (as more fully set forth in the Additional Provisions section).
3. To seek on my behalf the assistance of a court or other governmental agency to carry out an act authorized in this power of attorney and to enforce the exercise of these powers granted to my Agent.
4. To exercise any authority reasonably necessary to give effect to an express grant of specific authority in this power of attorney.
5. To the extent not limited under the law of the jurisdiction in which this power of attorney is presented, to take all other actions as may be necessary or appropriate for my personal well-being and the management of my affairs, as fully and as effectively as if made or done

by me personally.

SPECIFIC POWERS

6. To manage and conserve any real property, or any interest or incidents in real property, on my behalf, including the authority to receive, buy, sell, exchange, lease, encumber, and convey such property. Such property and incidents in property include any interest in homestead property, mineral rights, cooperative apartments, and any property I own as joint tenants with right of survivorship or as tenants by the entireties.
7. To manage and conserve any tangible personal property, or any interest in tangible personal property, including exempt property, on my behalf, including the authority to receive, buy, sell, exchange, lease, encumber, and convey such property.
8. To operate, insure, license and register with any state or government agency, any and all vehicles of which I am the registered or legal owner.
9. To conduct investment transactions as provided in Fla. Stat. §709.2208(2).
10. To collect, receive, and receipt for any and all sums of money or payments due or to become due to me.
11. To pay any and all bills, accounts, claims, and demands now or hereafter payable by me, including a judgment, award, order or settlement made in connection with a claim or litigation.
12. To conduct banking transactions as provided in Fla. Stat. §709.2208(1).
13. Except as otherwise provided under Fla. Stat. §709.2201(3) relating to contracts for personal services, to contract with any person or Entity for any purpose (including contracts between me and my Agent), and to perform that contract; to agree to any termination, release, rescission or modification of any contract or agreement.
14. To the extent not limited in the Special Transactions section, to act for me regarding any trust, probate estate, guardianship, conservatorship, escrow, custodianship or fund in which I may have a right or beneficial interest.
15. To sue in my name and behalf for the recovery of any and all sums of money or other things of value, payments due or to become due to me, or damages I have sustained or will sustain; to seek an attachment, garnishment, order of arrest, or other preliminary, provisional, or intermediate relief and use an available procedure to effect or satisfy a judgment, order, or decree; and to collect, hold and disburse any property received in satisfaction of judgments.
16. To act for me with respect to any bankruptcy or insolvency concerning me or some other person, or with respect to a reorganization or receivership which affects my interest in any property.

17. To demand, obtain, review, and release to others medical records, documents, or communications protected by the patient-physician privilege, attorney-client privilege, or any similar privilege, including all records subject to, and protected by, the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). I designate my Agent as my personal representative under HIPAA. My Agent may also enforce any or all of the privileges listed above.
18. To nominate on my behalf a person (including an Agent) or entity to be appointed by a court of appropriate jurisdiction as guardian of my person or property, or both, or as custodian for my property during the pendency of any proceedings to determine my legal capacity.
19. To receive and open my mail, change my mailing address, and otherwise represent me in any matter concerning the U.S. Postal Service.
20. To hire and compensate attorneys, accountants, advisors, financial consultants, managers, agents, and assistants (including any individual or entity who provides investment advisory or management services, or who furnishes professional assistance in making investments) without liability for any act of those persons, if they are selected and retained with reasonable care. An Agent may serve in one or more of these capacities and be compensated separately for the services in each.
21. To discharge (with or without cause) any person hired by me (or on my behalf), by my Agent, or by any prior Agent, including but not limited to, the categories of persons named above, and physicians, nurses, care-givers, and domestics.
22. To act for me with respect to benefits or actions from or relating to any branch or department of the United States government, any state government, or any foreign government, whether or not recognized by the United States, including without limitation, the Social Security Administration, the Department of Veterans Affairs, the Internal Revenue Service, Medicare or Medicaid, and any government department providing payments or grants.
23. To create, fund, and maintain an Income Trust pursuant to 42 USC §1396(d)(4)(B) in order to qualify me or retain my eligibility for Medicaid or any other public assistance benefits.
24. To represent me before any office of the Internal Revenue Service or any state agency; to receive confidential information regarding all tax matters (for my SSN ending in -7837) for all periods, whether before or after the execution of this instrument; to prepare, sign and file any tax return on my behalf; to pay taxes due, collect refunds, post bonds, receive confidential information, and contest assessments, deficiencies, fines, or penalties determined by the Internal Revenue Service or any other taxing authority; and to make any tax elections on my behalf.

SPECIAL TRANSACTIONS

Certain transactions under this power of attorney may profoundly affect my existing estate plan and therefore require a separate authorization for my Agent to engage in them. By initialing next to any items within the respective numbered paragraphs in this Special Transactions section, I grant my Agent the authority stated in that paragraph with respect to the item initialed. If I have not initialed an item, my Agent is not authorized to take that action.

25. Yes Gifts. I authorize my Agent to make gifts of my property outright to, or for the benefit of, members of my family my Agent believes I have supported or would support. For these purposes, a gift "for the benefit of" a person includes a gift to a trust in which that person is a beneficiary, to a custodial account under a state version of the Uniform Transfers (or Gifts) to Minors Act, and to a tuition savings account or prepaid tuition plan as defined under Internal Revenue Code §529.
26. Yes Trusts. I authorize my Agent to create an inter vivos trust, whether revocable or irrevocable, in which I am a beneficiary; to amend, revoke, or terminate a trust of which I am a beneficiary, or transfer the assets of such a trust into another trust under which I am a beneficiary; to create, amend, or revoke trusts for the benefit of others; and to participate in either judicial or nonjudicial modification of a trust as permitted in Fla. Stat. Chapter 736.
27. Yes Survivorship and Other Designations. I authorize my Agent to create or change rights of survivorship in accounts or other assets in which I have an interest; to change a beneficiary designation for any accounts or financial instruments, including life insurance policies, annuities, or retirement accounts of any nature; and to waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan of any nature.
28. Yes Disclaimers. I authorize my Agent to disclaim: any interest in property I might otherwise receive, either outright or in trust; any powers I have over property or as a beneficiary of any trusts (excluding any powers I possess in a fiduciary capacity); and any powers of appointment I have or may acquire, excluding any testamentary power of appointment that I currently exercise in my Last Will and Testament.

ADDITIONAL PROVISIONS

Protection for Agent. I understand, acknowledge and anticipate that many of my Agent's actions taken pursuant to specific grants of authority in this instrument could involve her in conflicts of interest (created either by me or by my Agent), or call into question my Agent's apparent loyalty to me, or both. This might result from the totality of the circumstances facing the Agent at that time, or by virtue of the Agent's specific actions that might create the conflict of interest. I want my Agent to be free to act in my interest without concern over questionable lawsuits. Therefore, so long as my Agent acts in good faith, she will be protected as follows:

a. My Agent does not have an affirmative duty to act under this power of attorney and will not be liable for any claim or demand arising out of her good faith acts or omissions, except for actions or omissions resulting from my Agent's dishonesty, improper motive, or reckless indifference to the purposes of this power of attorney or my best interests.

b. My Agent may have competing interests for herself or her affiliates, and I waive any express duty of loyalty imposed under Fla. Stat. §709.2114(2).

c. My Agent may have a conflict of interest as provided in Fla. Stat. §709.2116. Despite that section, my Agent may undertake a transaction on my behalf even if another party to that transaction is: (i) a business or trust controlled by my Agent, or of which my Agent, or any director, officer, or employee of a Corporate Agent, is also a director, officer, or employee; (ii) an affiliate or business associate of my Agent; or (iii) my Agent acting individually. This exception also extends to any relative of such a party.

d. I fully indemnify my Agent out of my assets and my estate for any actions brought against her, and damages she sustains, including attorneys' fees and costs, that have as a basis my Agent's actions or inactions resulting in both a claim for breach of fiduciary duty and actual damages to me or my estate, but this protection does not extend to actions or omissions resulting from my Agent's dishonesty, improper motive, or reckless indifference to the purposes of this power of attorney or my best interests. If my Agent ceases to serve, these provisions for indemnification may be enforced against me or a successor Agent. This right of indemnification extends to the estate, personal representatives, legal successors and assigns of my Agent.

e. My Agent will not be liable for any actions or omissions by a predecessor agent if the Agent does not participate in or conceal the action or omission. My Agent is not required to review the actions of a predecessor agent, absent actual knowledge by the Agent of wrongdoing. If, however, my Agent has actual knowledge of a breach or imminent breach of fiduciary duty by another agent, including a predecessor agent, my Agent must take action reasonably appropriate in the circumstances to safeguard my best interests. If my Agent in good faith believes that I am not incapacitated, giving notice to me is a sufficient action.

Compensation and Expenses. My Agent will be entitled to reasonable compensation and reimbursement for all expenses reasonably incurred by her on my behalf.

Delegation of Powers. My Agent may not delegate the powers given under this Durable Power of Attorney except as follows: to grant a transfer agent or similar person the authority to register securities in my name or the name of a nominee; for investment management purposes as provided in Fla. Stat. §518.112; or to any other person, as may be permitted under the law of another jurisdiction in which this instrument is presented.

Suspension of Rights and Duties. All powers granted to my Agent will be suspended immediately if my Agent is determined to be incapacitated by a court having jurisdiction.

Partial Invalidity. If any part of this power of attorney is declared invalid or unenforceable, that decision will not affect the validity of the remaining parts.

Limitation on actions of Agent. My Agent may not participate in an action to the extent that a payment or distribution pursuant to that action would discharge a legal support obligation of my Agent. If my Agent is the insured of any insurance policy that I own, my Agent may not exercise any rights or have any incidents of ownership with respect to the policy, including the power to change the beneficiary, to surrender or cancel the policy, to assign the policy, to revoke any assignment, to pledge the policy for a loan, or to obtain from the insurer a loan against the surrender value of the policy.

In witness whereof, I have executed this Durable Power of Attorney as of the date first written above.

Signed in the presence of:

Jeffrey Lohf
Print Name: Jeffrey Lohf

Harvey Lee David Williams
Harvey Lee David Williams

Teresa A. Padgett
Print Name: Teresa A. Padgett

Two witnesses as to Harvey Lee David Williams

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me on October 5, 2012, by Harvey Lee David Williams.

Personally Known ✓
Produced Identification _____
Type of Identification _____

Billie Joann Loftis
Notary Public - State of Florida
Print Notary Name: Billie Joann Loftis
My Commission Number is: EE 213886
My Commission Expires: Sept. 8, 2016

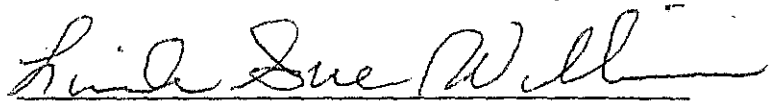


CONFIRMATION OF MENTAL INCAPACITY

I, Linda Sue Williams, reasonably believe that my husband, Harvey Lee David Williams, is suffering from mental incapacity that would affect his judgment concerning the management of the Harvey Lee David Williams Revocable Trust, dated October 5, 2012, as amended and restated on June 17, 2015 (the "Trust").

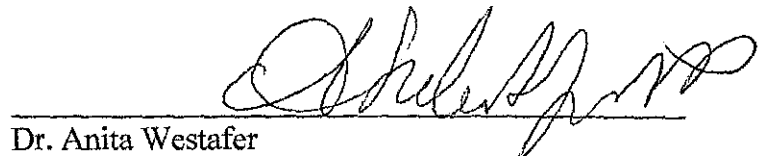
Pursuant to Section 3.2(b) of the Trust, if my husband's physician, Dr. Anita Westafer, provides written confirmation of my opinion regarding my husband's mental incapacity, and I give my husband written notice to that effect, then my husband's personal rights under the Trust will be suspended immediately and the named successor Trustee will serve in his place.

Dated: January 14th, 2016


Linda Sue Williams

I, Dr. Anita Westafer, a physician licensed to practice medicine in Florida and involved with the treatment and care of Harvey Lee David Williams, hereby confirm the opinion of Linda Sue Williams that Harvey Lee David Williams is suffering from mental incapacity that would affect his judgment concerning the management of the Trust.

Dated: January 14, 2016


Dr. Anita Westafer

Anita S. Westafer, M.D.
Marta Jacenyik, M. D.
Janice Pettigrew, ARNP
2589 Gulf Breeze Parkway
Gulf Breeze, FL 32563

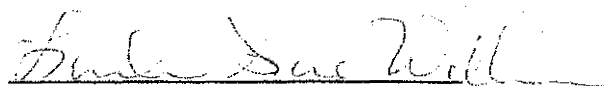
FI 036003

CONFIRMATION OF MENTAL INCAPACITY

I, Linda Sue Williams, reasonably believe that my husband, Harvey Lee David Williams, is suffering from mental incapacity that would affect his judgment concerning the management of the Harvey Lee David Williams Revocable Trust, dated October 5, 2012, as amended and restated on June 17, 2015 (the "Trust").

Pursuant to Section 3.2(b) of the Trust, if my husband's physician, Bruce V. Ouellette M.D., provides written confirmation of my opinion regarding my husband's mental incapacity, and I give my husband written notice to that effect, then my husband's personal rights under the Trust will be suspended immediately and the named successor Trustee will serve in his place.

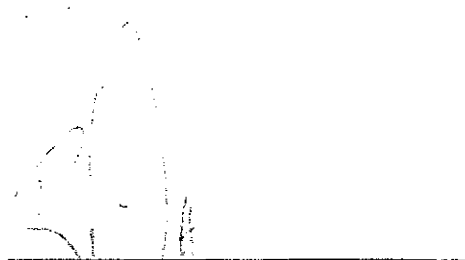
Dated: February 2, 2016



Linda Sue Williams

I, Dr. Bruce Ouellette, a physician licensed to practice medicine in Florida and involved with the treatment and care of Harvey Lee David Williams, hereby confirm the opinion of Linda Sue Williams that Harvey Lee David Williams is suffering from mental incapacity that would affect his judgment concerning the management of the Trust.

Dated: February 2, 2016



Bruce V. Ouellette M.D.



Office: (850) 863-8273
WWMC: (850) 863-8100
In FL: (800) 654-3584
Fax: (850) 863-6635

Bruce V. Ouellette, M.D.
NEUROLOGY

1106 HOSPITAL ROAD, FORT WALTON BEACH, FL 32547

Dave Miner

From: Krystal King
Sent: Monday, July 24, 2017 11:25 AM
To: Dave Miner
Subject: RE: COI Harvey Williams

This meets the contract requirements.

Krystal King
Okaloosa County
Risk Management
(850)689-5977
Fax (850)689-5973

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records available to the public and media upon request. Therefore, this written email communication including your email address, may be subject to public disclosure.

From: Dave Miner
Sent: Thursday, July 13, 2017 3:15 PM
To: Krystal King <krking@co.okaloosa.fl.us>; Laura Porter <lporter@co.okaloosa.fl.us>
Cc: Stephanie Herrick <sherrick@co.okaloosa.fl.us>; Lianne Clark <lclark@co.okaloosa.fl.us>
Subject: RE: COI Harvey Williams

Krystal:

Please see the attached COI.

From: Krystal King
Sent: Thursday, July 13, 2017 8:30 AM
To: Dave Miner <dminer@co.okaloosa.fl.us>; Laura Porter <lporter@co.okaloosa.fl.us>
Cc: Stephanie Herrick <sherrick@co.okaloosa.fl.us>; Lianne Clark <lclark@co.okaloosa.fl.us>
Subject: RE: COI Harvey Williams

Can you have them advise what the policy provisions are in relation to cancelation notice? The contract requires 30 days notice and the COI says, ".....notice will be delivered in accordance with the policy provisions..."

Other than that, the COI's provided meet the contract requirements.

Krystal King
Okaloosa County
Risk Management

(850)689-5977
Fax (850)689-5973

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records available to the public and media upon request. Therefore, this written email communication including your email address, may be subject to public disclosure.

From: Dave Miner
Sent: Tuesday, June 27, 2017 2:49 PM
To: Krystal King <kking@co.okaloosa.fl.us>; Laura Porter <lporter@co.okaloosa.fl.us>
Cc: Stephanie Herrick <sherrick@co.okaloosa.fl.us>; Lianne Clark <lclark@co.okaloosa.fl.us>
Subject: COI Harvey Williams

Krystal:

Please review the attached COI for Harvey Williams Hangar Lease (L02-0191-AP) and let us know if the COI complies with requirements.

Thank you.

Dave

David E. Miner
Properties and Leases
Okaloosa County Airports
(850) 651-7160 Ext. 4
www.flyvps.com

"Please note: Due to Florida's very broad public records laws, most written communication to or from County employees regarding County business are public records, available to the public upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure."



WILL-01

OP ID: PJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2017

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).

PRODUCER Waldorff Ins & Bonding - FWB 45 Eglin Parkway NE, Ste 202 Fort Walton Beach, FL 32548 Dale Waldorff	850-581-4925	CONTACT NAME: Dale Waldorff PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 E-MAIL ADDRESS: DaleW@waldorffinsurance.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: American Guarantee & Liab. Ins		26247
INSURER B: Zurich American Ins Co		16535
INSURER C: American Zurich Insurance Co.		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Williams Electric Company, Inc
Harvey Williams
P.O. Box 1807
Fort Walton Beach, FL 32549-1807

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		GLO038445600	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> PIP <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP038445700	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			AUC038447400	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PER STATUTE <input checked="" type="checkbox"/> OTH-ER
C	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	WC038445900	07/01/2017	07/01/2018	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Leased Equipment			CPP038472400	07/01/2017	07/01/2018	Limit: 150,000 Ded: 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Lot 3, Block 2, Bob Sikes Airport, Crestview, FL, valued at \$125,000.
Certificate holder is added as loss payee and additional insured as respects this hangar only when required by written contract. 30 days notice of cancellation applies in favor of certificate holder.

CERTIFICATE HOLDER

CANCELLATION

OKALA01 Okaloosa County 5479A Old Bethel Road Crestview, FL 32536	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
--	---



STARR COMPANIES

GLOBAL INSURANCE & INVESTMENTS

3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY

5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Named Insured: HARVEY L. WILLIAMS AND LINDA S. WILLIAMS

7 KRIVIK COURT
FT. WALTON BEACH, FL 32547

Policy Period: From MAY 28, 2017 To MAY 28, 2018

Policy Number: 1000222636-02

Issuing Company: STARR INDEMNITY & LIABILITY COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:		Reg	Deductibles		Liability Limit	CSL INCLUDING PAX
Year	Make and Model	No	Insured Value	NIM / IM		
2008	BEECHCRAFT C-90GTI	N12WE	\$2,230,000.	NIL/NIL	\$10,000,000.	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

THE COMPANY SHALL ENDEAVOR TO PROVIDE 30 DAYS NOTICE OF CANCELLATION.

Certificate Number: 1.1

Issued By and Date: MAY 9, 2017 (PB)

Starr 10200 (6/06)

By

(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: ALL SCHEDULED AIRCRAFT

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY
Address 5749 A OLD BETHEL ROAD
CRESTVIEW, FL 32536

Name
Address

Name
Address

All other provisions of this policy remain the same.

This endorsement becomes effective MAY 28, 2017 to be attached to and hereby made a part of:

Policy No. 1000222636-02

Issued to HARVEY L. WILLIAMS AND LINDA S. WILLIAMS

By STARR INDEMNITY & LIABILITY COMPANY

Endorsement No. TBA

Date of Issue MAY 9, 2017 (PB)

By _____



(Authorized Representative)

Starr 10284 (3/06)



3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: OKALOOSA COUNTY

602-C N. PEARL STREET
CRESTVIEW, FL 32536

Named Insured: HARVEY L. WILLIAMS AND LINDA S. WILLIAMS

7 KRIVIK COURT
FT. WALTON BEACH, FL 32547

Policy Period: From MAY 28, 2015 To MAY 28, 2016

Policy Number: 9977-8944-02

Issuing Company: FEDERAL INSURANCE COMPANY

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

Aircraft:

Year	Make and Model	Reg No	Insured Value	Deductibles NIM / IM	Liability Limit	
2008	BEECHCRAFT C-90GTI	N12WE	\$ 2,230,000.	NIL/NIL	\$ 10,000,000.	CSL INCLUDING PAX
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED UNDER LIABILITY COVERAGES, BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

THE COMPANY SHALL ENDEAVOR TO PROVIDE 30 DAYS NOTICE OF CANCELLATION.

L02-0191-AP

07-06-15A07:39 RCVD

Certificate Number: 1.1

Issued By and Date: JUNE 9, 2015 (WH)

Starr 10200 (6/06)

By

(Authorized Representative)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

The provisions of this endorsement shall apply with respect to: N12WE

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional insured.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional insured.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional insured under liability coverages, but only as respects operations of the **named insured**.
- ☐ The scheduled persons or organizations are included as additional insured but only as respects operations of the **named insured**.

The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **bodily injury** or **property damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft by that person or organization.

Schedule:

Name OKALOOSA COUNTY
Address 602-C N. PEARL STREET
CRESTVIEW, FL 32536

Name
Address

Name
Address

All other provisions of this policy remain the same.

This endorsement becomes effective MAY 28, 2015 to be attached to and hereby made a part of:
Policy No. 9977-8944-02
Issued to HARVEY L. WILLIAMS AND LINDA S. WILLIAMS

By FEDERAL INSURANCE COMPANY

Endorsement No. TBA

Date of Issue JUNE 9, 2015 (WH)

By 
(Authorized Representative)

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: L02-0191-AP Tracking Number: 651-13

Contractor/Lessee Name: Blue Horizon + JR Skyway Grant Funded: YES___ NO X

Purpose: AOL to Harvey Williams

Date/Term: July 15, 2033

Amount: \$5,500.00 annually plus tax

Department: Airports

Dept. Monitor Name: David Minter

Document has been reviewed and includes any attachments or exhibits.

1. ☒ GREATER THAN \$50,000

2. ☐ GREATER THAN \$25,000

3. ☐ \$25,000 OR LESS

Purchasing Review

Purchasing Review

Procurement requirements are met:




Purchasing Director or designee

Date: 6/17/13


Risk Management Review

Risk Management Review

Approved as written.



 Risk Manager or designee

Date: 

County Attorney Review

Approved as written: _____
County Attorney

County Attorney Review
subject to Board approval
of renegotiated term & renewal

Date: 7/1/13

Following Okaloosa County approval:

Contract & Grant

Contract & Grant

Document has been received:

Contracts & Grants Manager




Date: _____

Search Results

Current Search Terms: harvey* williams*

Your search for "HARVEY* WILLIAMS*" returned the following results...

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

Entity	HARVEY, MARLENE ANN	Status: Active 
DUNS: 078583427	CAGE Code: 6SYA2	View Details
Has Active Exclusion?: No	DoDAAC:	
Entity	THE SHERWIN-WILLIAMS COMPANY	Status: Active 
DUNS: 152846192	CAGE Code: 3J1C1	View Details
Has Active Exclusion?: No	DoDAAC:	
Entity	TUG VALLEY RECOVERY S SHELTER	Status: Active 
DUNS: 961969078	CAGE Code: 5CMJ7	View Details
Has Active Exclusion?: No	DoDAAC:	

SAM | System for Award Management 1.0

IBM v1.1149.20130801-1829

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.





BOARD OF COUNTY COMMISSIONERS AGENDA REQUEST

DATE: September 17, 2013
TO: Honorable Chairman and Members of the Board
FROM: Sunil Harman
SUBJECT: AOL Blue Horizon and J R Skyways to Harvey Williams
DEPARTMENT: Airport
BCC DISTRICT: All

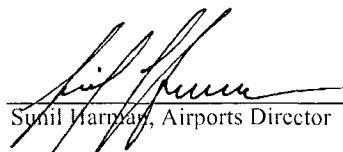
STATEMENT OF ISSUE: A proposed Assignment of Lease for hangar space from Blue Horizon Aviation, Inc. and J & R Skyways, Inc. to Mr. Harvey Williams for Block 2 Lot 3 at the Bob Sikes Airport is being presented to the Board of County Commissioners for approval.

BACKGROUND: Blue Horizon Aviation and J & R Skyways previously entered into a ground lease for hangar space Block 2 Lot 3 at the Bob Sikes Airport and now assigns their responsibilities to Mr. Harvey Williams. Mr. Williams plans an extensive renovation to the existing hangar. Mr. Williams plans to enclose the current hangar, install a hydraulic door and other upgrades with the total price of the renovation being \$117,462.00. Renovation plans are attached. Blue Horizon and J & R Skyways only had nine years remaining until termination of the lease. Nine years is not enough time for Mr. Williams for amortization of his investment for his renovation. The lease was renegotiated to add an additional twenty years. The twenty year extension will be contingent upon Mr. Williams completing the renovation by December 31, 2015. Blue Horizon Aviation and J & R Skyways is in compliance with all terms and conditions of their lease. The Assignment of Lease transfer fee has been received. The contract and lease internal coordination sheet is attached along with Mr. Williams' certificates of insurance.

OPTIONS: Approve, Reject or Table.

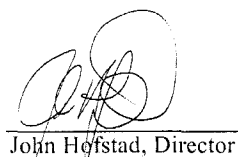
RECOMMENDATIONS: It is Staff's recommendation that the Board approve this Assignment of Lease as described above.

RECOMMENDED BY:


Sunil Harman, Airports Director

9/11/2013

APPROVED BY:


John Hofstad, Director

9/12/2013

Ernie Padgett, County Administrator

ASSIGNMENT OF HANGAR LEASE

This ASSIGNMENT OF LEASE FOR HANGAR SPACE, fully executed this 24th day of September, 2013, by and between the BLUE HORIZON AVIATION, INC. AND J & R SKYWAYS, INC. (hereinafter called "FIRST PARTY") and HARVEY WILLIAMS (hereinafter called "SECOND PARTY" or "LESSEE").

WITNESSETH:

WHEREAS, the FIRST PARTY entered into a Lease Agreement for a hangar at the Bob Sikes Airport, original lease dated May 7, 2002 with a current expiration date of April 30, 2022.

WHEREAS, the SECOND PARTY, by execution of this ASSIGNMENT OF LEASE, and in consideration of approval by Okaloosa County of the same does hereby assume all responsibilities, duties, obligations, rights, and privileges as set forth in the original lease except as hereinafter stipulated, and does hereby expressly relieve and indemnify the FIRST PARTY against any duty or responsibility for the same.

COUNTY hereby lets to SECOND PARTY and SECOND PARTY hereby hires and takes from COUNTY at the Bob Sikes Airport in the County of Okaloosa, State of Florida (hereinafter referred to as "AIRPORT"), that certain location designated as Block 2 Lot 3 as shown on file in the office of the Airports Director, which is hereby incorporated herein by reference, and COUNTY hereby gives to SECOND PARTY permission to occupy and maintain one (1) hangar for the storage of individually-owned/corporate-owned aircraft at the aforesaid location. Additional aircraft may be stored in the hangar with proper notice to the COUNTY provided that proof of required insurance coverage is provided to the COUNTY.

This Lease for Hangar Space (hereinafter called "LEASE") is subject to all terms, covenants, conditions, and agreements to be kept, performed, and observed by the SECOND PARTY.

SECTION 1: TERM

This LEASE shall have an expiration date of July 15, 2033. The expiration date has been extended due to Mr. Williams's extensive renovation of the existing hangar. Mr. Williams plans to enclose the current hangar, install a hydraulic door and other upgrades. The total price of the renovation is \$117,462.00.

**LEASE #L02-0191-AP
HARVEY WILLIAMS
HANGAR LEASE BLOCK 2 LOT 3
AT BSAP
EXPIRES: 07/15/2033**

Instr # 2885456 BK: 3118 PG:4599,Page 1 of 11
Recorded 09/30/2013 at 08:40 AM.
RECORDING: \$51.00 RECORDING ARTICLE V: \$44.00

DEPUTY CLERK KSCHOOLCRAFT
DON W. HOWARD, CLERK OF COURTS, OKALOOSA COUNTY, FL

SECTION 2: AIRCRAFT OWNERSHIP

LESSEE shall provide written confirmation to the COUNTY of proof of ownership of individually-owned/corporate-owned aircraft to be stored pursuant to this LEASE. In the event LESSEE's aircraft is sold, LESSEE shall have one year to replace said aircraft; otherwise this lease shall be voided at the COUNTY's discretion.

SECTION 3: IMPROVEMENTS TO COUNTY

Any and all improvements hereafter installed, erected, or placed within the Leased Premises, including alterations and repairs shall become, upon the termination of this LEASE for any cause, the absolute and sole property of COUNTY and shall not be removed from the Leased Premises. If on termination of this LEASE, LESSEE is not in default, LESSEE shall have the right to remove from the Leased Premises any equipment or trade fixtures that can be removed without damage to the Leased Premises (and if any damage does occur on any such removal, LESSEE shall promptly repair the same).

SECTION 4: BUILDING, ALTERATIONS, AND PERMITS

LESSEE shall at its expense apply for and obtain any and all building, construction, or other permits and licenses to build, repair, or maintain the improvements contemplated by this LEASE. COUNTY makes no representations or warranty relative to the availability of such licenses or permits, and LESSEE assumes full responsibility for securing same. No construction, modification, or alterations of improvements to include antennas or other devices are permitted without prior written approval by COUNTY.

SECTION 5: RENTALS

a. GROUND LEASE:

LESSEE shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted in accordance with Section 6. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to the Airports Director, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1498. The lease includes FIVE THOUSAND FIVE HUNDRED (5,500) square feet at ONE (\$1.00) dollar per square foot per year for a total annual cost of FIVE THOUSAND FIVE HUNDRED DOLLARS (\$5,500.00) plus tax.

b. LATE CHARGES:

If LESSEE fails to pay within THIRTY (30) days of date of billing of invoices by COUNTY for applicable rents and charges as herein described, LESSEE shall then pay interest to the COUNTY at the maximum legal allowable rate authorized by the State of Florida. If any rental fee or other charge remains delinquent for a period of sixty days, LESSOR shall have the option to terminate this Agreement.

SECTION 6: ESCALATION CLAUSE:

The ground lease shall be increased annually to reflect the increase in the Consumer Price Index ("CPI") from the date of the original execution hereof by both parties. The "CPI" shall be the revised Consumer Price Index for all Urban Consumers for all items – U.S. City Average, published by the Bureau of Labor Statistics, U. S. Department of Labor, 1982-84=100 (CPI-U).

SECTION 7: UTILITIES

COUNTY does not assume any responsibility in providing utilities to the Leased Premises. LESSEE will pay all utility charges and costs of installation.

SECTION 8: RIGHTS OF LESSOR

a. It is understood and agreed that COUNTY may, in connection with the future development of said AIRPORT, require the space hereinabove for permanent buildings and/or other development. In such case, COUNTY shall give written notice to LESSEE. After THIRTY (30) days from said written notice, COUNTY shall have the right at COUNTY's expense, to remove said hangar and erect it at said AIRPORT as designated in writing by COUNTY, provided that said new location is reasonably, feasibility, accessible to the taxiways and runways.

b. COUNTY reserves itself, its successors, and assigns for the use and benefits of the public, a right of flight for the passage of aircraft in the airspace above the surface of the real property hereinafter described together with the right to cause in said airspace such noises as may be inherent in the operations of aircraft, now known or hereafter used for navigation of or flight in the said airspace, and for use of said airspace for landing on, taking off from, or operating on the AIRPORT.

c. LESSEE expressly agrees for itself, its successors, and assigns to prevent any use of the hereinafter-described real property, which would interfere with or adversely affect the operation or maintenance of the AIRPORT, or otherwise constitute an airport hazard.

d. LESSEE expressly agrees for itself, its successors, and assigns, to restrict the height of structures, objects, of natural growth, and other obstructions on the hereinafter described real property to such height so as to comply with the Federal Aviation Regulations, Part 77.

SECTION 9: COMPLIANCE WITH GOVERNMENTAL PROCEDURES

LESSEE shall conform to all the requirements of applicable State and Federal statutes and regulations and all County Ordinances and regulations, and shall secure such permits and licenses as may be duly required by any such laws, ordinances, or regulations as may be

promulgated by COUNTY. In addition, Lessee shall comply with all policies, rules, regulations, or ordinances of the County, which are currently, or may be hereinafter adopted relating to County owned airport facilities.

SECTION 10: CARE OF LEASED PREMISES

LESSEE shall keep said hangar and premises neat, clean, and orderly at all times. LESSEE shall not store anything on the premises other than those items specifically required to maintain the owner's aircraft in accordance with Federal Aviation Regulations (FAR's). All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

SECTION 11: MAINTENANCE IN LEASED PREMISES

LESSEE shall insure that all aircraft maintenance performed in the leased premises is in accordance with Federal Aviation Regulations (FAR's).

SECTION 12: TAXES

LESSEE shall pay all taxes or other governmental charges of any nature or kind which may be imposed on rental or lease payments or assessed upon the hangar or improvements and upon any aircraft or other property kept therein promptly when due.

SECTION 13: ASSIGNMENT AND SUBLEASE

All subsequent transfers and assignments of any interest, including mortgages thereon, require written approval in advance by COUNTY and payment of an Approval Fee of ONE THOUSAND (\$1,000.00) dollars. During the initial 20 year term a new lease fee will be established upon assignment or transfer based on an independent appraisal conducted at the direction of the COUNTY. LESSEE shall have thirty (30) days from the furnishing of the copy of the appraisal to exercise a right of transfer or assign. Otherwise, the transfer or assignment shall not be approved and the ONE THOUSAND (\$1,000.00) DOLLAR approval fee shall be refunded. Following the initial 20 year term, rent will be based on the ground values by an independent appraisal.

Except as hereinabove set out, the Leased Premises may not be sublet, in whole or in part, and LESSEE shall not assign this LEASE or any portion of this LEASE at any given time without prior written consent of COUNTY.

SECTION 14: INSPECTION ON ASSIGNMENT

LESSEE agrees that upon assignment of this Lease by LESSEE, LESSOR shall have the right to inspect the leased premises and require that the hangar and property be repaired or restored to the condition that it existed upon execution hereof.

SECTION 15: RISK OF LOSS OR DAMAGE TO HANGAR

LESSEE assumes the risk of loss or damage to the hangar and its contents, whether from windstorm, fire, earthquake, or any other causes whatsoever.

SECTION 16: RIGHTS OF ENTRY RESERVED

COUNTY has the right to inspect the Leased Premises at any time upon reasonable notice.

SECTION 17: INSURANCE

a. LIABILITY:

LESSEE agrees that LESSEE, shall, during the entire term or any extension of this LEASE, keep in full force and effect, a policy or policies of aircraft liability and public liability insurance with respect to the Leased Premises. The limits of aircraft liability and public liability shall not be less than ONE MILLION (\$1,000,000.00) dollars Combined Single Limit (CSL) each. The COUNTY reserves the right to increase the minimal aircraft liability and public liability insurance requirements as circumstances may warrant.

b. PROPERTY:

The damage, destruction, or partial destruction of any permanent building or other improvement which is part of the Leased Premises shall not release LESSEE from any obligations hereunder nor shall it cause a rebate or an abatement in rent then due or thereafter becoming due under the terms hereof. In case of damage to or destruction of any such building or improvement, LESSEE shall at its own expense, promptly repair and restore the property to a condition as good or better than that existed prior to the damage or destruction.

For purposes of assuring compliance with the foregoing, LESSEE agrees to maintain property insurance on any permanent building or improvement constructed on the Leased Premises in an amount not less than full replacement value of such building and its improvements and agrees that the proceeds from such insurance shall be used promptly by LESSEE to satisfy LESSEE's repair and replacement obligation under this paragraph.

Okaloosa County shall be listed as a loss payee on all property insurance policies.

c. All aircraft liability and public liability coverage shall be endorsed to include Okaloosa County as Additional Insured. In addition, all insurance policies shall contain a clause that the insurer will not cancel or change the insurance without first giving the COUNTY thirty (30) days prior written notice. Prior to occupying the Leased Premises and annually upon renewal, LESSEE shall furnish COUNTY a Certificate of Insurance evidencing all required insurance. The Certificate(s) of Insurance shall be delivered to the

Contracts and Lease Coordinator, 602-C N. Pearl Street, Crestview, FL 32536. On request, LESSEE shall deliver an exact copy of the policy or policies including all endorsements.

SECTION 18: NOTICES

Any and all notices to be given under this LEASE may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the AIRPORT DIRECTOR is as follows: Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida 32542-1498. The address of the LESSEE is: Harvey Williams, P.O. Drawer 1807, Fort Walton Beach, Florida 32549.

SECTION 19: HOLD HARMLESS

To the fullest extent permitted by law, LESSEE shall indemnify hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional, wrongful conduct of the LESSEE and other persons employed or utilized by the LESSEE in the performance of this lease.

SECTION 20: BINDING NATURE OF LEASE

This LEASE shall be binding on the assigns, transfers, heirs, executors, successors, and trustees of the parties hereto.

SECTION 21: PROHIBITED ACTIVITY

LESSEE shall not commit or suffer to be committed on said premises, any waste, nuisance, or unlawful act.

SECTION 22: COMMERCIAL ACTIVITY PROHIBITED

No commercial activity of any nature or kind is allowed on the Leased Premises.

SECTION 23: RESTRICTIONS ON MECHANIC'S LIENS

Nothing in this lease shall be deemed or construed in any way as constituting the consent or request of COUNTY, express or implied, by inference or otherwise, to any contractor, sub-contractor, laborer, or materialman for the performance of any labor or the furnishing of any materials for any specific improvement, alteration to, or repair of the demised premises or any part thereof, nor as giving LESSEE and right, power, or authority to contract for or permit the rendering of any services or the furnishing of any materials that would give rise to the filing of any lien against the demised premises or any part thereof. Such liens are hereby strictly prohibited

SECTION 24: TERMINATION BY LESSOR

If LESSEE breaches or violates any of the terms and provisions hereof, COUNTY shall have the right to terminate this LEASE forthwith by giving written notice to LESSEE, and if not corrected within THIRTY (30) days, this LEASE would be terminated and in such event of termination, the improvements thereon would become the property of COUNTY.

SECTION 25: NON-DISCRIMINATION

LESSEE, for its self, its personal representatives, successors, in interest, and assigns, as part of the consideration hereof, does hereby covenant and agree that (1) no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land and the furnishing of services thereon, no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, and (3) that LESSEE shall use the premises in compliance with all other requirements imposed by or pursuant to Title 49, Code of Federal Regulation, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally assisted programs of the Department of Transportation Effectuation of Title VI of the Civil Rights Act of 1964, and as said regulations may be amended.

That in the event of breach of any of the above nondiscrimination covenants, COUNTY shall have the right to terminate the LEASE and to reenter and repossess said land and the facilities thereon, and hold the same as if said LEASE had never been made or issued.

This provision shall not be effective until the procedures of Title 49, Code of Federal Regulations, Part 21, are followed and completed, including exercise or expiration of appeal rights.

SECTION 26: PLACE OF PAYMENTS

All payments and notices to COUNTY shall be given or mailed to the following address:

AIRPORTS DIRECTOR
OKALOOSA COUNTY AIRPORTS
1701 HIGHWAY 85 NORTH
EGLIN AFB, FLORIDA 32542-1498

SECTION 27: CONSTRUCTION AND APPLICATION OF TERMS

The section and paragraph headings in this LEASE are inserted only as a matter of convenience and for reference, and in no way define, limit, or describe the scope or intent of any portion hereof. The parties have participated jointly in the negotiation and drafting of this Lease. In the event an ambiguity or question of intent or interpretation arises, this

Lease shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provisions of this Lease. Both parties have had an opportunity to have their respective legal counselors review this Lease.

SECTION 28: LEGAL DESCRIPTION

Block 2 Lot 3. Commence at an existing iron pipe marking the Northwest corner of Section 11, T-3-N, R-23-W, Okaloosa County, Florida; Thence S 01°50'16" W along the West line of Section 11 a distance of 2,257.80 feet; Thence depart said West line S 88°09'44" E 373.61 feet to a set iron pipe marked L.S # 5078 for the Point of Beginning; Thence N 08°04'49" W 50.00 feet to a set iron pipe marked L.S # 5078; Thence N 81°55'11" E 110.00 feet to a set iron pipe marked L.S #5078; Thence S 08°04'49" E 50.00 feet to a set iron pipe marked L.S # 5078; Thence S 81°55'11" W 110.00 feet to the Point of Beginning. Contains 5,500 square feet more or less.

SECTION 29: RENEWAL OF LEASE

At the end of this initial lease period, all improvements to the property shall become the sole possession of OKALOOSA COUNTY.

a. OPTION TERM:

Provide LESSEE is in compliance with all terms and conditions of this Agreement, LESSEE shall have an option to renew this Agreement with all the same terms and conditions except for rent for additional term of ten (10) years.

b. RENT:

Rent for the additional term shall be established by an independent appraisal conducted by the COUNTY. If LESSEE does not agree with the rental fee established as a result of the independent appraisal, the option to renew shall be null and void and this lease shall terminate. Adjustments will be based upon the provisions of SECTION 6: ESCALATION.

c. NOTICE:

LESSEE shall give COUNTY at least one hundred twenty (120) days written notice prior to the termination of this lease of its intent to exercise the option to renew.

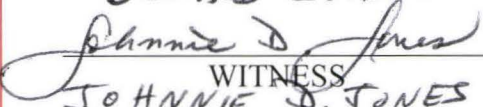
SECTION 30: ENTIRE LEASE


This LEASE consists of the following: Sections 1 to 30. It constitutes the entire LEASE of the parties on the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE.

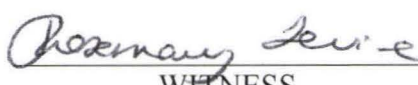

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.



BLUE HORIZON AVIATION, INC.
AL QUALLS
FIRST PARTY


WITNESS

DONALD QUALLS

WITNESS
JOHNNIE D. JONES


J&R SKYWAYS
JOSEPH LEVINE
FIRST PARTY


WITNESS
Rosemary Levine

WITNESS
JOHNNIE D. JONES


HARVEY WILLIAMS
SECOND PARTY


WITNESS


WITNESS

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA



DON R. AMUNDS
CHAIRMAN



ATTEST:



GARY J. STANFORD
DEPUTY CLERK OF CIRCUIT COURT
OKALOOSA COUNTY, FLORIDA

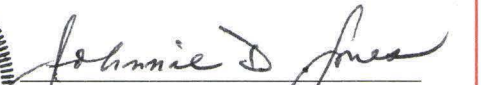
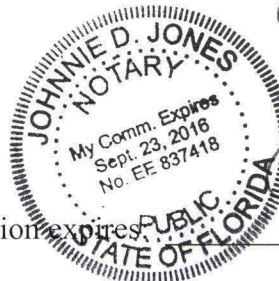


ACKNOWLEDGMENTS

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared AL QUALLS who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 24th day of July, 2013, AD.


NOTARY
JOHNNIE D. JONES

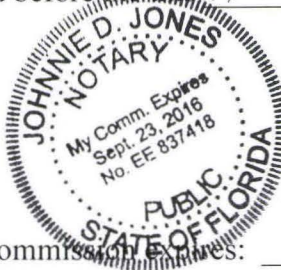
My Commission Expires _____

ACKNOWLEDGMENTS

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared JOSEPH LEVINE who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 24th day of July, 2013, AD.



Johnnie D. Jones
NOTARY
JOHNNIE D. JONES

My Commission expires: _____

ACKNOWLEDGMENTS

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared HARVEY WILLIAMS who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 25th day of July, 2013, AD.

Billie Joann Loftis
NOTARY
BILLIE JOANN LOFTIS

My Commission expires: _____



**CONTRACTING, LLC**

State Certified License No. CBC021099

904 Skipper Avenue, Fort Walton Beach, FL 32548
Phone (850) 863-2731 Fax (850) 863-5399 Email RoysterLLC@aol.com

TO:	WILLIAMS ELECTRIC	DATE:	April 26, 2013
CONTACT:	Harvey Williams / Andy King	PHONE:	862.1171
ADDRESS:	695 Denton Blvd. NW - Ft. Walton Beach, FL 32547	FAX:	862.2629
PROJECT:	Hangar Crestview Airport	OTHER:	andy.king@williamselectric.com

A. Royster Contracting hereinafter called "Seller" proposes to furnish the following:

SCOPE OF WORK

This constitutes a proposal to include necessary plans, material, labor and equipment to enclose an existing Hangar (110'X50') as per sketches attached and as specifically described herein.

INCLUDED

- Structural Plans by Florida Registered Engineer bearing his seal.
- Building Permit and Fire Dept. Fees
- Temporary Services; Portable Toilet Service and Dumpster for construction debris.
- Superintendent
- Necessary structural steel designed to support Hangar Door.
- Certified Welder
- Relocate (2) existing center columns of metal building; Columns to allow for new Hangar Door and for Plane entry.
- 26 Ga. R-Panel factory painted sheeting (standard color choice) for walls and Hangar Door.
- Necessary door trim, rake trim and corner trim.
- (1) 3070 Walk Door with Mortise Lock Hardware, Latch-Guard, Stainless Steel Hinges and Closer; 140 mph Wind Load.
- (1) 12' X 14' Roll-up Overhead Door with Electric Operator.
- Removal of Bird Netting.
- Removal of concrete curb located inside of building.
- (2) 10 lb. BC Fire Extinguishers

HANGAR DOOR

- AeroSwing Hydraulic Door System, 55 Ft. X 16 Ft. (Clear Opening)
- Designed for Steel Header and Steel Jambs
- 140 mph Wind Load / Exposure "C"
- Designed for Single Phase, 220V Power
- Door includes all hydraulics, pump, weather seals, push button controls and fittings.
- Installation and Operation Guide included.
- Drawings and Engineering
- Note. (6) Week Delivery Time

EXCLUSIONS

- Site Work
- Concrete Work
- Temporary Power or Water
- Building Electrical, Mechanical or Plumbing
- Interior finishes or Painting.

ALTERNATE

1. **ADD \$12,871.00** To install a R-25 VRR Faced, Retro Banding Insulation on Roof only.

B Base Contract Price **\$117,462.00**

C. F.O.B. Job Site

D. **Terms Of Payment** Progress Requests Based on Materials Stored and Work in Place
Net five (5) days from invoice / Any Draws more than thirty (30) Days will be subject to a service charge of 1.5% per month.


E. This offer will be automatically declined unless accepted within **Thirty (30)** Days from date.

OWNER / BUYER


(Owners Authorized Signature)

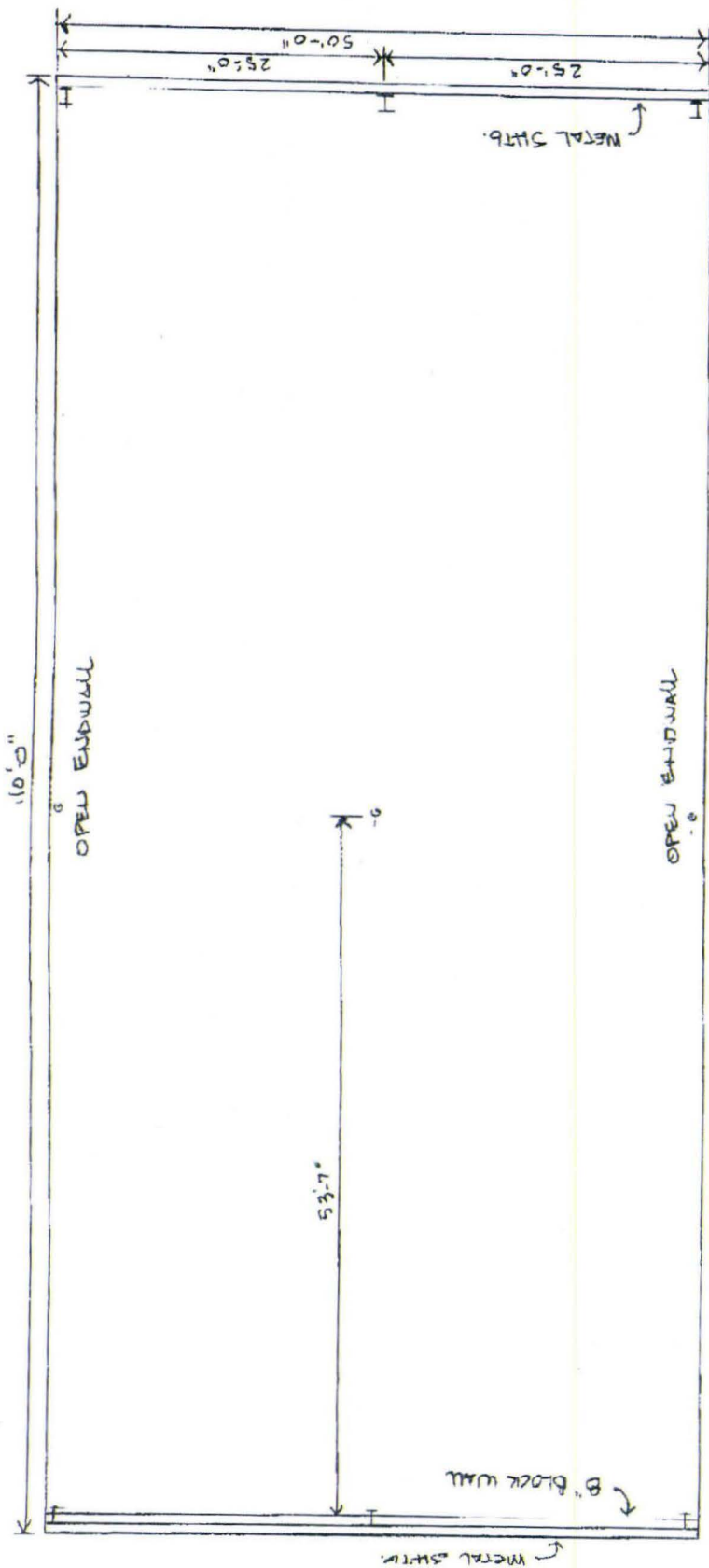
Harvey Williams *9/16/13*
(Printed Name and Title) (Date)

ROYSTER CONTRACTING, LLC


(Contractors Signature)

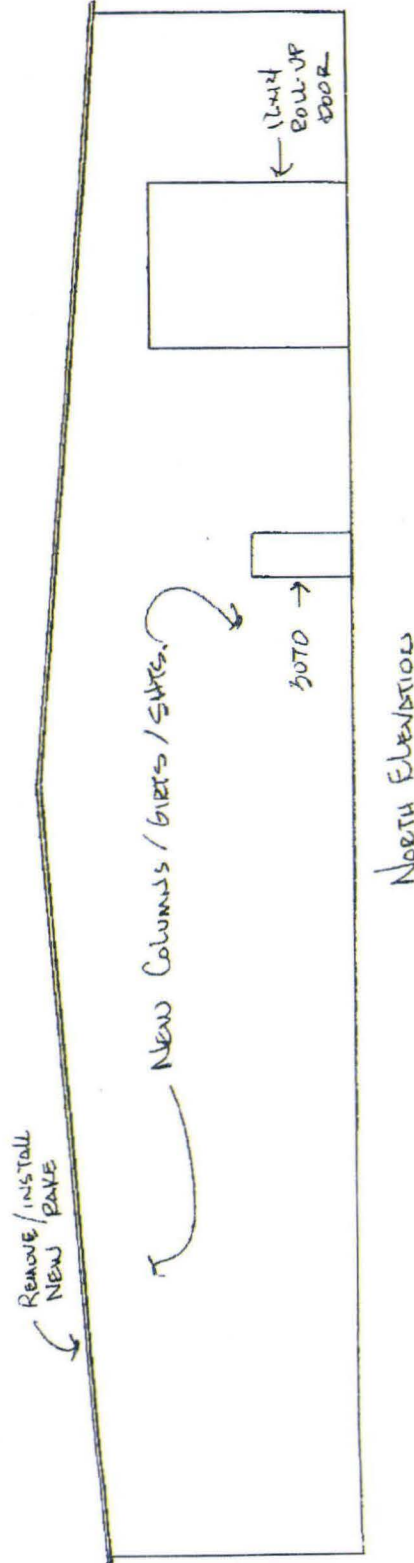
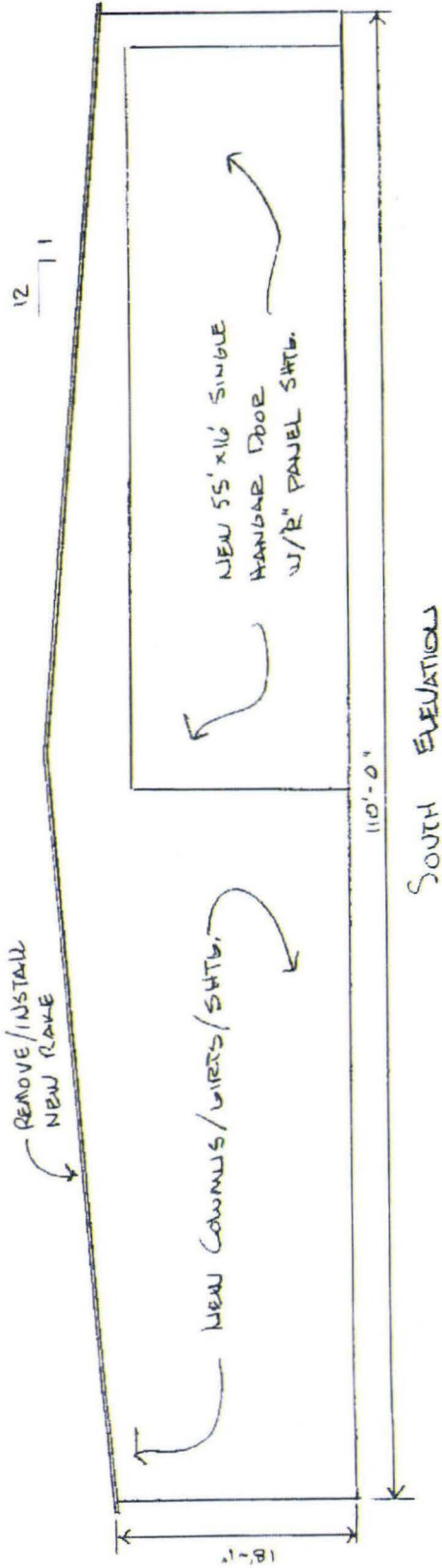
Claude C. Royster, III *04/26/13*
(Printed Name) (Date)

RYAN
10F

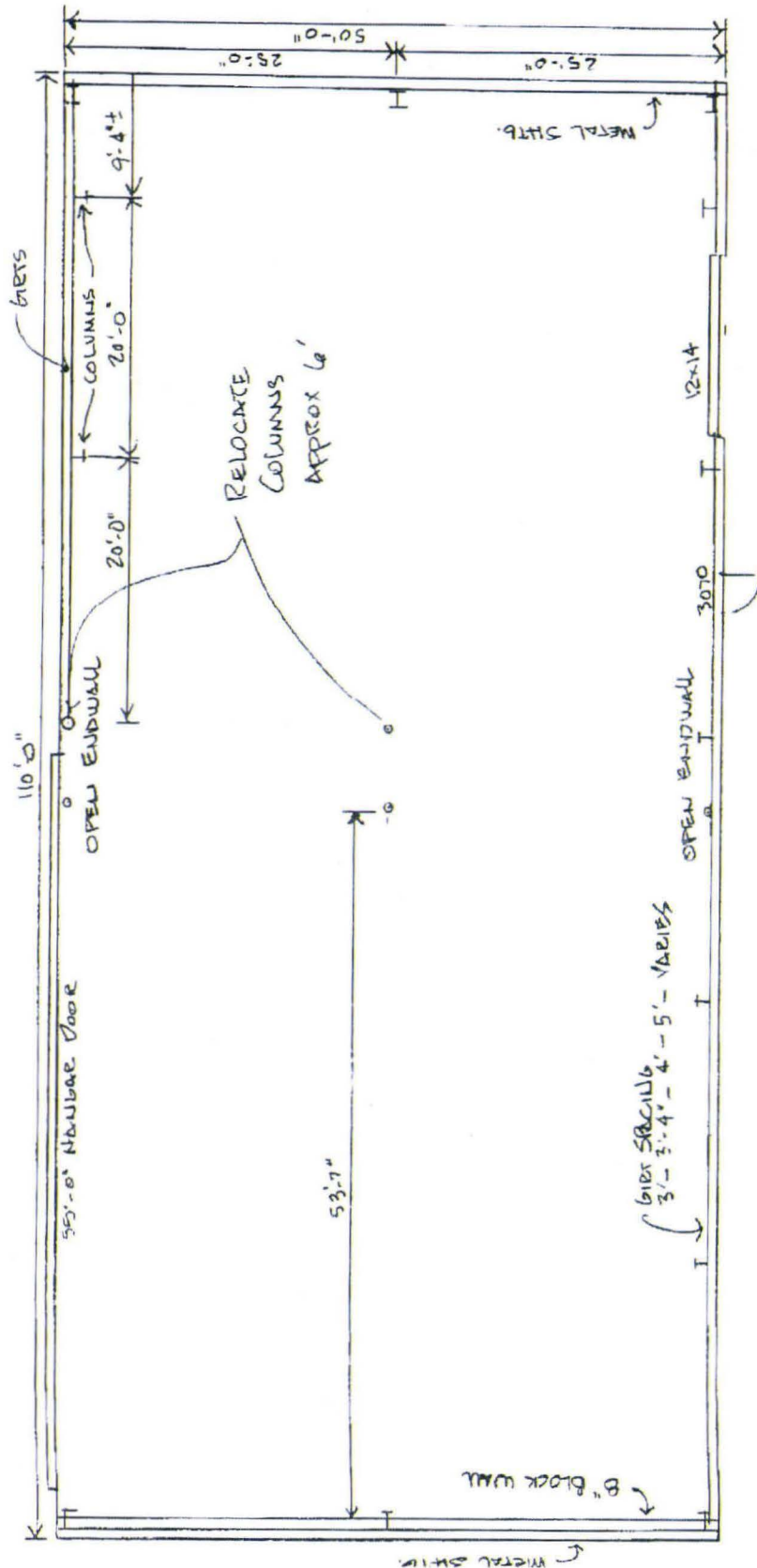


FLOOR PLAN
1/8" = 1'-0"

WILLIAMS HANGER
CRESTVIEW, FL
4.15.13



William's Hangar
Crestview Airport
Rayster



WILLIAMS HANGAR
CRESTVIEW, FL
4.15.13

Floor Plan
1/8" = 1'-0"



CERTIFICATE OF LIABILITY INSURANCE

OP ID: PJ

DATE (MM/DD/YYYY)

08/06/2013

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 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).

PRODUCER Waldorff Ins & Bonding - FWB 45 Eglin Parkway NE, Ste 202 Fort Walton Beach, FL 32548 Dale Waldorff		Phone: 850-581-4925 Fax: 850-581-4930	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: WILL-01
INSURED Williams Electric Company, Inc P.O. Box 1807 Fort Walton Beach, FL 32549		INSURER(S) AFFORDING COVERAGE INSURER A: Amerisure Mutual INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 23396	

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		GL2021805	07/01/2013	07/01/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP		CA2021803	07/01/2013	07/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000	
			CA2021803	07/01/2013	07/01/2014	\$	
		A UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$		CU206452900	07/01/2013	07/01/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC2021807	07/01/2013	07/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT \$ 500,000	
						E.L. DISEASE - EA EMPLOYEE \$ 500,000	
						E.L. DISEASE - POLICY LIMIT \$ 500,000	
A	Leased Equipment		CPP2021804	07/01/2013	07/01/2014	Limit: 150,000 Ded: 2,500	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: Lot 3, Block 2, Bob Sikes Airport, Crestview, Fl. Certificate holder is added as loss payee as respects this hangar only.

CERTIFICATE HOLDER**CANCELLATION**

OKALA01

Okaloosa County
602-C N. Pearl Street
Crestview, FL 32536

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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CERTIFICATE OF INSURANCE

CAV30B (06/12)

ADDITIONAL INSURED ENDORSEMENT

This policy is amended as follows:

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ The scheduled persons or organizations are included as additional **Insured**.
- ☐ The scheduled persons or organizations are the registered owner of _____ and are included as additional **Insured**.
- ☐ The scheduled persons or organizations are included as additional **Insured** but only as respects liability coverages.
- ☒ The scheduled persons or organizations are included as additional **Insured** under liability coverages, but only as respects operations of the **Named Insured**.
- ☐ The scheduled persons or organizations are included as additional **Insured** but only as respects operations of the **Named Insured**.

Workmanship Exclusion - The insurance extended by this endorsement shall not apply to, and no person or organization named in the schedule shall be insured for **Bodily Injury or Property Damage** which arises from the design, manufacture, modification, repair, sale, or servicing of the **Aircraft** by that person or organization.

Schedule:

OKALOOSA COUNTY
602-C N. PEARL STREET
CRESTVIEW, FL 32536

All other provisions of this policy remain the same.

This endorsement becomes effective August 6, 2013 to be attached to and hereby made a part of Policy No. AV 012833273-01 issued to HARVEY L. WILLIAMS AND LINDA S. WILLILAMS

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Endorsement No. 22

Date of Issue August 6, 2013 KNC

CAV02 (1/05)

By 
(Authorized Representative)

Dave Miner

From: Gary Real
Sent: Friday, August 23, 2013 12:23 PM
To: Dave Miner
Subject: RE: AOL Blue Horizon to Williams

Ok, that will work.

Thanks,

Gary R. Real
Risk Manager, Okaloosa County Florida
850-689-5979

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Dave Miner
Sent: Friday, August 23, 2013 12:20 PM
To: Gary Real; John Dowd
Cc: Jack Allen; Mike Stenson
Subject: RE: AOL Blue Horizon to Williams

Mr. Real:

On the certificate with general liability, in the description section it lists the hangar and on the certificate last entry Leased Equipment the hangar is insured for replacement value of \$150,000.

If that is not it please let me know and I will get another certificate from Mr. Williams.

From: Gary Real
Sent: Friday, August 23, 2013 11:12 AM
To: Dave Miner; John Dowd
Cc: Jack Allen; Mike Stenson
Subject: RE: AOL Blue Horizon to Williams

I don't see where we have property coverage for the building. I see where we are added as a loss payee, but where does the underlying property coverage come from?

Gary R. Real
Risk Manager, Okaloosa County Florida
850-689-5979

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and

media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Dave Miner
Sent: Friday, August 23, 2013 9:00 AM
To: Gary Real; John Dowd
Cc: Jack Allen; Mike Stenson
Subject: FW: AOL Blue Horizon to Williams
Importance: High

On behalf of Sunil Harman please review the attached certificates of insurance and let us know if they are correct.

The contract between Mr. Williams and Royster is being worked on at this time.

Thank you.

From: Dave Miner
Sent: Tuesday, August 06, 2013 11:24 AM
To: Gary Real; John Dowd
Cc: Jack Allen; Mike Stenson
Subject: AOL Blue Horizon to Williams

This AOL was coordinated on back in July. I just received the insurance certificates. Please review and let us know if I can schedule this item for the agenda on August 20th.

Thank you.

David E. Miner
Properties and Leases
Okaloosa County Airports
(850) 651-7160 Ext. 4
www.flyvps.com

"Please note: Due to Florida's very broad public records laws, most written communication to or from County employees regarding County business are public records, available to the public upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure."

Dave Miner

From: Mike Stenson
Sent: Wednesday, September 04, 2013 2:51 PM
To: Dave Miner
Subject: FW: Crestview Hanger Contract
Attachments: Williams Hanger Contract .pdf; Royster_Williams_Hangar.pdf; Commissioner Comment.pdf

Sunil said this satisfies the Commissioners questions and we can put this on the next BCC agenda.

Michael J. Stenson
Deputy Director
Okaloosa County Airports
(850) 651-7160 Ext. 4
www.FlyVPS.com

From: Dave Miner
Sent: Friday, August 30, 2013 5:00 PM
To: Mike Stenson
Subject: FW: Crestview Hanger Contract

Mike:

The attachment, Commissioner Comment, Commissioner Parisot had suggestions for the Harvey Williams Lease (B). I explained this to Mr. Andy King and Mr. King sent me the attached e-mail. Please review and let me know if this signed contract will suffice for Commissioner Parisot.

Should we send this to Mr. Dowd?

Thank you.

Dave

From: Andy King [<mailto:andy.king@williamselectric.com>]
Sent: Wednesday, August 28, 2013 3:00 PM
To: Dave Miner
Subject: Crestview Hanger Contract

Mr. Miner,

Please see attached contract that you requested.

Andy King
GSA Contract Manager
Office: (850) 862-1171
Fax: (850)862-2629
Email: Andy.king@williamselectric.com

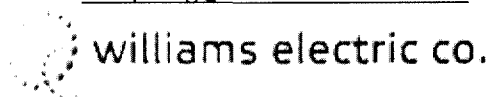


EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 5/15/2002

Contract/Lease Control #: L02-0191-AP20-65

Bid #: N/A Contract/Lease Type: REVENUE

Award To/Lessee: BLUE HORIZON/J&R SKYWAYS

Lessor: OKALOOSA COUNTY

Effective Date: 5/7/2002 \$66,000.00

Term: EXPIRE 4/30/2022

Description of Contract/Lease: GROUND LEASE TO CONSTRUCT HANGER
BSAP

Department Manager: AIRPORTS

Department Monitor: D. MINER

Monitor's Telephone #: 651-7160

Monitor's FAX #: 651-7164

Date Closed: _____

LEASE FOR HANGAR SPACE

BETWEEN

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA

AND

BLUE HORIZON AVIATION, INC.
AND
J&R SKYWAYS, INC.

This LEASE FOR HANGAR SPACE, fully executed this 7th day of May, 2002, by and between the COUNTY OF OKALOOSA, a political subdivision of the State of Florida, acting by and through its BOARD OF COUNTY COMMISSIONERS (hereinafter called "COUNTY") and BLUE HORIZON AVIATION, INC. AND J & R SKYWAYS, INC. (hereinafter called "LESSEE").

WITNESSETH:

COUNTY hereby lets to LESSEE and LESSEE hereby hires and takes from COUNTY at the Bob Sikes Airport in the County of Okaloosa, State of Florida (hereinafter referred to as "AIRPORT"), that certain location designated as shown on file in the office of the Airports Director, which is hereby incorporated herein by reference, and COUNTY hereby gives to LESSEE permission to occupy and maintain one (1) hangar for the storage of individually-owned/corporate-owned aircraft at the aforesaid location.

This Lease for Hangar Space (hereinafter called "LEASE") is subject to the following terms, covenants, conditions, and agreements to be kept, performed, and observed by the LESSEE.

SECTION 1: TERM

This LEASE shall be for a term of approximately TWENTY (20) years and shall take effect on the 1st day of May 2002 and end on the 30th day of April 2022.

SECTION 2: AIRCRAFT OWNERSHIP

LESSEE shall provide written confirmation to the COUNTY of proof of ownership of individually-owned/corporate-owned aircraft to be stored pursuant to this LEASE.

SECTION 3: IMPROVEMENTS TO COUNTY

Any and all improvements hereafter installed, erected, or placed within the Leased Premises, including alterations and repairs shall become, upon the termination of this LEASE for any cause, the absolute and sole property of COUNTY and shall not be removed from the Leased Premises. If on termination of this LEASE, LESSEE is not in default, LESSEE shall have the right to remove from the Leased Premises any equipment or trade fixtures that can be removed without damage to the Leased Premises (and if any damage does occur on any such removal, LESSEE shall promptly repair the same).

SECTION 4: CONSTRUCTION OF HANGAR

Hangar must be constructed within ONE (1) year of execution of this LEASE. Failure to comply with this requirement will result in automatic termination of this LEASE without prior written notice by COUNTY. LESSEE shall furnish to COUNTY upon completion of hangar ONE (1) set of building drawings.

SECTION 5: BUILDING, ALTERATIONS, AND PERMITS

LESSEE shall at its expense apply for and obtain any and all building, construction, or other permits and licenses to build, repair, or maintain the improvements contemplated by this LEASE. COUNTY makes no representations or warranty relative to the availability of such licenses or permits, and LESSEE assumes full responsibility for securing same. No construction, modification, or alterations of improvements to include antennas or other devices are permitted without prior written approval by COUNTY.

SECTION 6: RENTALS

a. GROUND LEASE:

LESSEE shall pay in advance an annual ground lease fee. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to the Airports Director, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1413. The lease includes FIVE THOUSAND FIVE HUNDRED (5,500) square feet at FORTY CENTS (\$.40) per square foot per year for a total annual cost of TWO THOUSAND TWO HUNDRED (\$2,200.00) dollars plus tax.

b. LEASE CREDITS:

LESSEE shall be allowed 100 percent credit against this ground lease for the amount of invested capital to install a taxiway connector to the leased area. In addition, LESSEE shall be allowed a return on invested capital at the simple interest rate of 6 percent.

c. PAYMENT EFFECTIVE DATE:

LESSEE shall deliver to the Airports Director plans and specifications required by the COUNTY for building permit approval no later than 45 days from the effective date specified in Section 1 above. Payment on this lease shall begin the first day of the month following approval by the COUNTY of said plans and specifications.

d. LATE CHARGES:

If LESSEE fails to pay within THIRTY (30) days of date of billing of invoices by COUNTY for applicable rents and charges as herein described, LESSEE shall then pay interest to the COUNTY at the maximum legal allowable rate authorized by the State of Florida. If any rental fee or other charge remains delinquent for a period of sixty days, LESSOR shall have the option to terminate this Agreement.

SECTION 7: ESCALATION CLAUSE:

The annual ground lease fee for each successive FIVE (5) year period of the term of this LEASE shall be increased to reflect the increase in the Consumer Price Index ("CPI") from the date of the original execution hereof by both parties. The "CPI" shall be the revised Consumer Price Index for Urban Wage Earners and Clerical Workers for all items - U. S. City Average, published by the Bureau of Labor Statistics, U. S. Department of Labor, 1982-84 = 100 (C.P. I.).

SECTION 8: UTILITIES

COUNTY does not assume any responsibility in providing utilities to the Leased Premises. LESSEE will pay all utility charges and costs of installation.

SECTION 9: RIGHTS OF LESSOR

a) It is understood and agreed that COUNTY may, in connection with the future development of said AIRPORT, require the space hereinabove for permanent buildings and/or other development. In such case, COUNTY shall give written notice to LESSEE. After THIRTY (30) days from said written notice, COUNTY shall have the right at COUNTY's expense, to remove said hangar and erect it at said AIRPORT as designated in writing by COUNTY, provided that said new location is reasonably, feasibility, accessible to the taxiways and runways.

b) COUNTY reserves itself, its successors, and assigns for the use and benefits of the public, a right of flight for the passage of aircraft in the airspace above the surface of the real property hereinafter described together with the right to cause in said airspace such

noises as may be inherent in the operations of aircraft, now known or hereafter used for navigation of or flight in the said airspace, and for use of said airspace for landing on, taking off from, or operating on the AIRPORT.

c) LESSEE expressly agrees for itself, its successors, and assigns to prevent any use of the hereinafter-described real property, which would interfere with or adversely affect the operation or maintenance of the AIRPORT, or otherwise constitute an airport hazard.

d) LESSEE expressly agrees for itself, its successors, and assigns, to restrict the height of structures, objects, of natural growth, and other obstructions on the hereinafter described real property to such height so as to comply with the Federal Aviation Regulations, Part 77.

SECTION 10: COMPLIANCE WITH GOVERNMENTAL PROCEDURES

LESSEE shall conform to all the requirements of applicable State and Federal statutes and regulations and all County Ordinances and regulations, and shall secure such permits and licenses as may be duly required by any such laws, ordinances, or regulations as may be promulgated by COUNTY or the City of Crestview. In addition, Lessee shall comply with all policies, rules, regulations, or ordinances of the County, which are currently, or may be hereinafter adopted relating to County owned airport facilities.

SECTION 11: CARE OF LEASED PREMISES

LESSEE shall keep said hangar and premises neat, clean, and orderly at all times. LESSEE shall not store anything on the premises other than those items specifically required to maintain the owners aircraft. All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

SECTION 12: MAINTENANCE IN LEASED PREMISES

LESSEE shall not perform any maintenance in the Leased Premises except for the following: changing tires and batteries, servicing batteries, changing oil, vacuuming aircraft, and replacement of plugs, (washing aircraft shall be accomplished at an FDEP approved wash rack) the above considered minor maintenance for an individually-owned/corporate-owned aircraft. An approved Operating Policy relative to Aircraft Maintenance and Fueling of individually owned aircraft is attached herewith and made a part of this LEASE as Exhibit "A" for better clarification and compliance procedures. Repairs and maintenance of aircraft not individually owned by LESSEE are strictly prohibited in the leased area. LESSEE shall park ground transportation in LESSEE's leased area only and in a manner so as not to compromise maneuvering of aircraft and safety of others.

SECTION 13: TAXES

LESSEE shall pay all taxes or other governmental charges which may be imposed on rental or lease payments or assessed upon the hangar and upon any aircraft or other property kept therein promptly when due.

SECTION 14: ASSIGNMENT AND SUBLEASE

All subsequent transfers and assignments of any interest, including mortgages thereon, require written approval in advance by COUNTY and payment of an Approval Fee of TWENTY-FIVE (\$25.00) dollars to cover administrative costs.

Except as hereinabove set out, the Leased Premises may not be sublet, in whole or in part, and LESSEE shall not assign this LEASE or any portion of this LEASE at any given time without prior written consent of COUNTY.

SECTION 15: INSPECTION ON ASSIGNMENT

LESSEE agrees that upon assignment of this Lease by LESSEE, LESSOR shall have the right to inspect the leased premises and require that the hangar and property be repaired or restored to the condition that it existed upon execution hereof.

SECTION 16: RISK OF LOSS OR DAMAGE TO HANGAR

LESSEE assumes the risk of loss or damage to the hangar and its contents, whether from windstorm, fire, earthquake, or any other causes whatsoever.

SECTION 17: RIGHTS OF ENTRY RESERVED

COUNTY has the right to inspect the Leased Premises at any time.

SECTION 18: INSURANCE

a. **LIABILITY:** LESSEE agrees that LESSEE, shall, during the entire term or any extension of this LEASE, keep in full force and effect, a policy or policies of aircraft liability and public liability insurance with respect to the Leased Premises. The limits of aircraft liability and public liability shall not be less than ONE MILLION (\$1,000,000.00) dollars Combined Single Limit (CSL) each. The COUNTY reserves the right to increase the minimal aircraft liability and public liability insurance requirements as circumstances may warrant.

b. **PROPERTY:** The damage, destruction, or partial destruction of any permanent building or other improvement which is part of the Leased Premises shall not release LESSEE from any obligations hereunder nor shall it cause a rebate or an abatement in rent then due or thereafter becoming due under the terms hereof. In case of damage to or

destruction of any such building or improvement, LESSEE shall at its own expense, promptly repair and restore the property to a condition as good or better than that existed prior to the damage or destruction.

For purposes of assuring compliance with the foregoing, LESSEE agrees to maintain property insurance on any permanent building or improvement constructed on the Leased Premises in an amount not less than full replacement value of such building and its improvements and agrees that the proceeds from such insurance shall be used promptly by LESSEE to satisfy LESSEE's repair and replacement obligation under this paragraph.

Okaloosa County shall be listed as a loss payee on all property insurance policies.

c. All aircraft liability and public liability coverage shall be endorsed to include Okaloosa County as Additional Insured. In addition, all insurance policies shall contain a clause that the insurer will not cancel or change the insurance without first giving the COUNTY thirty (30) days prior written notice. Prior to occupying the Leased Premises and annually upon renewal, LESSEE shall furnish COUNTY a Certificate of Insurance evidencing all required insurance. The Certificate(s) of Insurance shall be delivered to the Contracts and Lease Coordinator, 602-C N. Pearl Street, Crestview, FL 32536. On request, LESSEE shall deliver an exact copy of the policy or policies including all endorsements.

SECTION 19: NOTICES

Any and all notices to be given under this LEASE may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the AIRPORT DIRECTOR is as follows: Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida 32542-1413. The address of the LESSEE is: Blue Horizon Aviation, Inc., Al P. Qualls, 768 N Beal Parkway, Suite AQ, Ft. Walton Beach, FL, 32547 or J & R Skyways, Inc., Joseph Levine, 108 Harris Road, Ft. Walton Beach, FL 32547.

SECTION 20: HOLD HARMLESS

To the fullest extent permitted by law, LESSEE shall indemnify hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional, wrongful conduct of the LESSEE and other persons employed or utilized by the LESSEE in the performance of this lease.

SECTION 21:

This LEASE shall be binding on the assigns, transfers, heirs, executors, successors, and trustees of the parties hereto.

SECTION 22:

LESSEE shall not commit or suffer to be committed on said premises, any waste, nuisance, or unlawful act.

SECTION 23: COMMERCIAL ACTIVITY PROHIBITED

No commercial activity of any nature or kind is allowed on the Leased Premises.

SECTION 24: RESTRICTIONS ON MECHANIC'S LIENS

Nothing in this lease shall be deemed or construed in any way as constituting the consent or request of COUNTY, express or implied, by inference or otherwise, to any contractor, sub-contractor, laborer, or materialman for the performance of any labor or the furnishing of any materials for any specific improvement, alteration to, or repair of the demised premises or any part thereof, nor as giving LESSEE and right, power, or authority to contract for or permit the rendering of any services or the furnishing of any materials that would give rise to the filing of any lien against the demised premises or any part thereof. Such liens are hereby strictly prohibited

SECTION 25: TERMINATION BY LESSOR

If LESSEE breaches or violates any of the terms and provisions hereof, COUNTY shall have the right to terminate this LEASE forthwith by giving written notice to LESSEE, and if not corrected within THIRTY (30) days, this LEASE would be terminated and in such event of termination, the improvements thereon would become the property of COUNTY.

SECTION 26: NON-DISCRIMINATION

LESSEE, for its self, its personal representatives, successors, in interest, and assigns, as part of the consideration hereof, does hereby covenant and agree that (1) no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land and the furnishing of services thereon, no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, and (3) that LESSEE shall use the premises in compliance with all other requirements imposed by or pursuant to Title 49, Code of Federal Regulation, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally assisted programs of the Department of Transportation Effectuation of Title VI of the Civil Rights Act of 1964, and as said regulations may be amended.

That in the event of breach of any of the above nondiscrimination covenants, COUNTY shall have the right to terminate the LEASE and to reenter and repossess said land and the facilities thereon, and hold the same as if said LEASE had never been made or issued.

This provision shall not be effective until the procedures of Title 49, Code of Federal Regulations, Part 21, are followed and completed, including exercise or expiration of appeal rights.

SECTION 27: PLACE OF PAYMENTS

All payments and notices to COUNTY shall be given or mailed to the following address:

AIRPORTS DIRECTOR
OKALOOSA COUNTY AIRPORTS
1701 HIGHWAY 85 NORTH
EGLIN AFB, FLORIDA 32542-1413

SECTION 28: CONSTRUCTION AND APPLICATION OF TERMS


The section and paragraph headings in this LEASE are inserted only as a matter of convenience and for reference, and in no way define, limit, or describe the scope or intent of any portion hereof.

SECTION 29: ENTIRE LEASE

This LEASE consists of the following: Sections 1 to 29, and Exhibit "A". It constitutes the entire LEASE of the parties on the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE.

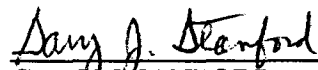
IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

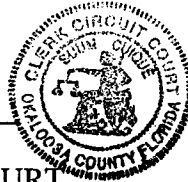
BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA

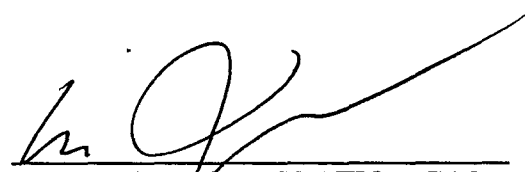

JACKIE BURKETT
CHAIRMAN

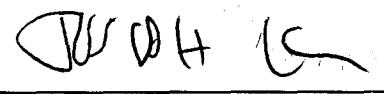


ATTEST:


GARY STANFORD
DEPUTY CLERK OF CIRCUIT COURT




BLUE HORIZON AVIATION, INC.
AL P. QUALLS


J. & R. SKYWAYS, INC.
JOSEPH LEVINE

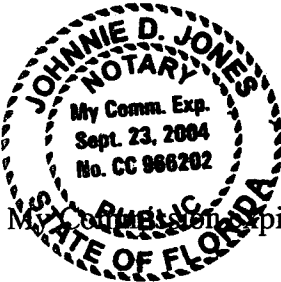

WITNESS
AUTHORIZED REPRESENTATIVE

ACKNOWLEDGMENTS

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared AL P. QUALLS AND JOSEPH LEVINE who, under oath, deposes and says that they are authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 11th day of April, 2002, AD.



Johnnie D. Jones
NOTARY
JOHNNIE D. JONES

My Commission Expires: _____



CERTIFICATE OF LIABILITY INSURANCE

WILL-01

OP ID: CK

DATE (MM/DD/YYYY)

11/11/2014

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 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).

PRODUCER Waldorff Ins & Bonding - FWB 45 Eglin Parkway NE, Ste 202 Fort Walton Beach, FL 32548 Dale Waldorff		CONTACT NAME: Dale Waldorff PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 E-MAIL ADDRESS:		
INSURED Williams Electric Company, Inc P.O. Box 1807 Fort Walton Beach, FL 32549-1807		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Amerisure Mutual		23396
		INSURER B: St. Paul Fire & Marine Ins Co.		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	GL2021805	07/01/2014	07/01/2015	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 \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP		CA2021803	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		ZUP14S5913613NF	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PER STATUTE <input checked="" type="checkbox"/> OTH-ER
A	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 <input type="checkbox"/> N/A	WC2021807	07/01/2014	07/01/2015	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased Equipment		CPP2021804	07/01/2014	07/01/2015	Limit: 150,000 Ded: 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Lot 3, Block 2, Bob Sikes Airport, Crestview, FL, valued at \$125,000.
Certificate holder is added as loss payee and additional insured as respects this hangar only when required by written contract.

CERTIFICATE HOLDER

OKALA01

Okaloosa County
602-C N. Pearl Street
Crestview, FL 32536

LOZ-0191-AP

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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