

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 05-21-2018

Contract/Lease Control #: L18-0468-AP

Procurement#: NA

Contract/Lease Type: LEASE

Award To/Lessee: AMERICAN AIRLINES, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 08/01/2017

Expiration Date: MONTH TO MONTH

Description of Contract/Lease: AGREEMENT FOR STORAGE SPACE

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURERA: Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURERB: Starr Specialty Insurance Company</td> <td>16109</td> </tr> <tr> <td>INSURERC: Starr Indemnity &amp; Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURERD:</td> <td></td> </tr> <tr> <td>INSURERE:</td> <td></td> </tr> <tr> <td>INSURERF:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURERA: Continental Insurance Company	35289	INSURERB: Starr Specialty Insurance Company	16109	INSURERC: Starr Indemnity & Liability Company	38318	INSURERD:		INSURERE:		INSURERF:
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INSURERD:														
INSURERE:														
INSURERF:														
<b>INSURED</b> Mesa Air Group, Inc. 410 N. 44th Street, Suite 700 Phoenix, AZ 85008														

**COVERAGES**                      **CERTIFICATE NUMBER: W28366305**                      **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>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			6080531112	03/23/2023	03/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1000004468-02	12/31/2022	12/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>Workers Compensation &amp; Employer's Liability-Per Statute</b> (AZ, FL, KY, OK, TX, VA)			1000004469-02	12/31/2022	12/31/2023	EL Each Accident \$1,000,000 EL Disease-policy lmt \$1,000,000 EL Disease-Ea Empl \$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Named Insured for Auto Liability includes: Mesa Air Group, Inc. and all its subsidiary, affiliated, managed, owned or controlled companies including, but not limited to: Mesa Airlines Group, Inc.; Mesa Airlines, Inc. d/b/a American Eagle; Mesa Airlines, Inc. d/b/a United Express; Mesa Airlines, Inc. d/b/a USAirways Express.

<b>CERTIFICATE HOLDER</b>  Okaloosa County Board of Commissioners Okaloosa County Courthouse 101 E. James Lee Blvd. Crestview, FL 32536	<b>CONTRACT: L18-0468-AP</b> <b>AMERICAN AIRLINES, INC.</b> <b>AGREEMENT FOR STORAGE SPACE</b> <b>EXPIRES: MONTH TO MONTH</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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CONTRACT: L18-0468-AP  
AMERICAN AIRLINES, INC.  
AGREEMENT FOR STORAGE SPACE  
EXPIRES: MONTH TO MONTH

**CERTIFICATE OF INSURANCE**

Issued on behalf of Insurers by  
Willis Towers Watson Northeast, Inc.  
200 Liberty Street  
New York, N.Y. 10281-1003  
Telephone (212) 915-8022

This is to certify to:

Board of County  
Commissioners  
302 N. Wilson Street  
Suite 302  
Crestview, FL 32536

Airport Directors  
Destin-Fort Walton Beach  
Airport  
1701 State Road 85 North  
Eglin Air Force Base, FL 32542

(Sometimes referred to herein as the Certificate Holder(s))

that the Insurers listed below, each for their own part and not one for the other, are providing the following insurance:

**NAMED INSURED:** Envoy Air, Inc. d.b.a. American Eagle, PSA Airlines, Inc. d.b.a. American Eagle and Piedmont Airlines, Inc. d.b.a. American Eagle.

**NAMED INSURED'S ADDRESS:** 1 Skyview Drive  
MD 8B503  
Fort Worth, TX 76155

**INSURANCE COVERAGES:** **Airline Liability Insurance** (including but not limited to General Liability, Passenger Legal Liability, Bodily Injury and Property Damage, Personal & Advertising Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Products and Completed Operations Liabilities, Ground Hangarkeepers Liability, Cargo Legal Liability, Mail Legal Liability, Liquor Liability/Host Liquor Liability, Liability in respect of automobiles and/or other mobile equipment operated on restricted airport premises and including Extended Coverage Endorsement (Aviation Liabilities) AVN 52E)(the "Primary Policy").

Excess Aviation War, Hijacking and other Perils Liability to pay on behalf of the Named Insured all sums in excess of the sublimit specified in the AVN52E endorsement to the Primary Policy which the Named Insured shall become legally liable to pay as damages for bodily injury or property damage caused by an occurrence during the Policy Period subject to the limit of liability herein (the "Excess Policy").



**POLICY PERIOD:**

**Regarding Airline Liability Insurance:** December 22, 2022 to December 22, 2023 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**Regarding Excess War, Hijacking and other Perils Liability Insurance:** December 22, 2022 to December 22, 2023 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**GEOGRAPHICAL LIMITS:**

Worldwide.

**LIMITS OF LIABILITY:**

Note: Aggregate Limits may be reduced due to paid claims

**As respects Airline Liability Insurance:** Combined Single Limit Bodily Injury (including passengers), Property Damage and Personal & Advertising Injury (Passengers only), Cargo and Mail: not less than US\$500,000,000 any one occurrence/offense, and in the annual aggregate as respects Products, Completed Operations and Personal Injury Liabilities.

However, the following sub-limits apply as part of and not in addition to the limit stated above:

**As respects Personal & Advertising Injury to third parties other than passengers:** US\$25,000,000 any one occurrence/offense, in the aggregate annually.

**As respects Excess Automobile Liability and Excess Employers Liability:** This insurance to pay up to US\$25,000,000 excess of the applicable underlying policy limit of not less than US\$1,000,000 any one occurrence/offense and in the aggregate where applicable.

**As respects AVN.52E:** the limit of liability is a sublimit of US\$350,000,000 any one occurrence and in the annual aggregate except with respect to passengers to whom the full policy limit(s) shall apply,

**As respects Excess Aviation War Hijacking and Other Perils Liability Insurance** to pay the difference between:

(1) Combined Single Limit (Bodily Injury/Property Damage) of not less than US\$500,000,000 each occurrence each aircraft and US\$3,000,000,000 in the annual aggregate; and

(2) sublimit contained in the Primary Policy of US\$350,000,000 any one occurrence and in the annual aggregate.

In no event shall the amount payable in respect of any one occurrence each aircraft under the Primary Policy, and such



excess policy combined exceed the combined single limit of the Primary Policy and any policy in excess thereof as declared.

**USE OF PREMISES INSURED:** **Solely as respects Airline Liability Insurance:** Any premises owned, used or occupied by the Named Insured which are incidental to the Named Insured's Airline Operations.

**USE OF VEHICLES INSURED:** **Solely as respects Airline Liability Insurance:** Ground Mobile Equipment operated by the Named Insured on restricted airport premises.

**CONTRACT(S):** Contracts regarding the Equipment (as defined below) (hereinafter, the "Contracts(s)") are:

Destin-Fort Walton Beach Airport Signatory Airline Affiliate Permit Agreement between the Named Insured(s) and the Certificate Holder(s)

**EQUIPMENT INSURED:** Any aircraft owned, operated or maintained by the Named Insured (hereinafter, the "Equipment").



**SECURITY (the “Insurers”)**

Insurers held on file with Willis Towers Watson Global Aerospace.

For details on the Insurers and their Policy Numbers for the Renewal Policy Period please contact the WTW Global Aerospace shared in-box managed by their American Airlines team at [American.Airlines@willistowerswatson.com](mailto:American.Airlines@willistowerswatson.com)

**Several Liability Notice**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.  
LSW 1001 (insurance)



### **SPECIAL PROVISION(S)**

**Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: solely as respects: (i) the Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provisions apply:**

**Solely as respects Liability Coverage(s):** Destin-Fort Walton Beach Airport bb are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest.

**Solely as respects Liability Coverage(s):** Insurers waive their rights of subrogation against the Additional Insureds but only to the same extent that the Named Insured has waived its rights by its agreement to indemnify the Additional Insureds in the Contract(s).

**Solely as respects Liability Coverage(s):** If such insurance is canceled for any reason whatsoever, or if any change is made in the policy that reduces the amount of insurance or the coverage certified hereunder to the Certificate Holders or if such insurance is allowed to lapse for nonpayment of premium, Insurers agree that such cancellation, change or lapse shall not be effective as to any Additional Insured until thirty (30) days (seven (7) days or such shorter period as may be customary in the case of Aircraft Hull War Risks and Allied Perils Insurance and Extended Coverage Endorsement (Aviation Liabilities)) after receipt by the Certificate Holders of written notice from the Insurers of such cancellation, change or lapse.

**As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or (iv) in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment**

**This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers**



**to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.**

**DATE OF ISSUE:** December 18, 2022

**AUTHORIZED REPRESENTATIVE:**

A handwritten signature in black ink, appearing to read 'Stephen R. Kelly', written over a horizontal line.

Willis Towers Watson Northeast, Inc.  
WTW Global Aerospace – North America



**CONTRACT# L18-0468-AP  
AMERICAN AIRLINES  
AGREEMENT FOR STORAGE SPACE  
EXPIRES: MONTH TO MONTH**

**CERTIFICATE OF INSURANCE**

**Issued on behalf of Insurers by  
Willis Towers Watson Northeast, Inc.  
200 Liberty Street  
New York, N.Y. 10281-1003  
Telephone (212) 915-8022**

**This is to certify to:**

**Board of County Commissioners  
Okaloosa County Airports  
1701 State Road 85 North  
Eglin AFB, Florida 32542  
Attn: Heather Dugas**

**Copy to: Airports Director  
Okaloosa Regional Airport  
1708 State Road 85 North  
Eglin Air Force Base, FL 32542**

**(Sometimes referred to herein as the Certificate Holder(s))**

**that the Insurers listed below, each for their own part and not one for the other, are providing the following insurance:**

**NAMED INSURED:**

**American Airlines Group Inc.; and American Airlines, Inc.;** including all their subsidiary, affiliated, managed, owned or controlled companies (either directly or indirectly) now in existence or hereafter formed or acquired, as their respective interests may appear EXCEPT Envoy Air, Inc. d.b.a. American Eagle, PSA Airlines, Inc. d.b.a. American Eagle and Piedmont Airlines, Inc. d.b.a. American Eagle.

**NAMED INSURED'S  
ADDRESS:**

1 Skyview Drive  
MD 8B503  
Fort Worth, TX 76155

**INSURANCE COVERAGES:**

**Airline Liability Insurance** (including but not limited to General Liability, Passenger Legal Liability, Bodily Injury and Property Damage, Personal Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Products and Completed Operations Liabilities, Ground Hangarkeepers Liability, Advertiser's Liability, Cargo Legal Liability, Mail Legal Liability, Liquor Liability/Host Liquor Liability, Liability in respect of automobiles and/or other mobile equipment operated on restricted airport premises, Excess Automobile Liability, Excess Employers Liability, Excess Advertiser's Liability and AVN.52E)(the "Primary Policy").

Excess Aviation War, Hijacking and other Perils Liability to pay on behalf of the Named Insured all sums in excess of the sublimit specified in the AVN.52E endorsement to the Primary Policy which



the Named Insured shall become legally liable to pay as damages for bodily injury or property damage caused by an occurrence during the Policy Period subject to the limit of liability herein (the "Excess Policy").

**POLICY PERIOD:** **Regarding Airline Liability Insurance:** December 22, 2022 to December 22, 2023 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**Regarding Excess War, Hijacking and other Perils Liability Insurance:** December 22, 2022 to December 22, 2023 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**GEOGRAPHICAL LIMITS:** Worldwide.

**LIMITS OF LIABILITY:** Note: Aggregate Limits may be reduced due to paid claims

**As respects Airline Liability Insurance:** Combined Single Limit Bodily Injury (including passengers), Property Damage and Personal Injury (Passengers only), Advertiser's Liability, Cargo and Mail: not less than US\$200,000,000 any one occurrence/offense, in the aggregate annually as respects Products, Completed Operations and Personal Injury Liabilities.

However, the following sub-limits apply as part of and not in addition to the limit stated above:

**As respects Personal Injury other than passengers:** US\$25,000,000 any one occurrence/offense, in the aggregate annually.

**As respects Excess Automobile Liability and Excess Employers Liability:** This insurance to pay up to US\$25,000,000 excess of the applicable underlying policy limit of not less than US\$1,000,000 any one occurrence/offense and in the aggregate where applicable.

**As respects AVN.52E:** the limit of liability is a sublimit of US\$200,000,000 any one occurrence and in the annual aggregate except with respect to passengers to whom the full policy limit(s) shall apply,

**USE OF PREMISES INSURED:** **Solely as respects Airline Liability Insurance:** Any premises owned, used or occupied by the Named Insured which are incidental to the Named Insured's Airline Operations.

**USE OF VEHICLES INSURED:** **Solely as respects Airline Liability Insurance:** Ground Mobile Equipment operated by the Named Insured on restricted airport premises.



**CONTRACT(S):**

Contracts regarding the Equipment (as defined below) (hereinafter, the "Contracts(s)") are:

Airline Operating Agreement and Terminal Building Lease for Destin-Fort Walton Beach Airport dated as of \_\_\_\_\_ between The Certificate Holder(s) and Named Insured

**EQUIPMENT INSURED:**

Any aircraft owned, operated or maintained by the Named Insured (hereinafter, the "Equipment").



### **SECURITY (the “Insurers”)**

Insurers held on file with Willis Towers Watson Global Aerospace.

For details on the Insurers and their Policy Numbers for the Renewal Policy Period please contact the WTW Global Aerospace shared in-box managed by their American Airlines team at [American.Airlines@willistowerswatson.com](mailto:American.Airlines@willistowerswatson.com)

### **Several Liability Notice**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

LSW 1001 (insurance)



**SPECIAL PROVISION(S)**

**Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):**

**Solely as respects Liability Coverage(s):** Destin–Fort Walton Beach Airport, Airport Director and their directors, officers, employees, agents and assigns are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest.

**Solely as respects Liability Coverage(s):** This insurance is primary and without right of contribution from any other insurance as may be carried by the Additional Insureds

**Solely as respects Liability Coverage(s):** Insurers waive their rights of subrogation against the Additional Insureds but only to the same extent that the Named Insured has waived its rights of recovery against and/or indemnified the Additional Insureds in the Contract(s).

**Solely as respects Liability Coverage(s):** In the event of cancellation of the policies by Insurers, Insurers agree that such cancellation shall not be effective as to the Additional Insureds until thirty (30) days (ten (10) days in the event of cancellation due to non-payment of premium) after issuance of notice by the Insurers to the Certificate Holder(s) -- at the addresses shown on page one of this Certificate of Insurance.

**As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment**

**This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.**

DATE OF ISSUE: **December 18, 2022**

AUTHORIZED REPRESENTATIVE:

Willis Towers Watson Northeast, Inc.  
WTW Global Aerospace – North America



**AMERICAN MAINLINE SECURITY (the "Insurers")**

**As respects Aircraft Hull (Ground Taxiing and Flight) Insurance and Airline Liability Insurance**

<b><u>Insurer</u></b>	<b><u>Policy No.</u></b>
Starr Indemnity & Liability Company through Starr Insurance Companies 3353 Peachtree Road Suite 1000, Atlanta, Georgia 30326	1000189466-01
Allianz Global Risks US Insurance Company Through Allianz Aviation Managers, LLC 1 Chase Manhattan Plaza, New York, NY 10005	A1AL000136722AM
XL Specialty Insurance Company 1 World Financial Center, 200 Liberty Street, 21st Floor New York, NY 10281	UA00009239AV22A
Old Republic Insurance Company 1990 Vaughn Rd., Suite 350 Kennesaw, GA 30144	RAL00003808
Air Centurion Insurance Services, Inc. on behalf of Falls Lake National Insurance Company 1332 Anacapa Street Suite 120 Santa Barbara, CA 93101	ACQAFL-00336-03
National Union Fire Insurance Company of Pittsburgh, PA through AIG Aerospace Insurance Services, Inc. 3500 Lenox Road, Suite 1100 Atlanta, GA 30326	HL 013468657-01
Member Companies of the United States Aircraft Insurance Group through United States Aviation Underwriters, Inc. 125 Broad St., 6 <sup>th</sup> Floor New York, NY 10004	SIHL2-3164
AVION Assurance Limited Hamilton, Bermuda	1-15411-00-22

**SECURITY (the "Insurers")**

**As respects Aircraft Hull War Risks and Allied Perils Insurance**

	<b><u>Policy No.</u></b>
Underwriters at Lloyd's & Certain Insurance Companies through Willis Towers Watson, 51 Lime Street, London EC3M 7DQ	23149A22
AVION Assurance Limited Hamilton, Bermuda	1-15409-03-22



**SECURITY (the "Insurers") for**  
**As respects Excess Third Party Liability (Non-Passengers) War Risk**

	<b><u>Policy No.</u></b>
Underwriters at Lloyd's & Certain Insurance Companies through Willis Group, 51 Lime Street, London EC3M 7DQ	23150A22
AVION Assurance Limited Hamilton, Bermuda	1-15410-03-22

**Several Liability Notice**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)





**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED American Airlines Group Inc., et al (see attached) 1 Skyview Drive Mail Drop 8B307 Fort Worth, TX 76155	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Waiver of Subrogation applies in favor of Certificate Holder with respects to Workers Compensation as permitted by law.

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh NAIC#: 19445  
 POLICY NUMBER: 4594338      EFF DATE: 07/01/2022      EXP DATE: 07/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Automobile Liability - MA	Combined Single Limit	\$1,000,000
Any Auto	Ea accident	

INSURER AFFORDING COVERAGE: AIU Insurance Company NAIC#: 19399  
 POLICY NUMBER: 013755721      EFF DATE: 07/01/2022      EXP DATE: 07/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	EL Each Accident	\$1,000,000
and Employers Liability - WI	EL Disease-Each Empl	\$1,000,000
Per Statute	EL Disease- Pol Limit	\$1,000,000

INSURER AFFORDING COVERAGE: AIU Insurance Company NAIC#: 19399  
 POLICY NUMBER: 013755719      EFF DATE: 07/01/2022      EXP DATE: 07/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	EL Each Accident	\$1,000,000
and Employers Liability - CA	EL Disease-Each Empl	\$1,000,000
Per Statute	EL Disease- Pol Limit	\$1,000,000

## **American Airlines Group Inc. Named Insureds**

American Airlines Group Inc.

American Airlines, Inc.

Americas Ground Services, Inc.

Avion Assurance, Ltd.

Envoy Aviation Group Inc.

    Eagle Aviation Services, Inc.

    Envoy Air Inc. (operates under the trade name "American Eagle")

    Executive Airlines, Inc.

        Executive Ground Services, Inc.

Piedmont Airlines, Inc. (operates under the trade name "American Eagle")

PMA Investment Subsidiary, Inc.

PSA Airlines, Inc. (operates under the trade name "American Eagle")

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

Procurement/Contract/Lease Number: L18-0468-AP Tracking Number: 3223-19  
Procurement/Contractor/Lessee Name: Amerce Andes Grant Funded: YES \_\_\_ NO X  
Purpose: Amendment to cover rate  
Date/Term: month - month 1.  GREATER THAN \$100,000  
Amount: \_\_\_\_\_ 2.  GREATER THAN \$50,000  
Department: Imports 3.  \$50,000 OR LESS  
Dept. Monitor Name: stage

**Purchasing Review**

Procurement or Contract/Lease requirements are met:  
DeRita Mason Date: 12-28-18  
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Victoria Taravella

**2CFR Compliance Review (if required)**

Approved as written: no federal \$ Grant Name: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
Grants Coordinator Danielle Garcia

**Risk Management Review**

Approved as written: see email attached Date: 1-4-19  
\_\_\_\_\_ Date: \_\_\_\_\_  
Risk Manager or designee Laura Porter or Krystal King

**County Attorney Review**

Approved as written: see email attached Date: 1-4-19  
\_\_\_\_\_ Date: \_\_\_\_\_  
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:** Lynn Hoshihara  
**Sent:** Thursday, January 03, 2019 4:16 PM  
**To:** DeRita Mason  
**Cc:** Parsons, Kerry  
**Subject:** Re: American Airlines Amendment One for Coordination

This is approved as to legal sufficiency.

Lynn M. Hoshihara

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:** DeRita Mason  
**Sent:** Thursday, January 3, 2019 3:01 PM  
**To:** Lynn Hoshihara  
**Cc:** Parsons, Kerry  
**Subject:** RE: American Airlines Amendment One for Coordination

Revisions accepted.

Thank you,

DeRita

---

**From:** Lynn Hoshihara  
**Sent:** Friday, December 28, 2018 4:02 PM  
**To:** DeRita Mason <dmason@myokaloosa.com>  
**Cc:** Parsons, Kerry <KParsons@ngn-tally.com>  
**Subject:** Re: American Airlines Amendment One for Coordination

DeRita,

Attached are my suggested changes to the above-referenced lease amendment. How is the Airport addressing the past overbilling?

Lynn

Lynn M. Hoshihara

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.

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**From:** DeRita Mason  
**Sent:** Friday, December 28, 2018 8:32 AM  
**To:** Lynn Hoshihara

## Dave Miner

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**From:** Karen Donaldson  
**Sent:** Tuesday, February 5, 2019 11:04 AM  
**To:** Dave Miner  
**Subject:** RE: COI American Airlines for Compliance

Dave

This is approved by risk management having met the requirements of the contract.

Thank you

*Karen Donaldson*

Karen Donaldson  
Public Records and Contracts Specialist  
Okaloosa County Risk Management  
5479-B Old Bethel Rd.  
Crestview, Fl. 32536  
850.683.6207  
[KDonaldson@myokaloosa.com](mailto:KDonaldson@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.*

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**From:** Dave Miner <dminer@myokaloosa.com>  
**Sent:** Tuesday, February 5, 2019 10:25 AM  
**To:** Karen Donaldson <kdonaldson@myokaloosa.com>  
**Cc:** Allyson Oury <aoury@myokaloosa.com>  
**Subject:** COI American Airlines for Compliance

Karen:

Please review the attached COI for American Airlines (L18-0468-AP) and let us know if it complies with requirements.  
Thank you.

Dave

**LEASE AMENDMENT L18-0468-AP  
AMERICAN AIRLINES, INC. AGREEMENT FOR STORAGE SPACE AT THE  
DESTIN – FORT WALTON BEACH AIRPORT**

This First Amended Lease made and entered into this 5th day of March, 2019, hereby amends the Agreement for Storage Space at the Destin – Fort Walton Beach Airport, Lease L18-0468-AP (“the Lease Agreement”), between American Airlines, Inc., (“Airline”), and Okaloosa County, Florida through its Board of County Commissioners (hereinafter the “County”).

**WITNESSETH:**

**WHEREAS**, on May 15, 2018, Airline and the County entered into a Lease Agreement for storage space at the Destin – Fort Walton Beach Airport (VPS) with a month-to-month term beginning August 1, 2017; and

**WHEREAS**, during a routine review of the Lease Agreement it was found that it contained an incorrect rate for square footage of storage space occupied by the Airline. The rate stated in the Lease Agreement was the rate for indoor terminal space and should have been the rate for non-conditioned space; and

**WHEREAS**, the parties now desire to amend the Lease Agreement to correct the rate accordingly.

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

**AMENDMENT**

1. Section 4: “Rates for Additional Square Footage”, is hereby repealed in its entirety and replaced with the following:

The storage space consists of FIFTY (50) square feet to be billed at half the annual terminal rate, which is currently FORTY EIGHT DOLLARS AND TWENTY ONE CENTS (\$48.21) per square foot.

2. Section 5: “Payment”, is hereby repealed in its entirety and replaced with the following:

The Fifty (50) square feet of the ramp level outside storage space will be at half the annual terminal rate, which is currently Forty Eight Dollars and Twenty One Cents (\$48.21) per square foot, or a total monthly cost of Two Hundred Dollars and Eighty Eight Cents (\$200.88) plus tax.

3. 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.

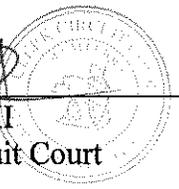
OKALOOSA COUNTY, FLORIDA

  
\_\_\_\_\_  
Charles K. Windes, Jr.  
Chairman, Board of County Commissioners  
Date: 3/5/2019



ATTEST:

  
\_\_\_\_\_  
J.D. Peacock II  
Clerk of Circuit Court



AMERICAN AIRLINES, INC

[Signature]  
Chris Collison  
Director  
American Airlines Corporate Real Estate  
Date: 1/28/19

ATTEST:

[Signature]  
Donna Robinson  
Witness

[Signature]  
Becky Coffman  
Witness

ACKNOWLEDGMENTS

STATE OF Texas  
COUNTY OF Tarrant

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared CHRIS COLLISON 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 28<sup>th</sup> day of January, 2019, AD.

[Signature]  
KATIA ORTIZ  
Notary Public, State of Texas  
Comm. Expires 05-21-2022  
Notary ID 131576481  
NOTARY

My Commission Expires: 5-21-2022

**CERTIFICATE OF INSURANCE**

Issued on behalf of Insurers by  
Willis Towers Watson – Willis Aerospace-Americas  
200 Liberty Street  
New York, N.Y. 10281-1003  
Telephone (212) 915-8888, Fax (212) 519-5431

**This is to certify to:**

**Okaloosa County  
5479 A Old Bethel Road,  
Crestview, FL 32536.**

**(Sometimes referred to herein as the Certificate Holder(s))**

**that the Insurers listed below, each for their own part and not one for the other, are providing the following insurance:**

**NAMED INSURED:** **American Airlines Group Inc.; and American Airlines, Inc.;** including all their subsidiary, affiliated, managed, owned or controlled companies (either directly or indirectly) now in existence or hereafter formed or acquired, as their respective interests may appear EXCEPT Envoy Air, Inc. d.b.a. American Eagle, PSA Airlines, Inc. d.b.a. American Eagle and Piedmont Airlines, Inc. d.b.a. American Eagle.

**NAMED INSURED'S ADDRESS:** P. O. Box 619616  
Dallas/Ft. Worth Airport, Texas 75261-9616

**INSURANCE COVERAGES:** **Airline Liability Insurance** (including but not limited to General Liability, Passenger Legal Liability, Bodily Injury and Property Damage, Personal Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Products and Completed Operations Liabilities, Ground Hangarkeepers Liability, Cargo Legal Liability, Mail Legal Liability, Liquor Liability/Host Liquor Liability, Liability in respect of automobiles and/or other mobile equipment operated on restricted airport premises, Excess Automobile Liability, Excess Employers Liability, Excess Advertiser's Liability and AVN.52E)(the "Primary Policy").

Excess Aviation War, Hijacking and other Perils Liability to pay on behalf of the Named Insured all sums in excess of the sublimit specified in the AVN52E endorsement to the Primary Policy which the Named Insured shall become legally liable to pay as damages for bodily injury or property damage caused by an occurrence during the Policy Period subject to the limit of liability herein (the "Excess Policy").

**WillisTowersWatson** 

**POLICY PERIOD:**

**Regarding Airline Liability Insurance:** December 22, 2018 to December 22, 2019 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**GEOGRAPHICAL LIMITS:**

Worldwide.

**LIMITS OF LIABILITY:**

Note: Aggregate Limits may be reduced due to paid claims

**As respects Airline Liability Insurance:** Combined Single Limit Bodily Injury (including passengers), Property Damage and Personal Injury (Passengers only): not less than US\$200,000,000 any one occurrence/offense, in the aggregate annually as respects Products, Completed Operations and Personal Injury Liabilities.

However, the following sub-limits apply as part of and not in addition to the limit stated above:

**As respects Personal Injury other than passengers:** US\$25,000,000 any one occurrence, any one offense, in the aggregate annually.

**As respects Excess Advertiser's Liability, Excess Automobile Liability and Excess Employers Liability:** This insurance to pay up to US\$25,000,000 excess of the applicable underlying policy limit of not less than US\$1,000,000 any one occurrence/offense and in the aggregate where applicable.

**As respects Excess Aviation War Hijacking and Other Perils Liability Insurance** to pay the difference between:

(1) Combined Single Limit (Bodily Injury/Property Damage) of not less than US\$200,000,000 each occurrence each aircraft and US\$3,000,000,000 in the annual aggregate; and

(2) sublimit contained in the Primary Policy of US\$250,000,000 any one occurrence and in the annual aggregate.

In no event shall the amount payable in respect of any one occurrence each aircraft under the Primary Policy, and such excess policy combined exceed the combined single limit of the Primary Policy and any policy in excess thereof as declared.

**USE OF PREMISES INSURED:**

**Solely as respects Airline Liability Insurance:** Any premises owned, used or occupied by the Named Insured which are incidental to the Named Insured's Airline Operations.

**USE OF VEHICLES INSURED:**

**Solely as respects Airline Liability Insurance:** Ground Mobile Equipment operated by the Named Insured on restricted airport premises.

**CONTRACT(S):**

Amended and Restated Signatory Airline Operating Agreement and Terminal Lease

**Certificate No.: AA-L00748**

**Willis Towers Watson** 

regarding the Equipment (as defined below) (hereinafter, the "Contracts(s)")

**EQUIPMENT INSURED:**

Any aircraft owned, operated or maintained by the Named Insured (hereinafter, the "Equipment").

**SECURITY (the "Insurers")**

**As respects Airline Liability Insurance**

<b><u>Insurer</u></b>	<b><u>Policy No.</u></b>
Commerce and Industry Insurance Company through AIG Northpark Town Center, 1200 Abernathy Road N.E., Building 600, Atlanta, GA 30328-5680	AI 038426524-05
Allianz Global Risks US Insurance Company Through Allianz Aviation Managers, LLC 1 Chase Manhattan Plaza, New York, NY 10005	A1AL000136718AM
XL Specialty Insurance Company 1 World Financial Center, 200 Liberty Street, 21st Floor New York, NY 10281	UA00009239AV18A
Old Republic Aerospace 1990 Vaughn Rd., Suite 350 Kennesaw, GA 30144	RAL 000038-03
One or more of the Member Companies of Global Aerospace Underwriting Managers 51 John F. Kennedy Parkway Short Hills, NJ 07078	281102/18
National Fire & Marine Insurance Company Through Starr Aviation Agency, Inc. 3353 Peachtree Road, NE, Suite 1000 Atlanta, GA 30326	SASLAMR63620016-05
AVION Assurance Limited Hamilton, Bermuda	3-15411-00-18

**Several Liability Notice**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)

**As respects Excess Third Party Liability (Non-Passengers) War Risk**

<b><u>Insurer/Reinsured:</u></b>	<b><u>Policy Number:</u></b>
AVION Assurance Limited Hamilton, Bermuda	1-15410-01-18

**Several Liability Notice**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)

**SPECIAL PROVISION(S)**

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):

**Solely as respects Liability Coverage(s):** Okaloosa County and its past, present and future officers, members, Airport Director, employee and agents and their directors, officers, employees, agents and assigns are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest.

**Solely as respects Liability Coverage(s):** This insurance is primary and without right of contribution from any other insurance as may be carried by the Additional Insureds

**Solely as respects Liability Coverage(s):** In the event of cancellation or adverse material change of the policies by Insurers, Insurers agree that such cancellation or change shall not be effective as to the Additional Insureds until thirty (30) days (seven (7) days or such shorter period as may be customary in the case of Aircraft Hull War Risks and Allied Perils Insurance and Extended Coverage Endorsement (Aviation Liabilities) / ten (10) days in the event of cancellation due to non-payment of premium) after issuance of notice by the Insurers to the Certificate Holder(s) -- at the addresses shown on page one of this Certificate of Insurance.

As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment

This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.

DATE OF ISSUE:       **December 21, 2018**

AUTHORIZED REPRESENTATIVE:



\_\_\_\_\_  
Willis Towers Watson  
Willis Aerospace-Americas



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/31/2019

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).

<b>PRODUCER</b> Willis of Arizona, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 1-877-945-7378      FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76155	<b>INSURER A:</b> Illinois National Insurance Company      NAIC # 23817	
	<b>INSURER B:</b> Insurance Company of the State of Pennsylv      19429	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** W10024513      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL 4786814	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA 7742330	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WC 018177147	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

This Voids and Replaces Previously Issued Certificate Dated 01/28/2019 WITH ID: W9991590.

Automobile Coverage applies only to vehicles off of the restricted airport premises.

Waiver of Subrogation applies in favor of Certificate Holder with respects to Workers Compensation as permitted by law.

**CERTIFICATE HOLDER**

Okaloosa County  
5479 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  
*John Jacobs*

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## **American Airlines Group Inc. Named Insureds**

American Airlines Group Inc.

American Airlines, Inc.

Americas Ground Services, Inc.

Avion Assurance, Ltd.

Envoy Aviation Group Inc.

    Eagle Aviation Services, Inc.

    Envoy Air Inc. (operates under the trade name "American Eagle")

    Executive Airlines, Inc.

        Executive Ground Services, Inc.

Piedmont Airlines, Inc. (operates under the trade name "American Eagle")

PMA Investment Subsidiary, Inc.

PSA Airlines, Inc. (operates under the trade name "American Eagle")

**Willis Towers Watson** 

**CERTIFICATE OF INSURANCE**  
Issued on behalf of Insurers by  
**Willis Towers Watson – Willis Aerospace-Americas**  
200 Liberty Street  
New York, N.Y. 10281-1003  
Telephone (212) 915-8888, Fax (212) 519-5431

This is to certify to:

Okaloosa County  
5479 A Old Bethel Road,  
Crestview, FL 32536.

CONTRACT # L18-0468-AP  
AMERICAN AIRLINES, INC.  
AGREEMENT FOR STORAGE SPACE  
EXPIRES: MONTH TO MONTH

(Sometimes referred to herein as the Certificate Holder(s))

that the Insurers listed below, each for their own part and not one for the other, are providing the following insurance:

**NAMED INSURED:**

**American Airlines Group Inc.; and American Airlines, Inc.;** including all their subsidiary, affiliated, managed, owned or controlled companies (either directly or indirectly) now in existence or hereafter formed or acquired, as their respective interests may appear EXCEPT Envoy Air, Inc. d.b.a. American Eagle, PSA Airlines, Inc. d.b.a. American Eagle and Piedmont Airlines, Inc. d.b.a. American Eagle.

**NAMED INSURED'S ADDRESS:**

P. O. Box 619616  
Dallas/Ft. Worth Airport, Texas 75261-9616

**INSURANCE COVERAGES:**

**Airline Liability Insurance** (including but not limited to General Liability, Passenger Legal Liability, Bodily Injury and Property Damage, Personal Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Products and Completed Operations Liabilities, Ground Hangarkeepers Liability, Cargo Legal Liability, Mail Legal Liability, Liquor Liability/Host Liquor Liability, Liability in respect of automobiles and/or other mobile equipment operated on restricted airport premises, Excess Automobile Liability, Excess Employers Liability, Excess Advertiser's Liability and AVN.52E)(the "Primary Policy").

Excess Aviation War, Hijacking and other Perils Liability to pay on behalf of the Named Insured all sums in excess of the sublimit specified in the AVN52E endorsement to the Primary Policy which the Named Insured shall become legally liable to pay as damages for bodily injury or property damage caused by an occurrence during the Policy Period subject to the limit of liability herein (the "Excess Policy").

Certificate No.: AA-L00748

# Willis Towers Watson

**POLICY PERIOD:** **Regarding Airline Liability Insurance:** December 22, 2018 to December 22, 2019 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**GEOGRAPHICAL LIMITS:** Worldwide.

**LIMITS OF LIABILITY:** Note: Aggregate Limits may be reduced due to paid claims

**As respects Airline Liability Insurance:** Combined Single Limit Bodily Injury (including passengers), Property Damage and Personal Injury (Passengers only): not less than US\$200,000,000 any one occurrence/offense, in the aggregate annually as respects Products, Completed Operations and Personal Injury Liabilities.

However, the following sub-limits apply as part of and not in addition to the limit stated above:

**As respects Personal Injury other than passengers:** US\$25,000,000 any one occurrence, any one offense, in the aggregate annually.

**As respects Excess Advertiser's Liability, Excess Automobile Liability and Excess Employers Liability:** This insurance to pay up to US\$25,000,000 excess of the applicable underlying policy limit of not less than US\$1,000,000 any one occurrence/offense and in the aggregate where applicable.

**As respects Excess Aviation War Hijacking and Other Perils Liability Insurance** to pay the difference between:

(1) Combined Single Limit (Bodily Injury/Property Damage) of not less than US\$200,000,000 each occurrence each aircraft and US\$3,000,000,000 in the annual aggregate; and

(2) sublimit contained in the Primary Policy of US\$250,000,000 any one occurrence and in the annual aggregate.

In no event shall the amount payable in respect of any one occurrence each aircraft under the Primary Policy, and such excess policy combined exceed the combined single limit of the Primary Policy and any policy in excess thereof as declared.

**USE OF PREMISES INSURED:** **Solely as respects Airline Liability Insurance:** Any premises owned, used or occupied by the Named Insured which are incidental to the Named Insured's Airline Operations.

**USE OF VEHICLES INSURED:** **Solely as respects Airline Liability Insurance:** Ground Mobile Equipment operated by the Named Insured on restricted airport premises.

**CONTRACT(S):** Amended and Restated Signatory Airline Operating Agreement and Terminal Lease

Certificate No.: AA-L00748

**Willis Towers Watson** 

regarding the Equipment (as defined below) (hereinafter, the "Contracts(s)")

**EQUIPMENT INSURED:**

Any aircraft owned, operated or maintained by the Named Insured (hereinafter, the "Equipment").

**SECURITY (the "Insurers")**

**As respects Airline Liability Insurance**

<b><u>Insurer</u></b>	<b><u>Policy No.</u></b>
Commerce and Industry Insurance Company through AIG Northpark Town Center, 1200 Abernathy Road N.E., Building 600, Atlanta, GA 30328-5680	AI 038426524-05
Allianz Global Risks US Insurance Company Through Allianz Aviation Managers, LLC 1 Chase Manhattan Plaza, New York, NY 10005	A1AL000136718AM
XL Specialty Insurance Company 1 World Financial Center, 200 Liberty Street, 21st Floor New York, NY 10281	UA00009239AV18A
Old Republic Aerospace 1990 Vaughn Rd., Suite 350 Kennesaw, GA 30144	RAL 000038-03
One or more of the Member Companies of Global Aerospace Underwriting Managers 51 John F. Kennedy Parkway Short Hills, NJ 07078	281102/18
National Fire & Marine Insurance Company Through Starr Aviation Agency, Inc. 3353 Peachtree Road, NE, Suite 1000 Atlanta, GA 30326	SASLAMR63620016-05
AVION Assurance Limited Hamilton, Bermuda	3-15411-00-18

**Several Liability Notice**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)

**As respects Excess Third Party Liability (Non-Passengers) War Risk**

<b><u>Insurer/Reinsured:</u></b>	<b><u>Policy Number:</u></b>
AVION Assurance Limited Hamilton, Bermuda	I-15410-01-18

**Several Liability Notice**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)

**SPECIAL PROVISION(S)**

**Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):**

**Solely as respects Liability Coverage(s):** Okaloosa County and its past, present and future officers, members, Airport Director, employee and agents and their directors, officers, employees, agents and assigns are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest.

**Solely as respects Liability Coverage(s):** This insurance is primary and without right of contribution from any other insurance as may be carried by the Additional Insureds

**Solely as respects Liability Coverage(s):** In the event of cancellation or adverse material change of the policies by Insurers, Insurers agree that such cancellation or change shall not be effective as to the Additional Insureds until thirty (30) days (seven (7) days or such shorter period as may be customary in the case of Aircraft Hull War Risks and Allied Perils Insurance and Extended Coverage Endorsement (Aviation Liabilities) / ten (10) days in the event of cancellation due to non-payment of premium) after issuance of notice by the Insurers to the Certificate Holder(s) -- at the addresses shown on page one of this Certificate of Insurance.

**As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment**

**This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.**

**DATE OF ISSUE: December 21, 2018**

**AUTHORIZED REPRESENTATIVE:**



\_\_\_\_\_  
Willis Towers Watson  
Willis Aerospace-Americas



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/31/2019

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).

<b>PRODUCER</b> Willis of Arizona, Inc. o/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 1-877-945-7378      FAX (A/C, No): 1-888-467-2379 E-MAIL ADDRESS: certificates@willis.com	
	<b>INSURER A:</b> Illinois National Insurance Company      NAIC # 23817 <b>INSURER B:</b> Insurance Company of the State of Pennsylv      19429 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b> American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76155		

**COVERAGES**      **CERTIFICATE NUMBER:** W10024513      **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.

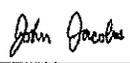
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL 4786814	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		CA 7742330	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	WC 018177147	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 This voids and replaces previously issued certificate dated 01/28/2019 with ID: W9991590.

Automobile Coverage applies only to vehicles off of the restricted airport premises.

Waiver of Subrogation applies in favor of Certificate Holder with respects to Workers Compensation as permitted by law.

**CERTIFICATE HOLDER**      **CANCELLATION**

Okaloosa County 5479 A 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 
--	---

## **American Airlines Group Inc. Named Insureds**

American Airlines Group Inc.

American Airlines, Inc.

Americas Ground Services, Inc.

Avion Assurance, Ltd.

Envoy Aviation Group Inc.

    Eagle Aviation Services, Inc.

    Envoy Air Inc. (operates under the trade name "American Eagle")

    Executive Airlines, Inc.

        Executive Ground Services, Inc.

Piedmont Airlines, Inc. (operates under the trade name "American Eagle")

PMA Investment Subsidiary, Inc.

PSA Airlines, Inc. (operates under the trade name "American Eagle")

## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 05-21-2018

Contract/Lease Control #: L18-0468-AP

Procurement#: NA

Contract/Lease Type: LEASE

Award To/Lessee: AMERICAN AIRLINES, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 08/01/2017

Expiration Date: MONTH TO MONTH

Description of Contract/Lease: AGREEMENT FOR STORAGE SPACE

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/29/2018

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.

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).

RECEIVED  
JUL 10 2018  
BY: PUNCH

<b>PRODUCER</b> Willis of Arizona, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 1-877-945-7378		<b>FAX (A/C, No):</b> 1-888-467-2378																					
	<b>E-MAIL ADDRESS:</b> certificates@willis.com																							
<b>INSURED</b> American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76155		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Insurance Company of the State of Pennsylv</td> <td>19429</td> </tr> <tr> <td>INSURER B:</td> <td>New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER C:</td> <td>American Home Assurance Company</td> <td>19380</td> </tr> <tr> <td>INSURER D:</td> <td>National Union Fire Insurance Company of P</td> <td>19445</td> </tr> <tr> <td>INSURER E:</td> <td>Commerce &amp; Industry Insurance Company</td> <td>19410</td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Insurance Company of the State of Pennsylv	19429	INSURER B:	New Hampshire Insurance Company	23841	INSURER C:	American Home Assurance Company	19380	INSURER D:	National Union Fire Insurance Company of P	19445	INSURER E:	Commerce & Industry Insurance Company	19410	INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	Insurance Company of the State of Pennsylv	19429																						
INSURER B:	New Hampshire Insurance Company	23841																						
INSURER C:	American Home Assurance Company	19380																						
INSURER D:	National Union Fire Insurance Company of P	19445																						
INSURER E:	Commerce & Industry Insurance Company	19410																						
INSURER F:																								

**COVERAGES**                      **CERTIFICATE NUMBER:** W6767887                      **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>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CA 7742330	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 018177151	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>Workers Compensation and Employers Liability - CA</b> Per Statute		Y	WC 018177146	07/01/2018	07/01/2019	Each accident: \$1,000,000 Disease-policy limit \$1,000,000 Disease-each employee \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Destin-Fort Walton Beach Airport.

Automobile Coverage applies only to vehicles off of the restricted airport premises.  
SEE ATTACHED

L17-0447-AP/L17-0448-AP/L17-0449-AP/L17-0450-AP/L18-0468-AP

<b>CERTIFICATE HOLDER</b>  Okaloosa County 5479A Old Bethel Road Crestview, FL 32536	<b>CANCELLATION</b>  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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis of Arizona, Inc.		NAMED INSURED American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76155	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Okaloosa County and its officers, members, Airports Director, employees and agents are included as Additional Insureds as respects to Auto Liability.

Waiver of Subrogation applies in favor of Okaloosa County and its officers, members, Airports Director, employees and agents with respects to Auto Liability and Workers Compensation as permitted by law.

INSURER AFFORDING COVERAGE: Insurance Company of the State of Pennsylvania NAIC#: 19429  
 POLICY NUMBER: WC 018177147      EFF DATE: 07/01/2018      EXP DATE: 07/01/2019

SUBROGATION WAIVED:      Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and Employers Liability - FL Per Statute	Each accident: Disease-policy limit Disease-each employee	\$1,000,000 \$1,000,000 \$1,000,000

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company NAIC#: 23841  
 POLICY NUMBER: WC 018177152      EFF DATE: 07/01/2018      EXP DATE: 07/01/2019

SUBROGATION WAIVED:      Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and Employers Liability - NY Per Statute	Each accident: Disease-policy limit Disease-each employee	\$1,000,000 \$1,000,000 \$1,000,000

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company NAIC#: 23841  
 POLICY NUMBER: WC 018177148      EFF DATE: 07/01/2018      EXP DATE: 07/01/2019

SUBROGATION WAIVED:      Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation and Employers Liability - ME Per Statute	Each accident: Disease-policy limit Disease-each employee	\$1,000,000 \$1,000,000 \$1,000,000



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis of Arizona, Inc.		NAMED INSURED American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76155	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh NAIC#: 19445  
 POLICY NUMBER: WC 018177149      EFF DATE: 07/01/2018      EXP DATE: 07/01/2019  
 SUBROGATION WAIVED:      Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	Each accident:	\$1,000,000
and Employers Liability - MA,ND,OH,WA	Disease-policy limit	\$1,000,000
WI,WY - Per Statute	Disease-each employee	\$1,000,000

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company NAIC#: 23841  
 POLICY NUMBER: WC 018177150      EFF DATE: 07/01/2018      EXP DATE: 07/01/2019  
 SUBROGATION WAIVED:      Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	Each accident:	\$1,000,000
and Employers Liability-AK,AZ,IL,KY,NC	Disease-policy limit	\$1,000,000
NH,NJ,PA,UT,VA,VT-Per Statute	Disease-each employee	\$1,000,000

INSURER AFFORDING COVERAGE: Insurance Company of the State of Pennsylvania NAIC#: 19429  
 POLICY NUMBER: CA 7742332      EFF DATE: 07/01/2018      EXP DATE: 07/01/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Automobile Liability - VA	Combined Single Limit	\$1,000,000
Any Auto	Ea accident	

INSURER AFFORDING COVERAGE: Commerce & Industry Insurance Company NAIC#: 19410  
 POLICY NUMBER: CA 7742331      EFF DATE: 07/01/2018      EXP DATE: 07/01/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Automobile Liability - MA	Combined Single Limit	\$1,000,000
Any Auto	Ea accident	

## **American Airlines Group Inc. Named Insureds**

American Airlines Group Inc.

American Airlines, Inc.

Americas Ground Services, Inc.

Avion Assurance, Ltd.

Envoy Aviation Group Inc.

    Eagle Aviation Services, Inc.

    Envoy Air Inc. (operates under the trade name "American Eagle")

    Executive Airlines, Inc.

        Executive Ground Services, Inc.

Piedmont Airlines, Inc. (operates under the trade name "American Eagle")

PMA Investment Subsidiary, Inc.

PSA Airlines, Inc. (operates under the trade name "American Eagle")



WillisTowersWatson

CERTIFICATE OF INSURANCE  
Issued on behalf of Insurers by  
Willis Towers Watson – Willis Aerospace-Americas  
200 Liberty Street  
New York, N.Y. 10281-1003  
Telephone (212) 915-8888, Fax (212) 519-5431

This is to certify to:

Board of County Commissioners  
Okaloosa County Courthouse  
101 E. James Lee Boulevard  
Crestview, FL 32536

Copy to: Airports Director  
Okaloosa Regional Airport  
1708 State Road 85 North  
Eglin Air Force Base, FL 32542

(Sometimes referred to herein as the Certificate Holder(s))

that the Insurers listed below, each for their own part and not one for the other, are providing the following insurance:

**NAMED INSURED:**

**American Airlines Group Inc.; and American Airlines, Inc.;** including all their subsidiary, affiliated, managed, owned or controlled companies (either directly or indirectly) now in existence or hereafter formed or acquired, as their respective interests may appear EXCEPT Envoy Air, Inc. d.b.a. American Eagle, PSA Airlines, Inc. d.b.a. American Eagle and Piedmont Airlines, Inc. d.b.a. American Eagle.

**NAMED INSURED'S ADDRESS:**

P. O. Box 619616  
Dallas/Ft. Worth Airport, Texas 75261-9616

**INSURANCE COVERAGES:**

**Airline Liability Insurance** (including but not limited to General Liability, Passenger Legal Liability, Bodily Injury and Property Damage, Personal Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Products and Completed Operations Liabilities, Ground Hangarkeepers Liability, Cargo Legal Liability, Mail Legal Liability, Liquor Liability/Host Liquor Liability, Liability in respect of automobiles and/or other mobile equipment operated on restricted airport premises, Excess Automobile Liability, Excess Employers Liability, Excess Advertiser's Liability and AVN.52E)(the "Primary Policy").

Excess Aviation War, Hijacking and other Perils Liability to pay on behalf of the Named Insured all sums in excess of the sublimit specified in the AVN52E endorsement to the Primary Policy which the Named Insured shall become legally liable to pay as damages for bodily injury or property damage caused by an occurrence during the Policy Period subject to the limit of liability herein (the "Excess Policy").



**WillisTowersWatson**

**POLICY PERIOD:**

**Regarding Airline Liability Insurance:** December 22, 2017 to December 22, 2018 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**Regarding Excess War, Hijacking and other Perils Liability Insurance:** December 22, 2017 to December 22, 2018 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**GEOGRAPHICAL LIMITS:**

Worldwide.

**LIMITS OF LIABILITY:**

Note: Aggregate Limits may be reduced due to paid claims

**As respects Airline Liability Insurance:** Combined Single Limit Bodily Injury (including passengers), Property Damage and Personal Injury (Passengers only): not less than US\$200,000,000 any one occurrence/offense, in the aggregate annually as respects Products, Completed Operations and Personal Injury Liabilities.

However, the following sub-limits apply as part of and not in addition to the limit stated above:

**As respects Personal Injury to third parties other than passengers:** US\$25,000,000 any one occurrence, any one offense, in the aggregate annually.

**As respects Excess Advertiser's Liability, Excess Automobile Liability and Excess Employers Liability:** This insurance to pay up to US\$25,000,000 excess of the applicable underlying policy limit of not less than US\$1,000,000 any one occurrence/offense and in the aggregate where applicable.

**As respects Excess Aviation War Hijacking and Other Perils Liability Insurance** to pay the difference between:

(1) Combined Single Limit (Bodily Injury/Property Damage) of not less than US\$200,000,000 each occurrence each aircraft and US\$3,000,000,000 in the annual aggregate; and

(2) sublimit contained in the Primary Policy of US\$250,000,000 any one occurrence and in the annual aggregate.

In no event shall the amount payable in respect of any one occurrence each aircraft under the Primary Policy, and such excess policy combined exceed the combined single limit of the Primary Policy and any policy in excess thereof as declared.

**USE OF PREMISES INSURED:**

**Solely as respects Airline Liability Insurance:** Any premises owned, used or occupied by the Named Insured which are incidental to the Named Insured's Airline Operations.

**USE OF VEHICLES INSURED:**

**Solely as respects Airline Liability Insurance:** Ground Mobile Equipment operated by the Named Insured on restricted airport premises.

Username  
[input field]  
[Forgot Username?](#)

Password  
[input field]  
[Forgot Password?](#)

[Log In](#)  
[Create an Account](#)

ALERT: You must submit a notarized letter appointing the authorized Entity Administrator before your registration will be activated. This requirement now applies to both new and existing entities. Read our [FAQs](#) to learn more about this process change.

# Entity Dashboard

- [Entity Overview](#)
- [Entity Registration](#)
  - ▶ [Core Data](#)
  - ▶ [Assertions](#)
  - ▶ [Reps & Certs](#)
  - ▶ [POCs](#)
- [Exclusions](#)
  - ▶ [Active Exclusions](#)
  - ▶ [Inactive Exclusions](#)
  - ▶ [Excluded Family Members](#)

[RETURN TO SEARCH](#)

**AMERICAN AIRLINES, INC.**  
DUNS: 006979801 CAGE Code: 1VLV1  
Status: Active

4333 AMON CARTER BLVD  
FORT WORTH, TX, 76155-2605,  
UNITED STATES

Expiration Date: 03/05/2019  
Purpose of Registration: All Awards

## Entity Overview

### Entity Registration Summary

Name: AMERICAN AIRLINES, INC.  
Doing Business As: AMERICAN AIRLINES  
Business Type: Business or Organization  
Last Updated By: Patrick Sanders  
Registration Status: Active  
Activation Date: 03/05/2018  
Expiration Date: 03/05/2019

### Exclusion Summary

Active Exclusion Records? No



IBM v1.P.13.20180427-1347

WWW4

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- [Privacy Policy](#)
- [FAPIS.gov](#)
- [GSA.gov/IAE](#)
- [GSA.gov](#)
- [USA.gov](#)

This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

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

Procurement/Contract/Lease Number: \_\_\_\_\_ Tracking Number: 2957-18

Procurement/Contractor/Lessee Name: American Airlines Grant Funded: YES \_\_\_ NO

Purpose: Operating Agreement Month-to-Month

Date/Term: Month-to-Month Beginning on 8/1/17 1.  GREATER THAN \$100,000

Amount: 277.<sup>00</sup> Monthly plus tax 2.  GREATER THAN \$50,000

Department: Airports 3.  \$50,000 OR LESS

Dept. Monitor Name: Stacy Miner

**Purchasing Review**

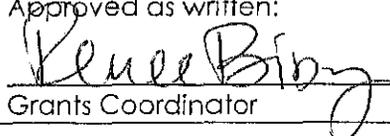
Procurement or Contract/Lease requirements are met:

 \_\_\_\_\_ Date: 3/20/18

Purchasing Director or designee Greg Kisela, Jeff Hyde, DeRita Mason, Matthew Young

**2CFR Compliance Review (if required)**

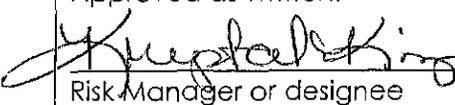
Approved as written:

 \_\_\_\_\_ Date: 3/20/18

Grants Coordinator Renee Biby

**Risk Management Review**

Approved as written:

 \_\_\_\_\_ Date: 3-20-18

Risk Manager or designee Laura Porter or Krystal King

**County Attorney Review**

Approved as written: See Approval & Comments Dated

\_\_\_\_\_ Date: 3/31/18

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

## Matthew Young

---

**From:** Parsons, Kerry <KParsons@ngn-tally.com>  
**Sent:** Saturday, March 31, 2018 3:42 PM  
**To:** Matthew Young  
**Cc:** Lynn Hoshihara; Jeffrey Hyde  
**Subject:** RE: Coordinated items  
**Attachments:** Attachments.html

The American Airlines Storage space agreement is approved for legal purposes. However, since it is retroactive to August 2017, please make sure that it spelt out as part of the action necessary for the BOCC to take.

<b>ShareFile Attachments</b>	Expires September 27, 2018
American Airlines Operating Agrmt Month t...nth.pdf	5.1 MB
<a href="#">Download Attachments</a>	
Kerry Parsons uses ShareFile to share documents securely. <a href="#">Learn More.</a>	

---

**From:** Matthew Young [mailto:myoung@myokaloosa.com]  
**Sent:** Thursday, March 29, 2018 11:31 AM  
**To:** Parsons, Kerry  
**Cc:** Lynn Hoshihara; Jeffrey Hyde  
**Subject:** RE: Coordinated items

Thank you, Ma'am. I appreciate it.

Respectfully,



**Matthew Young**  
Contracts & Lease Coordinator  
Okaloosa County Purchasing Department

Tel: (850) 689-5960 | Fax: (850) 689-5970  
myoung@co.okaloosa.fl.us | www.co.okaloosa.fl.us  
5479 Old Bethel Rd, Suite A, Crestview, FL 32536

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*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.*

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**From:** Parsons, Kerry [mailto:KParsons@ngn-tally.com]  
**Sent:** Thursday, March 29, 2018 10:09 AM

## Dave Miner

---

**From:** Krystal King  
**Sent:** Thursday, April 26, 2018 2:24 PM  
**To:** Dave Miner  
**Subject:** RE: COI American Airlines for Compliance

Looks good.

*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, April 26, 2018 9:58 AM  
**To:** Krystal King <[kking@myokaloosa.com](mailto:kking@myokaloosa.com)>; Laura Porter <[lporter@myokaloosa.com](mailto:lporter@myokaloosa.com)>  
**Cc:** Tracy Stage <[tstage@myokaloosa.com](mailto:tstage@myokaloosa.com)>  
**Subject:** RE: COI American Airlines for Compliance

Krystal:

American Airlines sent the attached COI for WC.

Dave

**From:** Krystal King  
**Sent:** Wednesday, April 25, 2018 11:53 AM  
**To:** Dave Miner <[dminer@myokaloosa.com](mailto:dminer@myokaloosa.com)>; Laura Porter <[lporter@myokaloosa.com](mailto:lporter@myokaloosa.com)>  
**Cc:** Tracy Stage <[tstage@myokaloosa.com](mailto:tstage@myokaloosa.com)>  
**Subject:** RE: COI American Airlines for Compliance

I don't see any coverage for workers comp.....

*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:** Wednesday, April 25, 2018 10:33 AM

**To:** Krystal King <[kking@myokaloosa.com](mailto:kking@myokaloosa.com)>; Laura Porter <[lporter@myokaloosa.com](mailto:lporter@myokaloosa.com)>

**Cc:** Tracy Stage <[tstage@myokaloosa.com](mailto:tstage@myokaloosa.com)>

**Subject:** COI American Airlines for Compliance

Krystal:

Please review the attached COI for American Airlines (L17-0447-AP) and let us know if COI complies with requirements.

Thank you.

Dave

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

Please change your address list and contacts to my new e-mail address: [dminer@myokaloosa.com](mailto:dminer@myokaloosa.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."



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/26/2018

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.

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).

<b>PRODUCER</b> Willis of Arizona, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> (A/C No, Ext): 1-877-945-7378		<b>FAX (A/C, No):</b> 1-888-467-2378
	<b>E-MAIL ADDRESS:</b> certificates@willis.com		
<b>INSURED</b> American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76155	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> New Hampshire Insurance Company		23841
	<b>INSURER B:</b> Insurance Company of the State of Pennsylv		19429
	<b>INSURER C:</b> National Union Fire Insurance Company of P		19445
	<b>INSURER D:</b> American Home Assurance Company		19380
	<b>INSURER E:</b> <b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** W5967529                      **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>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 063724507	07/01/2017	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>Workers Compensation and Employers Liability - AK, AZ, IL, NH, NJ, PA, UT, VA, VT - Per Statute</b>			WC 063724513	07/01/2017	07/01/2018	Each accident: \$1,000,000 Disease-policy limit \$1,000,000 Disease-each employee \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This Voids and Replaces Previously Issued Certificate Dated 04/25/2018 WITH ID: W5964145.  
SEE ATTACHED

**CERTIFICATE HOLDER**                      **CANCELLATION**

Board of County Commissioners Okaloosa County 5479 A 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 



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis of Arizona, Inc.		NAMED INSURED American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76155	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company NAIC#: 23841  
 POLICY NUMBER: WC 063724510 EFF DATE: 07/01/2017 EXP DATE: 07/01/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	Each accident:	\$1,000,000
and Employers Liability - ME	Disease-policy limit	\$1,000,000
Per Statute	Disease-each employee	\$1,000,000

INSURER AFFORDING COVERAGE: Insurance Company of the State of Pennsylvania NAIC#: 19429  
 POLICY NUMBER: WC 063724509 EFF DATE: 07/01/2017 EXP DATE: 07/01/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	Each accident:	\$1,000,000
and Employers Liability - FL	Disease-policy limit	\$1,000,000
Per Statute	Disease-each employee	\$1,000,000

INSURER AFFORDING COVERAGE: New Hampshire Insurance Company NAIC#: 23841  
 POLICY NUMBER: WC 063724511 EFF DATE: 07/01/2017 EXP DATE: 07/01/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	Each accident:	\$1,000,000
and Employers Liability - MN	Disease-policy limit	\$1,000,000
Per Statute	Disease-each employee	\$1,000,000

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh NAIC#: 19445  
 POLICY NUMBER: WC 063724512 EFF DATE: 07/01/2017 EXP DATE: 07/01/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	Each accident:	\$1,000,000
and Employers Liability - MA,ND,OH,WA	Disease-policy limit	\$1,000,000
WI,WY - Per Statute	Disease-each employee	\$1,000,000

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Arizona, Inc.		NAMED INSURED American Airlines Group Inc., et al (see attached) 4333 Amon Carter Boulevard Fort Worth, TX 76158	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**  
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: American Home Assurance Company NAIC#: 19380  
POLICY NUMBER: WC 063724508    EFF DATE: 07/01/2017    EXP DATE: 07/01/2018

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	Each accident:	\$1,000,000
and Employers Liability - CA	Disease-policy limit	\$1,000,000
Per Statute	Disease-each employee	\$1,000,000

American Airlines Group Inc.  
Named Insured Schedule for Certificates

Named Insured
American Airlines Group Inc.
American Airlines, Inc.
Admirals Club, Inc.
American Airlines Marketing Services LLC
American Airlines Vacations LLC
American Aviation Supply LLC
Envoy Aviation Group Inc.
Eagle Aviation Services, Inc.
Envoy Air Inc. (operates under the trade name "American Eagle")
Executive Airlines, Inc.
Executive Ground Services, Inc.
Piedmont Airlines, Inc. (operates under the trade name "American Eagle")
PSA Airlines, Inc. (operates under the trade name "American Eagle")
Material Services Company, Inc.
AWHQ LLC (real estate holding company) (99%)
PMA Investment Subsidiary, Inc.
AAG Private Placement-1 Parent LLC
AAG Private Placement-1 LLC
Americas Ground Services, Inc.

**CERTIFICATE OF INSURANCE**

Issued on behalf of Insurers by  
Willis Towers Watson – Willis Aerospace-Americas  
200 Liberty Street  
New York, N.Y. 10281-1003  
Telephone (212) 915-8888, Fax (212) 519-5431

This is to certify to:

Board of County Commissioners  
Okaloosa County Courthouse  
101 E. James Lee Boulevard  
Crestview, FL 32536

Copy to: Airports Director  
Okaloosa Regional Airport  
1708 State Road 85 North  
Eglin Air Force Base, FL 32542

(Sometimes referred to herein as the Certificate Holder(s))

that the Insurers listed below, each for their own part and not one for the other, are providing the following insurance:

**NAMED INSURED:**

American Airlines Group Inc.; and American Airlines, Inc.; including all their subsidiary, affiliated, managed, owned or controlled companies (either directly or indirectly) now in existence or hereafter formed or acquired, as their respective interests may appear EXCEPT Envoy Air, Inc. d.b.a. American Eagle, PSA Airlines, Inc. d.b.a. American Eagle and Piedmont Airlines, Inc. d.b.a. American Eagle.

**NAMED INSURED'S**

**ADDRESS:**

P. O. Box 619616  
Dallas/Ft. Worth Airport, Texas 75261-9616

**INSURANCE COVERAGES:**

**Airline Liability Insurance** (including but not limited to General Liability, Passenger Legal Liability, Bodily Injury and Property Damage, Personal Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Products and Completed Operations Liabilities, Ground Hangarkeepers Liability, Cargo Legal Liability, Mail Legal Liability, Liquor Liability/Host Liquor Liability, Liability in respect of automobiles and/or other mobile equipment operated on restricted airport premises, Excess Automobile Liability, Excess Employers Liability, Excess Advertiser's Liability and AVN.52E)(the "Primary Policy").

Excess Aviation War, Hijacking and other Perils Liability to pay on behalf of the Named Insured all sums in excess of the sublimit specified in the AVN52E endorsement to the Primary Policy which the Named Insured shall become legally liable to pay as damages for bodily injury or property damage caused by an occurrence during the Policy Period subject to the limit of liability herein (the "Excess Policy").

**WillisTowersWatson** 

**POLICY PERIOD:**

**Regarding Airline Liability Insurance:** December 22, 2017 to December 22, 2018 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**Regarding Excess War, Hijacking and other Perils Liability Insurance:** December 22, 2017 to December 22, 2018 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**GEOGRAPHICAL LIMITS:**

Worldwide.

**LIMITS OF LIABILITY:**

Note: Aggregate Limits may be reduced due to paid claims

**As respects Airline Liability Insurance:** Combined Single Limit Bodily Injury (including passengers), Property Damage and Personal Injury (Passengers only): not less than US\$200,000,000 any one occurrence/offense, in the aggregate annually as respects Products, Completed Operations and Personal Injury Liabilities.

However, the following sub-limits apply as part of and not in addition to the limit stated above:

**As respects Personal Injury to third parties other than passengers:** US\$25,000,000 any one occurrence, any one offense, in the aggregate annually.

**As respects Excess Advertiser's Liability, Excess Automobile Liability and Excess Employers Liability:** This insurance to pay up to US\$25,000,000 excess of the applicable underlying policy limit of not less than US\$1,000,000 any one occurrence/offense and in the aggregate where applicable.

**As respects Excess Aviation War Hijacking and Other Perils Liability Insurance** to pay the difference between:

(1) Combined Single Limit (Bodily Injury/Property Damage) of not less than US\$200,000,000 each occurrence each aircraft and US\$3,000,000,000 in the annual aggregate; and

(2) sublimit contained in the Primary Policy of US\$250,000,000 any one occurrence and in the annual aggregate.

In no event shall the amount payable in respect of any one occurrence each aircraft under the Primary Policy, and such excess policy combined exceed the combined single limit of the Primary Policy and any policy in excess thereof as declared.

**USE OF PREMISES INSURED:**

**Solely as respects Airline Liability Insurance:** Any premises owned, used or occupied by the Named Insured which are incidental to the Named Insured's Airline Operations.

**USE OF VEHICLES INSURED:**

**Solely as respects Airline Liability Insurance:** Ground Mobile Equipment operated by the Named Insured on restricted airport premises.

**WillisTowersWatson** 

**CONTRACT(S):**

Airline Operating Agreement and Terminal Building Lease for Okaloosa Regional Airport dated as of \_\_\_\_\_ between The Certificate Holder(s) and Named Insured

regarding the Equipment (as defined below) (hereinafter, the "Contracts(s)")

**EQUIPMENT INSURED:**

Any aircraft owned, operated or maintained by the Named Insured (hereinafter, the "Equipment").

**Willis Towers Watson** 

**SECURITY (the "Insurers")**

The Insurers, their Policy Numbers and the Policy Period for the Renewal Policy Period may be found at the following website:

<https://access.willis.com/site/ams/SitePages/Home.aspx>

The Logon is: **ext\usa.security**

The Password is: **willis4444**

**Several Liability Notice**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.  
LSW 1001 (insurance)

**SPECIAL PROVISION(S)**

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):

**Solely as respects Liability Coverage(s):** Okaloosa County, Airport Director and their directors, officers, employees, agents and assigns are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest.

**Solely as respects Liability Coverage(s):** This insurance is primary and without right of contribution from any other insurance as may be carried by the Additional Insureds

**Solely as respects Liability Coverage(s):** Insurers waive their rights of subrogation against the Additional Insureds but only to the same extent that the Named Insured has waived its rights of recovery against and/or indemnified the Additional Insureds in the Contract(s).

**Solely as respects Liability Coverage(s):** In the event of cancellation of the policies by Insurers, Insurers agree that such cancellation shall not be effective as to the Additional Insureds until thirty (30) days (ten (10) days in the event of cancellation due to non-payment of premium) after issuance of notice by the Insurers to the Certificate Holder(s) -- at the addresses shown on page one of this Certificate of Insurance.

**As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment**

**This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.**

DATE OF ISSUE: **December 15, 2017**

AUTHORIZED REPRESENTATIVE:



\_\_\_\_\_  
Willis Towers Watson  
Willis Aerospace-Americas

**AGREEMENT  
FOR  
STORAGE SPACE**

**BOARD OF COUNTY COMMISSIONERS  
OKALOOSA COUNTY, FLORIDA**

**TO**

**AMERICAN AIRLINES, INC**

This Agreement for Storage Space, fully executed this 15th of May, 2018, 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 American Airlines, Inc (hereinafter referred to as "Airline").

**WITNESSETH**

**WHEREAS**, on October 1, 2016, Airline entered into a Signatory Airline Operating Agreement and Terminal Building Lease, L17-0447-AP, with the County at the Destin - Fort Walton Beach Airport (VPS) with a current expiration date of November 30, 2021; and

**WHEREAS**, American Airlines announced that the Airline will start flying the MD 80 at the Destin – Fort Walton Beach Airport. In order to maintain its aircraft the Airline has requested to lease an additional storage space; and

**WHEREAS**, this storage space will be leased on a month-to-month basis beginning on August 1, 2017; and

**WHEREAS**, the County as a 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.

**WHEREAS**, Contractor agrees to comply with all federal regulations, including, but not limited to those set forth in Exhibit 2, attached hereto and incorporated herein.

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

**Section 1: Term**

This agreement will be on a month-to-month basis beginning on August 1, 2017.

Section 2: Fee

Current rate for storage space will be SIXTY SIX DOLLARS AND FIFTY TWO CENTS (\$66.52) per square foot. The rate to be charged will be based on the current rates and charges effective for the airline signatory agreement.

Section 3: Leased Space

Airline will add storage space as shown in Exhibit 1, attached and incorporated herein by reference.

Section 4: Rates for Additional Square Footage

The storage space consists of FIFTY (50) square feet at the rate of SIXTY SIX DOLLARS AND FIFTY TWO CENTS (\$66.52) per square foot.

Section 5: Payment

Airline will pay a fee of THREE THOUSAND THREE HUNDRED TWENTY SIX DOLLARS (\$3,326.00) annually or TWO HUNDRED SEVENTY SEVEN DOLLARS AND SEVENTEEN CENTS (\$277.17) monthly plus tax beginning on August 1, 2017, for the additional storage space provided under this Agreement.

Section 6: Termination

County or Airline may terminate this Agreement with THIRTY (30) days written notice to the other party.

Section 7: Right of Entry Reserved

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

Section 8: Inspection Upon Agreement Termination

Airline agrees that upon termination of this Agreement, County shall have the right to inspect the leased premises and require that Airline repair or restore the property to the condition that existed upon execution hereof.

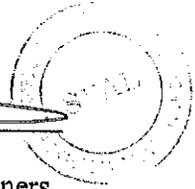
Section 9:

All provisions of the Signatory Airline Operating Agreement and Terminal Building Lease entered into on September 20, 2016 shall remain in full force and effect through the term of this Agreement.

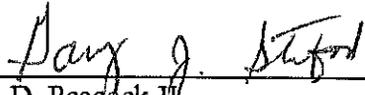
IN WITNESS, the parties hereto have executed this Agreement as of the day and year first written above.

OKALOOSA COUNTY, FLORIDA

  
\_\_\_\_\_  
Graham W. Fountain  
Chairman, Board of County Commissioners  
Date: 5/15/16



ATTESTS:

  
\_\_\_\_\_  
J. D. Peaceck III  
Clerk of Circuit Court



AMERICAN AIRLINES, INC

*[Handwritten Signature]*

Chris Collison  
Director  
American Airlines Corporate Real Estate  
Date: 4/17/18

ATTESTS:

Donna Robinson  
Witness

Brittany Carter  
Witness

ACKNOWLEDGMENTS

STATE OF TX  
COUNTY OF TARRANT

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared CHRIS COLLISON who, under oath, deposes and says that HE is a duly authorized representative of AMERICAN AIRLINES, INC, to execute contracts and lease agreements and that HE executed the foregoing instrument for the uses and purposes contained therein.

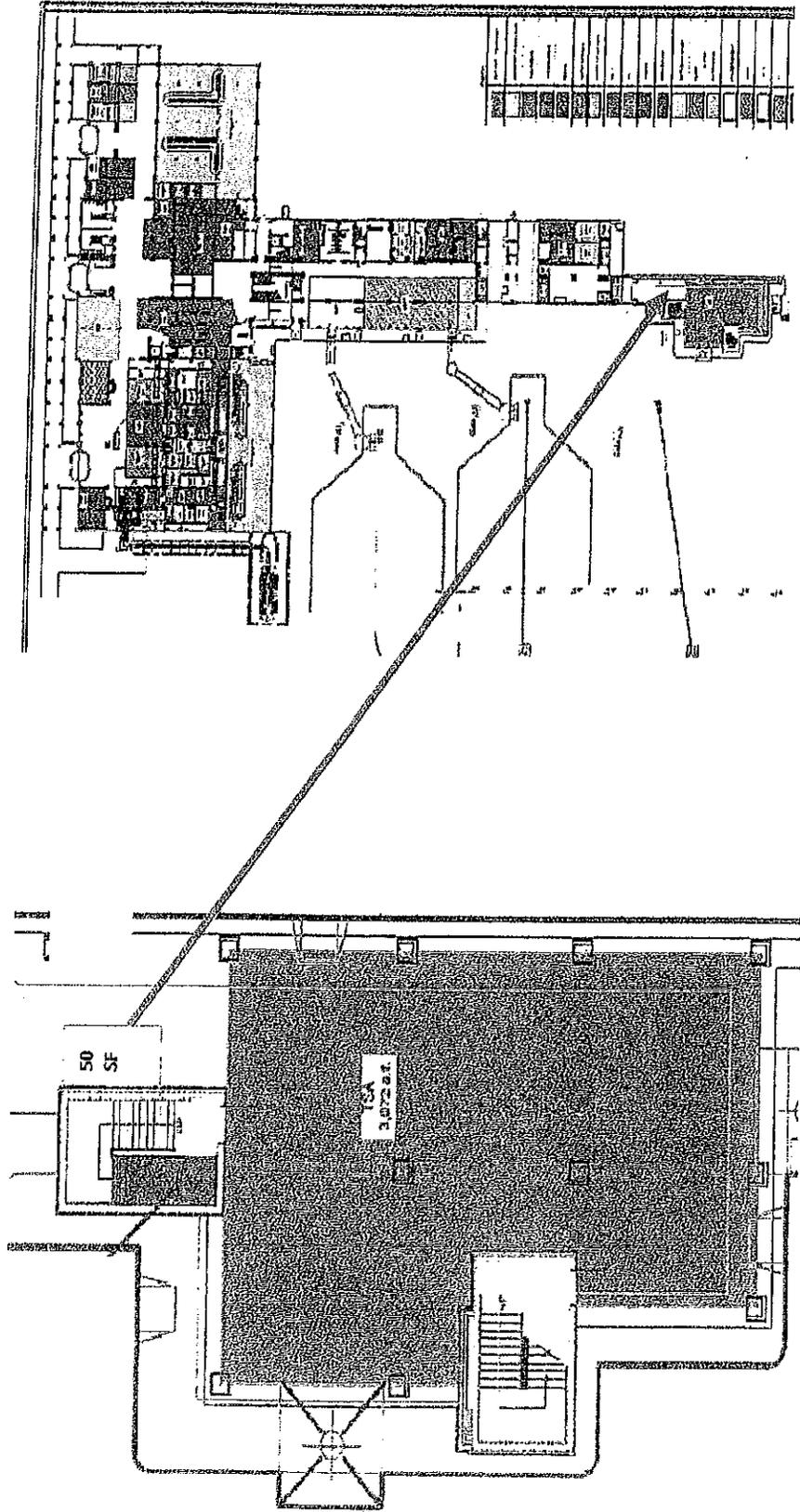
SWORN and SUBSCRIBED before this 5th day of April, 2018.



BCarter  
NOTARY PUBLIC

My Commission expires: 10/17/2018

American Airlines 5'X10' (50 SF) Storage Space (Exhibit 1)



## Exhibit "2"

### GENERAL CIVIL RIGHTS PROVISIONS

The Airline 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 Airline 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 Okaloosa County 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 Okaloosa County or any transferee retains ownership or possession of the property.

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 Airline 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, Okaloosa County will there upon revert to and vest in and become the absolute property of Okaloosa County and its assigns.\*

#### **Title VI List of Pertinent Nondiscrimination Acts and Authorities**

During the performance of this lease, the Airline, for itself, its assignees, and successors in interest (hereinafter referred to as the "Airline") 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 Airline has full responsibility to monitor compliance to the referenced statute or regulation. The Airline 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. Airline must provide a work environment that is free from recognized hazards that may cause death or serious physical harm to the employee. The Airline retains full responsibility to monitor its compliance and their subcontractor's compliance with the applicable requirements of the Occupational Safety and Health Act of 1970 (20 CFR Part 1910). Airline 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.