

 CERTIFICATE OF LIABILITY INSURANCE		DATE: 7/11/2023
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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).		
PRODUCER Willis Towers Watson Midwest, Inc. 233 South Wacker Drive Chicago, IL 60606	CONTACT NAME: Willis, Global Aviation PHONE (A/C, No. Ext): 312-288-7095 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	FAX (A/C, No): 312-621-6880
INSURED JBT AeroTech Corporation John Bean Technologies Corporation JBT AeroTech, Jetway Systems 1805 West 2550 South Ogden, UT 84401	INSURER(S) AFFORDING COVERAGE INSURER A : See Attached INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC#

COVERAGES CERTIFICATE NUMBER: JBT-0584 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Aviation GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	See Attached	11/01/22	11/01/23	EACH OCCURRENCE	15,000,000
							DAMAGES TO RENTED PREMISES(Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$15,000,000
							PRODUCTS-COMP/OP AGG	\$15,000,000
							Hangarkeepers Legal Liab.	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS (inside AOA) <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS (inside AOA) <input checked="" type="checkbox"/> NON-OWNED AUTOS (inside AOA) <input checked="" type="checkbox"/> Airside (inside of AOA)	Y	Y	See Attached	11/01/22	11/01/23	COMBINED SINGLE LIMIT (Ea accident)	\$15,000,000
							BODILY INJURY(Per person)	\$
							BODILY INJURY(Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATUTORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
	OTHER							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES: // ITB AP 38-23 - VPS Replace Passenger Boarding Bridges, B1, B2, and B3 including new PC Air units, water closets, and associated electrical and architectural improvements at Destin-Fort Walton Beach Airport, FL / The County of Okaloosa, Destin-Fort Walton Beach Airport, Florida shall be named as Additional Insureds only as respects the operations and activities of the Named Insured under the above referenced contract (s).. Insurers agree to waive their rights of subrogation against the Additional Insureds in respect of the physical damage coverage. This insurance is primary and without right of contribution from any other insurance as may be carried by the Additional Insured. In the event of cancellation of the policies by Insurers agree to provide 30 day notice of cancellation.

CERTIFICATE HOLDER Okaloosa County BCC 5479A 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 <i>Ruth Hull</i>
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Named Insured: John Bean Technologies Corporation and as Endorsed
Policy Number: A1PR000201122AM
Effective Date: July 11, 2023

Endorsement Number
137

ADDITIONAL INSURED ENDORSEMENT

In consideration of an additional premium of \$Included, this endorsement modifies the policy to which it is attached as follows:

With regards to Project: ITB AP 38-23 - VPS Replace Passenger Boarding Bridges, B1, B2, and B3 including new PC Air units, water closets, and associated electrical and architectural improvements at Destin-Fort Walton Beach Airport, FL.

The County of Okaloosa, Destin-Fort Walton Beach Airport, Florida are included as an additional insureds hereunder, but only with respect to liability arising out of the activities of the **Named Insured** in connection with this Contract.

With respect to **physical damage** coverage, the Company agrees to waive its rights of recovery against The County of Okaloosa, Destin-Fort Walton Beach Airport, Florida, but only to the same extent the **Named Insured** has waived its rights of recovery against the aforementioned parties in the Contract.

Coverage is primary and is not contributing with any insurance or self-insurance maintained by The County of Okaloosa, Destin-Fort Walton Beach Airport, Florida, but only to the extent the **named insured** has indemnified the aforementioned party in the Contract.

If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

The **Limits of Insurance** shown in item 3. Of the Declarations as respects Aviation Commercial General Liability are amended as follows:

EACH OCCURRENCE	\$15,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
GENERAL AGGREGATE	\$15,000,000
PRODUCTS/COMPLETED OPERATIONS	\$15,000,000 aggregate

Airside Automobile Liability: \$ 15,000,000 each occurrence as respects Owned,
Non-owned and Hired vehicles (Any Auto)

All other provisions of this policy remain the same.