

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/12/22

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).

this	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER			CONTACT NAME;							
AVIATION INSURANCE MANAGERS				PHONE (A/C, No, Ext): (330)494-1500 FAX (A/C, No): (330)494-8600						
11650 Cleveland Ave NW				E-MAIL ADDRESS: becky@aimofohio.com						
Uniontown, OH 44685									NAIC#	
Lice	nse #:				INSURE	a: Lexing	ton Insuran	ce Company		
INSURI	ĒD				INSURE	RB;				
	B&C Air, LLC			!	INSURE	ERC:				
	945 Bambi Dr.			,	INSURE	RD:				
	Destin, FL 32541			!	INSURE	ŖE:				
					INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME TAIN, ICIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT THE POLICIE REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
<u> </u>	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	0
				- And Mindelphoton				MED EXP (Any one person)	\$	0
A		X	'	41-LX-065046018-0		04/19/22	04/19/23	PERSONAL & ADV INJURY	\$	0
0	GEN'L AGGREGATE LIMIT APPLIES PER:		1					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC		!					PRODUCTS - COMP/OP AGG	\$	0
	OTHER:	ļ	<u> </u> !					COMBRIES ORIOTETARE	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
  -	ANY AUTO OWNED SCHEDULED	1	'					BODILY INJURY (Per person)	\$	
-	AUTOS ONLY AUTOS NON-OWNED	1	'					, ,,	\$	
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	1	!			]		AGGREGATE	\$	
	DED RETENTION \$		$\perp \perp \prime$						\$	
	VORKERS COMPENSATION ND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	NY PROPRIETORIPARTNERIEXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
{\	Mandatory in NH) yes, describe under				ļ			E.L. DISEASE - EA EMPLOYEE	\$	
Ď	yes, describe under ESCRIPTION OF OPERATIONS below	<u> </u>	igspace					E.L. DISEASE - POLICY LIMIT	\$	
			A STATE OF THE STA				-	:		
DESCRI	IPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (/	ACORE	) 101, Additional Remarks Schedu	te, may	1				
		•		•		CONTI	RACT#I	.22-0504-AP		
Loca	tion of Covered Premises: 1001 A	irpoi	it Ro	ad, Destin, FL 32541	B & C AIR, LLC.					
O-41	ro	***!	L.L.	ı			•		שוי	
Certificate Holder is included as an Additional Insured.							3 HANGER LEAS	)E		
					EXPIRES: 02/07/2037					
CERT	TIFICATE HOLDER				CANC	ELLATION				
			-							
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	DESTIN-FORT WALTON BEA	AGH	AIRE	'ORI	AUTHORIZED REPRESENTATIVE					
	1701 STATE ROAD 85N				San Wolf or					
EGLIN AFB, FL 32542				Same Villa						

#### LEXINGTON INSURANCE COMPANY

99 High Street, Boston, MA 02110

#### **COMMON POLICY DECLARATIONS**

GENERAL CHANGE ENDORSEMENT

POLICY NO: 41-LX-065046018-0 END: 001

#### ACCOUNT NUMBER: NAMED INSURED AND MAILING ADDRESS

B&C AIR, LLC 945 BAMBI DR. DESTIN, FL 32541

#### **AGENCY AND MAILING ADDRESS**

93575

PREFERRED AVIATION UNDERWRITER 3321 N BERKLEY LAKE RD STE 200 DULUTH, GA 30096

POLICY PERIOD: FROM 04/19/2022 TO 04/19/2023 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Effective 05/25/2022 this policy amended as shown.

#### **COMMON POLICY DECLARATIONS**

For an additional/return premium, the items below are changed as indicated:

Amend Additional Insured Okaloosa County to Read: Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport 1701 State Road 85N Eglin AFB, FL 32542

NO ADDITIONAL OR RETURN P	REMIUM DUE FOR COMMERCIAL PROPERTY	NO CHANG		
NO ADDITIONAL OR RETURN PREMIUM	no chang			
PREMIUM D				
NO ADDITIONAL OR RETURN PREMIUM DUE FOR COMMERCIAL INLAND MARINE NO CHANG				
PREMIUM DUE FOR PROFESSIONAL LIABILITY				
PREMIUM DUE FOR CYBEREDGE				
NO ADDITIONAL OR RETURN		]		
TRANSACTION PREMIUM: \$0				
TOTAL SURCHARGE / TAXES / FEES:				
TOTAL PREMIUM: \$0				

## LEXINGTON INSURANCE COMPANY

### COMMON POLICY DECLARATIONS

DECLARATION

POLICY NO: 41-LX-065046018-0 END: 001

INSURED: B&C AIR, LLC

**EFFECTIVE DATE:** 04/19/2022

AGENT: PREFERRED AVIATION UNDERWRITER

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

Policy No: 41-LX-065046018-0 001 Effective 12:01 a.m. 05/25/2022

Thomas MI STATE

#### **AUTHORIZED REPRESENTATIVE SIGNATURE PAGE**

THIS IS TO CERTIFY THAT THE INSURANCE COMPANY HAS ISSUED THE ATTACHED ENDORSEMENT TO THE INSURED NAMED ON THE DECLARATIONS PAGE FOR THE REMAINDER OF THE POLICY PERIOD INDICATED ON SUCH DECLARATIONS PAGE. THE INSURANCE AFFORDED BY THIS ENDORSEMENT IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY.

•	
Authorized Representative	
COUNTERSIGNATURE (Where Applicable)	

#### LEXINGTON INSURANCE COMPANY

99 High Street, Boston, MA 02110 FORMS SCHEDULE

POLICY NO: 41-LX-065046018-0	END:	001	

## ACCOUNT NUMBER: NAMED INSURED AND MAILING ADDRESS

B&C AIR, LLC 945 BAMBI DR. DESTIN, FL 32541

#### **AGENCY AND MAILING ADDRESS**

93575

PREFERRED AVIATION UNDERWRITER 3321 N BERKLEY LAKE RD STE 200 DULUTH, GA 30096

POLICY PERIOD: FROM 04/19/2022 TO 04/19/2023 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

NOTE: IF NO ENTRY APPEARS ON THE FOLLOWING ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

COMMON POLICY PAC	KAGE	APPLICABLE COVERAGE PARTS		
IL1207 07-02	Florida Policy Changes	General Liability,	Added	
		Commercial Inland		
		Marine		

COMMERCIAL GENERAL LIABILITY FORMS						
CG2010 12-19	Additional Insured - Owners, Lessees Or Contractors -	Modified				
	Scheduled Person Or Organization					

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Change	e Date of Change: 05/25/2022 Endorsement No.: 001				
_	Insured: B&C Air, LLC				
	·				
The foll	owing item(s):				
	Insured's Name		Insured's Mailing Address		
	Policy Number	To	Company		
	Effective/Expiration Date		Insured's Legal Status/Business of Insured		
	Payment Plan		Premium Determination		
	Additional Interested Parties:		Coverage Forms and Endorsements		
	Limits/Exposures		1 Deductibles		
	Covered Property/Located Description	10	Classification/Class Codes		
	Rates		Underlying Insurance		
s (are)	changed to read {See Additional Page(s)}:				
The ab	ove amendments result in a change in the prer	niun	n as follows:		
	NO CHANGES   TO BE ADJUSTED		n as follows:  ADDITIONAL PREMIUM RETURN PREMIUM		

mend Additional Insured Okaloosa County to Read:	
kaloosa County Board of County Commissioners	
estin-Fort Walton Beach Airport	
701 State Road 85N	
glin AFB, FL 32542	
EMOVAL PERMIT	
this policy includes the Capital Assets Program (Output Policy) Coverage Part with all property scheduled on e Scheduled Location Endorsement <b>OP 14 01</b> , or the Commercial Property Coverage Part, the following ap-	

POLICY CHANGES ENDORSEMENT DESCRIPTION

plies with respect to such Coverage Part(s):

apply at the previous location.

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not

CG 20 10 12 19

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Location(s) Of Covered Operations					

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:
  - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
  - 1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

#### SUPPLEMENTAL FORM DECLARATION FOR CG2010 1219

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport 1701 State Road 85N Eglin AFB, FL 32542	1001 Airport Rd., Destin, FL 32541
Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport 1701 State Road 85N Eglin AFB, FL 32542	