

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
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).										
	to the	e cert	ificate holder in lieu of su	ICONTA	dorsement(s).				
PRODUCER *MARSH USA, INC.					CONTACT NAME: DUONE					
TWO ALLIANCE CENTER					PHONE FAX (A/C, No, Ext): (A/C, No):					
3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326					E-MAIL ADDRESS:					
ALLANA, OA 30320					INSURER(S) AFFORDING COVERAGE NAIC #					
CN101818053-DELTA-end21-23					INSURER A : ACE American Insurance Company 22667					
INSURED DELTA AIR LINES, INC.					INSURER B : Indemnity ins Co Of North America 43575					
DEPARTMENT 858					INSURER C : Allianz Globai Risks Us Insurance Company 35300					
1030 DELTA BLVD.					INSURER D : ACE Fire Underwriters Insurance Company 20702					
ATLANTA, GA 30320					INSURER E :					
					INSURER F :					
COVERAGES CE	RTIFI	CATE	ENUMBER:	ATL-004663992-31 REVISION NUMBER: 4						
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 TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$		
							MED EXP (Any one person)	\$		
	•						PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGATE	\$		
							PRODUCTS - COMP/OP AGG	\$		
OTHER:								\$		
	-	†	ISAH25553925		02/01/2022	02/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
X ANY AUTO			Self Insured for Physical Damage				BODILY INJURY (Per person)	\$		
Y OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
Y HIRED Y NON-OWNED			Off Restricted Airport				PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY			Premises Only				(Per accident)	\$		
C UMBRELLA LIAB X OCCUR			A1AL000764721AM		12/21/2021	12/21/2022	EACH OCCURRENCE	\$	1,000,000	
X EXCESS LIAB CLAIMS-MAD	_						AGGREGATE	\$	1,000,000	
DED RETENTION \$0	1						AUGREGATE	s		
B WORKERS COMPENSATION			WLR C6892635A (AOS)		02/01/2022	02/01/2023	X PER OTH- STATUTE ER	Ŷ		
D AND EMPLOYERS' LIABILITY Y / I ANYPROPRETOR/PARTNER/EXECUTIVE			SCF C68926397 (WI)	1	02/01/2022 02/01/2022	02/01/2023 02/01/2023	E.L. EACH ACCIDENT	\$	1,000,000	
A OFFICER/MEMBEREXCLUDED? N	N/A		WLR C68926312 (AZ,CA,MA)				E.L. DISEASE - EA EMPLOYEE		1,000,000	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000	
A Specific XS/WC Employers Liab.			WCU C68926270 (GA)		02/01/2022	02/01/2023	Per Occurrence	<u> </u>	STATUTORY	
			100 00020210 (0/1)		OLIO BLOLL	DEIG WEGEG	EL : \$1,000,000 Acc/Aggr.			
SIR: \$1,000,000 Each Acc./Emp							EL . \$1,000,000 Acc/Aggr.			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Okaloosa County and its officers, members, Airport Director, employees and agents are additional insureds with respect to Auto Liability where required vy written contract. This insurance is primary and non- contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions.										
					CONTE	ACT#L16	5-0442-AP			
	:	DELTAAIR LINES, INC.								
					SIGNATORY AIRLINE OPERATING AGREEMENT					
					AND TERMINAL BUILDING LEASE					
CERTIFICATE HOLDER CAN EXPIRES: 09/30/2021										
						, .,,.,.,.,	· · · · ·		. –	
Okaloosa County (Please see the second page for additional Holders.) 5479A Old Bethel Road Crestview, FL 32536					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					
Marsh USA Inc.								ic.		
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AGENCY CUSTOMER ID: CN101818053 LOC #: Atlanta

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ADDITIONAL REMARKS SCHEDULE

AGENCY *MARSH USA, INC.		NAMED INSURED DELTA AIR LINES, INC. DEPARTMENT 858				
POLICY NUMBER		1030 DELTA BLVD. ATLANTA, GA 30320				
CARRIER						
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO	RD FORM,					
FORM NUMBER: 25 FORM TITLE: Certificate of Lia	bility Insura	nce				

Additional Certificate Holders: Board of County Commissioners 302 N. Wilson Street Suite 302 Crestview, FL 32536

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