

LROBERTS

DATE (MM/DD/YYYY) 3/15/2023

A	CORD C)EF	RTI	FICATE OF LIA	۱BIL	ITY INS	URAN	CE		(MM/DD/YYYY) 15/2023
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).										
	DUCER	CONTACT Lauren Roberts								
Avsurance Corporation 47 W. Elisworth Rd.					PHONE (A/C, No, Ext): (800) 472-7090 FAX (A/C, No):					
	Arbor, MI 48108				E-MAIL ADDRE	_{ss:} Iroberts(@avfuel.co	m		
					INSURER(S) AFFORDING COVERAGE					NAIC #
		INSURER A : Starr Indemnity & Liability Co					38318			
INSURED						INSURER B : Lexington Insurance Company				
KRS Express, Inc.					INSURER C :					
	1155 East Johnson Street Tatum, TX 75691-1908					INSURER D :				
	-		INSURER E :							
L	VERAGES CER	TIEI	~ A TI		INSURE	RF:		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.										
	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	L(Mi)	:s	F 000 000
	CLAIMS-MADE X OCCUR	x		1000222858-07		6/14/2022	6/14/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s s	5,000,000 500,000
								MED EXP (Any one person)	s	5,000
								PERSONAL & ADV INJURY	S	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	S	5,000,000
								PRODUCTS - COMP/OP AGG	\$	10,000,000
	AUTOMOBILE LIABILITY	· ·						COMBINED SINGLE LIMIT	s	
	ANYAUTO							(Ea accident)	s s	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per person) BODILY INJURY (Per accident)	-	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s s	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	5 5	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	
	DED RETENTION S								s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	s	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	s	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	
в	Property			41-LX-066415235-7		1/22/2023	1/22/2024	Building (Hangar)		600,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is additional insured on the General Liability Policy and Loss Payee on Property policy with respects to the building insured - located at Destin Executive Airport, 1001 Airport Rd., Lot 3, block 2, Destin, FL 32541 Wind/Hail exclusion for Property HKLL: Hangarkeepers Liability- Each occurrence/Each aircraft, deductible- \$15,000 each aircraft. Lease #: L10-0369-AP CEDITIE/CATE HOLDER										
	RTIFICATE HOLDER				CAN	CELLATION				1
Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Alrport Administration 1701 State Road 85 N Eglin A F B, FL 32542						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				
	t									

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