

CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

09/26/2023

THIS CERTIFICATE I BELOW, THIS REPRESENTAT	DOE! CER	S NOT AFFIRM. TIFICATE OF II	ATIVELY NSURANC	OR NE	GAT	VELY AMEND OT CONSTITU	, EXTE	ND OR ALT	ER THE	COVE	RAGE /	AFFORDED	BY THE	POLICIES	
IMPORTANT: If SUBROGATION this certificate of	ON IS	S WAIVED, subj	ect to the	terms	and (conditions of t	the polic	cy, certain p	olicies r	TIONA	L INSUR Juire an	ED provision endorseme	ons or bont. A st	e endorsed. atement on	
PRODUCER							CONTA	CT	3/		***************************************				
Ladd Gardner Aviation Insurance Agency, Inc								NAME: PHONE (A/C, No, Ext): (A/C, No, Ext):							
PO Box 183								E-MAIL ADDRESS							
Addison, TX 75001								PRODUCER CLSTOMERID#							
INSURED								INSURER(S) AFFORDING COVERAGE					% 100%	NAIC#	
Hangar 6 Aviation LLC								INSURER A: U.S. SPECIALTY INSURANCE COMPANY INSURER B:							
123 Country Club Drive West								INSURER C:							
Destin, FL 32541								INSURER D: INSURER E:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW								INSURER F:							
INDICATED. I CERTIFICATE	VTON AM E	VITHSTANDING ALL VITHSTANDING ALL Y BE ISSUED OR O CONDITIONS O	ny requi May per	REMENT	, TER	M OR CONDITION SURANCE AFFO	ON OF A	NY CONTRAC Y THE POLIC	T OR OT	HER DO	CUMENT HEREIN	r with resp	PECT TO	WHICH THIS	
POLICY INFORMATION CERTIFICATE NUM								ABER: REVISION NUMBER:							
NDUSTRIAL AID	POLICY TYPE NDUSTRIAL AD X PLEASURE & BUS COMMERCIAL X AIRPLANE							, LINE OF BUSINESS SUBCODE HELICOPTER MIXED FLEET EXCES					S QUOTA SHARE		
NON-OWNED							ILY X								
AIRCRAFT II			ACC	RD 33		craft Schedule	attach	ed			*****				
1950								SERIAL NUMBER REGI N3-					STRATION NUMBER		
AIRCRAFT CO	VER	AGES	······································				***************************************		***************************************			**************************************			
INSURER LETTER	PC	CYNUMBER EFFECTIVE DATE 3009286-07 9/26/2023					i .	EXPIRATION DATE ADDITIONAL INSURED? (Y/N) 8/15/2024 Y				SUBROG	SUBROGATION WAIVED? (Y/N)		
COVERAGE		OPTIONS					LIMIT	LIMIT		APPLIES TO LIMIT		J	APPLIES TO		
ARCRAFT HULL	×	ALL RISK GROUND	ALL RISK GROUND AND FLIGHT				\$, , , , , , , , , , , , , , , , , , , ,		AGREED VALUE \$		250 2,500			
AIRCRAFT LIABILITY		LIABILITY			<u> </u>		\$	1,000,000	EA OCC EA PASS		\$ \$		EA PER AGGR		
MEDICAL PAYMENTS	s X	INCLUDING CREW EXCLUDING CREW					\$	5,000	EA PER \$ 10,0			10,000	0 EA OCC		
CODE DESCRI	TION	OPTIONS					LIMIT		APPLIES TO		LIMIT		APPLIES TO		
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DESCRIPTION C	F O	PERATIONS / R	EMARKS	(ACO	RD 10	1, Additional I	\$ Remarks	s Schedule,	may be	attache	\$ d if mor	e space is r	equired)	
Certificate l	Hol	der is includ	ded as	an A	ddit	ional Insur	ed.								
CERTIFICATE H	OLC	ER					CANC	ELLATION						······································	
Okaloosa County Board of County Commissioners C/O Destin-Fort Walton Beach Airport;1701 State Road 85 North Eglin Afb, 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								
		-								ACOR	D CORF	PORATION.	All right	s reserved.	
ACORD 21 (2	:016/	03) The	ACORD I	name a	nd lo	go are registe	ered ma	irks of ACO	RD						

LEASE: L08-0320-AP

HANGER 6

DAP BLOCK 8/LOT 6 XFERED FM #L168

EXPIRES: 09/30/2041