

TITAAVI-01

LROBERTS

DATE (MM/DD/YYYY)

| ACORD | CERT | IFICATE OF L | IABI | LITY INS | SURAN | CE | 1933 | (MM/DD/YYYY) 12212022 |
|--|--|--|--------------------|---|---|---|-----------------|--------------------------|
| THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCER | ATIVELY O | OR NEGATIVELY AME CE DOES NOT CONST | ND, EXT ITUTE A | END OR AL | TER THE CO | OVERAGE AFFORD | ICATE HO | LDER. THIS |
| IMPORTANT: If the certificate ho If SUBROGATION IS WAIVED, sul this certificate does not confer right | ject to th | e terms and conditions | of the p | olicy, certain | policies may | | | |
| PRODUCER | | | CONT | ACT | | | | |
| Avsurance Corporation 47 W. Ellsworth Rd. | | | | PHONE (A/C, No, Ext): (800) 472-7090 FAX (A/C, No): (73) E-MAIL ADDRESS: avsurance@avfuel.com | | | | 663-8296 |
| Ann Arbor, MI 48108 | | | ADDR | | CONTRACTOR AND | TO THE REPORT OF THE | | NAMES OF |
| | | | INSUR | | | RDING COVERAGE | | NAIC # |
| INSURED Titan Aviation, LLC and KRS Express, Inc. Kim R Smith | | | | INSURER A : Endurance American Ins. Co. | | | | |
| | | | | INSURER C : | | | | |
| Kim R Smith 3511 Silverside Rd, Suite 105 Wilmington, DE 19810 | | | INSUR | INSURER D : | | | | |
| | | | Contract Antimate | INSURER E : | | | | |
| COVERAGES C | FRTIFICAT | TE NUMBER: | INSUR | ER F : | | REVISION NUMBE | R. | |
| THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF SU | icies of In 7 Requirer Ay Pertai | NSURANCE LISTED BELC MENT, TERM OR CONDI N, THE INSURANCE AFF | tion of orded e | ANY CONTRA Y THE POLIC REDUCED BY | to the insui Ct or other Ies descrie Paid claims | Red Named Above F R Document with Ri Ed Herein Is Subje | OR THE PO | WHICH THIS |
| INSR TYPE OF INSURANCE | ADDL SUE INSD WV | POLICY NUMBER | R | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | |
| COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrenc | \$ e) \$ | |
| | - 1 | | | | | MED EXP (Any one persor | | |
| | - | | | | | PERSONAL & ADV INJUR | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | | |
| OTHER: AUTOMOBILE LIABILITY | the second second | | | | | COMBINED SINGLE LIMI (Ea accident) | T S | |
| ANY AUTO | | | | | | BODILY INJURY (Per pers | | |
| OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per acci PROPERTY DAMAGE (Per accident) | ident) \$ \$ | |
| International Accounts | | | | | | | \$ | |
| UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-M/ | DE | | | | | EACH OCCURRENCE | \$ | 1 |
| DED RETENTION \$ | | | | | | | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER O' STATUTE EF | TH- | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | <u>/N</u> N/A | | | | | E.L. EACH ACCIDENT | \$ | |
| If yes, describe under | | | | | | E.L. DISEASE - EA EMPLO | | |
| A Aircraft Hull & Liab | x | NAB6049927 | | 9/20/2022 | 9/20/2023 | E.L. DISEASE - POLICY L Liability - N193SE | IMIT \$ | 1,000,00 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VE Regards to Lease #: L10-0369-AP Okaloosa County Board of County Com Aircraft Liability Limit: \$1M CSL | | Senary and an an analysis and a second s | | | | red) | | |
| Aircraft Hulli: \$1,290,000 Deductible: (NIM /IM) \$10,000 Medical Expense: \$5,000 ea Person / \$55 | ,000 ea Oco | currence | | | | 10-0369-AP | | |
| CERTIFICATE HOLDER | | | | CA KRS EXPRESS - | | | | |
| Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin A F B, FL 32542-1498 | | | | DAP HANGAR LEASE BLOCK 2, LOT 3 EXPIRES: 07/15/2025 | | | | |
| | | | | AUTHORIZED REPRESENTATIVE | | | | |
| | | | | ~ | V . | | | |

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