

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/29/2022

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).

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PRO	DUCE	ER					NAME:	ONTACT Chris Jayne						
Fuller Insurance LLC								PHONE (A/C, No, Ext): (850) 502-4260 [FAX (A/C, No): (850) 895-3109						
4821 US Highway 98								E-MAIL ADDRESS: chris@fuller.insure						
Suite 103								INSURER(S) AFFORDING COVERAGE NAIC						
Santa Rosa Beach FL 32459								INSURER A: Covington Specialty Ins Co					13027	
INSURED								INSURER B:						
Mark Hecker								INSURER C:						
1512 E. John Sims Parkway							INSURER D:							
Unit 233							INSURER E :							
Niceville FL 32578							INSURER F:							
COVERAGES CERTIFICATE NUMBER:								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.													HIS	
INSR LTR TYPE OF INSURANCE			(NSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s			
Г	COMMERCIAL GENERAL LIABILITY									EACH OCCURRENC		\$	1,000,000	
	CLAIMS-MADE 🗶 OC		OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	:U irrence)	\$	100,000	
1										MED EXP (Any one	person)	\$	5,000	
Α						VBA872991 00		08/01/2022	08/01/2023	PERSONAL & ADV I	NJURY	\$	1,000,000	
GEN'L A		N'L AGGREGATE LIMIT APPLI	AGGREGATE LIMIT APPLIES PER:					-		GENERAL AGGREG	ATE	\$	2,000,000	
	X	POLICY PRO-	LOC			`				PRODUCTS - COMP	P/OP AGG	\$	EXCLUDED	
		OTHER:						-				\$		
	AU1	TOMOBILE LIABILITY							,	COMBINED SINGLE (Ea accident)	LIMIT	\$		
		ANY AUTO								BODILY INJURY (Pe	r person)	\$		
		OWNED SCH AUTOS ONLY AUT	HEDULEO TOS							BODILY INJURY (Pe	r accident)	\$		
		THIRED NO	N-OWNED TOS ONLY							PROPERTY DAMAG (Per accident)	iΕ	\$		
		1,000 ONE!	100 ONLI							<u>, </u>	•	\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENC	Œ	\$		
			CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION\$										\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									PER STATUTE	OTH- ER				
									E.L. EACH ACCIDEN	E	\$			
			N/A						E.L. DISEASE - EA 8	MPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POL		\$	-		
		STATE TO STATE OF STA									_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
									4					
DES	I RIP1	TION OF OPERATIONS / LOCA	ATIONS / VEHIC	LES (ACOR	I D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is requ	ıired)			u=-	
Lo	c 1: :	5545 John Givens Road, E	31dg 026-G, C	restvi	ew, F	L 32539	Í						•	
							CONTRACT: L02-0193-AP							
Ok	aloo	sa County Board of Count	ty Commissio	ners i	s Add	itional Insured in regard to Go	er MARK HECKER							
							BSAP LEASE LOT 3/BLOCK 1							
							EXPIRES: 09/30/2027							
CEI	TIE	ICATE UOI DED					,							
	CIE	ICATE HOLDER				CHICALINI								
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 Beach Airport, Administrative Office								AUTHORIZED REPRESENTATIVE						
1701 State Road 85N								Chris Jayne						

Eglin AFB

FL 32542