

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 8/17/2004

Contract/Lease Control #: L04-0242-AP20-96

Bid #: N/A

Contract/Lease Type: REVENUE

Award To/Lessee: HOLLINGSWORTH, G.M.

Lessor: OKALOOSA COUNTY

Effective Date: 8/17/2004 \$76,040.00

Term: EXPIRES 8/17/2024

Description of Contract/Lease: BSAP BLOCK B/LOT ¹ SUPPLEMENTAL #1
2/5/08 di

Department Manager: AIRPORT

Department Monitor: J. SEALY

Monitor's Telephone #: 651-7160

Monitor's FAX #: 651-7164

Date Closed:



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/11/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach, FL 32548		PHONE (A/C, No, Ext): 850-581-4925	COMPANY Evanston Insurance Company Ten Parkway North Deerfield, IL 60015	
FAX (A/C, No): 850-581-4930		E-MAIL ADDRESS: receptionist@waldorffinsurance.com		
CODE: AGENCY CUSTOMER ID #: QUALLEA-01		SUB CODE:		
INSURED Quality Leasing, LLC G.M. Hollingsworth 540 Golf Course Drive Niceville FL 32578		LOAN NUMBER	POLICY NUMBER 2AA400487	
		EFFECTIVE DATE 02/14/2024	EXPIRATION DATE 02/14/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc # 1, Bldg # 1, 5551 John Givens Road, Crestview, FL, 32539
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Loc # 1, Bldg # 1 Building, Replacement Cost, Special (Including theft), Coinsurance 80%	\$157,500	1,000

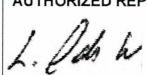
REMARKS (Including Special Conditions)

Wind/Hail Deductible 7% of building value Subject to a Min Ded of \$5,000 per occurrence. Lease No: L04-0242-AP
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Okaloosa County Board of County Commissioners Destin/Fort Walton Beach Airport Administration 1701 SR 85 N Eglin AFB, FL 32542	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		

LEASE: L04-0242-AP
 HOLLINGSWORTH, G.M.
 BSAP BLOCK B/LOT 1
 EXPIRES: 08/17/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2024

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).

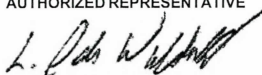
PRODUCER Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548	CONTACT NAME: PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Quality Leasing, LLC G.M. Hollingsworth G.M. Hollingsworth 540 Golf Course Drive Niceville FL 32578	INSURER A : Evanston Insurance Company	NAIC # 35378
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 214626713 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		2AA400487	2/14/2024	2/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 0
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Lease No: L04-0242-AP
 Certificate Holder is listed as Additional Insured, when required by written contract, as pertains to General Liability.

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners Destin/Ft Walton Bch Airport Administration 1701 SR 85 N Eglin AFB FL 32542-1498	LEASE: L04-0242-AP HOLLINGSWORTH, G.M. BSAP BLOCK B/LOT 1 EXPIRES: 08/17/2024
	AUTHORIZED REPRESENTATIVE 

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
12/11/2023

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).

PRODUCER Avemco Insurance Company 8490 Progress Drive, Suite 200 Frederick, MD 21701	CONTACT NAME: Avemco Insurance Company PHONE: 800-638-8440 FAX: 800-863-3338 (A/C, No, Ext): (A/C, No):		
	E-MAIL ADDRESS: avemco@ave.com		
INSURED Elton King 3111 Merion Drive Miramar Beach, FL 32550-0000	PRODUCER CUSTOMER ID No.		
	INSURER(S) AFFORDING COVERAGE		
	INSURER A:	AVEMCO INSURANCE COMPANY	100%
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:

POLICY TYPE			LINE OF BUSINESS SUBCODE							
INDUSTRIAL AID NON-OWNED	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE LIABILITY ONLY	HELICOPTER	MIXED FLEET	EXCESS	QUOTA SHARE
							HULL & LIABILITY	HULL ONLY		

AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached

YEAR 1997	MAKE Raytheon Aircraft Company	MODEL A36	SERIAL NUMBER	REGISTRATION NUMBER N2311V
TERRITORY:				

AIRCRAFT COVERAGES

INSURER LETTER A	POLICY NUMBER 210118284802	EFFECTIVE DATE 09/15/2023	EXPIRATION DATE 09/15/2024	ADDITIONAL INSURED (Y/N) Y	SUBROGATION WAIVED (Y/N) Y	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	<input type="checkbox"/> All Risk Ground & Flight	<input type="checkbox"/> Ground Not In Flight	\$	AGREED VALUE	\$	Ded. - Not in motion
	<input type="checkbox"/> Ground Not In Flight					Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> Including Passengers		\$ 1,000,000	EA OCC	\$ 100,000	EA PER
	<input type="checkbox"/> Excluding Passengers		\$	EA PASS	\$	AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS
	<input type="checkbox"/> EXCLUDING CREW					
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION					
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 602-C N Pearle Street Crestview, FL 32536	LEASE: L04-0242-AP HOLLINGSWORTH, G.M. BSAP BLOCK B/LOT 1 EXPIRES: 08/17/2024 MARCI L VERONIE	ORE THE
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AIRPORT USE - AIRPORT HANGAR ENDORSEMENT

You have a written airport use or airport hangar agreement for **your insured aircraft** with the party shown below.

We agree to include them as an "**insured person**" under that definition in **your** Policy. **We** also agree to waive **our** recovery rights against them for **loss** to **your insured aircraft** (**you** do, too).

We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF **YOUR INSURED AIRCRAFT**.

We will notify this **insured person** when **your** Policy is cancelled. Notice will be sent at least 30 days before the cancellation date. Only 10 days' notice (or that notice required by **your** state, if more) will be given if **we** cancel for nonpayment of premium.

If this **insured person** has other liability insurance, that insurance shall apply first. The addition of this **insured person** to **your** Policy does not increase the Limits of Liability provided.

Okaloosa County Board of County Commissioners
602-C N Pearle Street

Crestview, FL 32536

This Endorsement is effective Mo.DayYr. 09/15/2023 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 210118284802 issued by Avemco Insurance Company.



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MMDD/YYYY)
10/09/2023

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.

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PRODUCER Travers & Associates Aviation Insurance Agency Llc PO Box 220519 Saint Louis, MO 63122	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
PRODUCER CUSTOMERID#:		
INSURER(S) AFFORDING COVERAGE		%
INSURER A : U.S. SPECIALTY INSURANCE COMPANY		100%
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

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POLICY INFORMATION		CERTIFICATE NUMBER:	REVISION NUMBER:
POLICY TYPE		LINE OF BUSINESS SUBCODE	
INDUSTRIAL AID <input checked="" type="checkbox"/>	PLEASURE & BUS <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	AIRPLANE <input checked="" type="checkbox"/>
NON-OWNED <input type="checkbox"/>			HELIICOPTER <input type="checkbox"/>
			MIXED FLEET <input type="checkbox"/>
			EXCESS <input type="checkbox"/>
			QUOTA SHARE <input type="checkbox"/>
			LIABILITY ONLY <input checked="" type="checkbox"/>
			HULL & LIABILITY <input type="checkbox"/>
			HULL ONLY <input type="checkbox"/>

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR 1994	MAKE Piper	MODEL PA-18-150	REGISTRATION NUMBER N20LE
TERRITORY:			

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	SA00150651-18	10/5/2023	10/5/2024	Y	N	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL			\$	AGREED VALUE	\$	Ded. - Not in motion Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY		\$ 1,000,000 \$ 100,000	EA OCC EA PASS	\$	EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW EXCLUDING CREW		\$ 5,000	EA PER	\$ 10,000	EA OCC
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION		\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 602-C North Pearl Street Crestview, FL 32536	CANCELLATION 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
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**LEASE: L04-0242-AP
HOLLINGSWORTH, G.M.
BSAP BLOCK B/LOT 1
EXPIRES: 08/17/2024**



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/14/2023

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FAX (A/C, No): 850-581-4930		E-MAIL ADDRESS: receptionist@waldorffinsurance.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: QUALLEA-01		LOAN NUMBER		POLICY NUMBER 2AA377566	
INSURED Quality Leasing, LLC G.M. Hollingsworth 540 Golf Course Drive Niceville FL 32578		EFFECTIVE DATE 02/14/2023	EXPIRATION DATE 02/14/2024	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc # 1, Bldg # 1, 5551 John Givens Road, Crestview, FL, 32539

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COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Loc # 1, Bldg # 1 Building, Replacement Cost, Special (Including theft), Coinsurance 80%	\$157,500	\$1,000

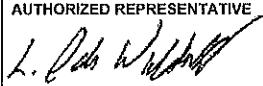
REMARKS (Including Special Conditions)

Wind/Hail Deductible 3% of building value Subject to a Min Ded of \$5,000 per occurrence Lease No: L04-0242-AP	CONTRACT# L04-0242-AP HOLLINGSWORTH, G.M. BSAP BLOCK B / LOT I EXPIRES: 8/17/2024
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Okaloosa County Board of County Commissioners Destin/Fort Walton Beach Airport Administration 1701 SR 85 N Eglin AFB, FL 32542	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2023

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PRODUCER Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548	CONTACT NAME: PHONE (A/C, No., Ext): 850-581-4925 FAX (A/C, No.): 850-581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Quality Leasing, LLC G.M. Hollingsworth G.M. Hollingsworth 540 Golf Course Drive Niceville FL 32578	INSURER A: Evanston Insurance Company	NAIC # 35378
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

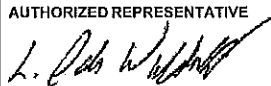
COVERAGES **CERTIFICATE NUMBER: 339391859** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		2AA377566	2/14/2023	2/14/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 0
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Lease No: L04-0242-AP
 Certificate Holder is listed as Additional Insured, when required by written contract, as pertains to General Liability.

CERTIFICATE HOLDER **CANCELLATION**

Okaloosa County Board of County Commissioners Destin/Ft Walton Bch Airport Administration 1701 SR 85 N Eglin AFB FL 32542-1498	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 
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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

10/04/2022

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).

PRODUCER Travers & Associates Aviation Insurance Agency Llc PO Box 220519 Saint Louis, MO 63122	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
E-MAIL ADDRESS:				
PRODUCER CUSTOMER ID#:				
INSURED Quality Leasing, Inc. Gerald Hollingsworth 540 Golf Course Drive Niceville, FL 32578	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A: U.S. SPECIALTY INSURANCE COMPANY		100%	
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

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.

POLICY INFORMATION		CERTIFICATE NUMBER:		REVISION NUMBER:	
POLICY TYPE			LINE OF BUSINESS SUBCODE		
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>
NON-OWNED	<input type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	HELICOPTER	<input type="checkbox"/>
		LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>
				MIXED FLEET	<input type="checkbox"/>
				HULL ONLY	<input type="checkbox"/>
				EXCESS	<input type="checkbox"/>
				QUOTA SHARE	<input type="checkbox"/>

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR	MAKE	MODEL	REGISTRATION NUMBER
1994	Piper	PA-18-150	N20LE
TERRITORY:			

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED?(Y/N)	SUBROGATION WAIVED?(Y/N)	
	SA00150651-17	10/5/2022	10/5/2023	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL		\$	AGREED VALUE	\$	Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	Ded. - In motion	
		\$ 100,000	EA PASS	\$	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 10,000	EA OCC	
	<input type="checkbox"/> EXCLUDING CREW					
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
CODE	DESCRIPTION					
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 602-C North Pearl Street Crestview, FL 32536	CANCELLATION 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
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ACORD 21 (2016/03)

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CONTRACT# L04-0242-AP
HOLLINGSWORTH, G.M.
BSAP BLOCK B/LOT I
EXPIRES: 8/17/2024



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

10/04/2021

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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).

PRODUCER Travers & Associates Aviation Insurance Agency Llc PO Box 220519 Saint Louis, MO 63122	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID#:	

INSURED Quality Leasing, Inc. Gerald Hollingsworth 540 Golf Course Drive Niceville, FL 32578	INSURER(S) AFFORDING COVERAGE	%	NAIC #
	INSURER A: U.S. SPECIALTY INSURANCE COMPANY	100%	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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.

POLICY INFORMATION	CERTIFICATE NUMBER:	REVISION NUMBER:																																										
<table border="1"> <tr> <th colspan="2">POLICY TYPE</th> <th colspan="4">LINE OF BUSINESS SUBCODE</th> </tr> <tr> <td>INDUSTRIAL AD</td> <td><input checked="" type="checkbox"/></td> <td>PLEASURE & BUS</td> <td><input type="checkbox"/></td> <td>COMMERCIAL</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NON-OWNED</td> <td><input type="checkbox"/></td> <td>AIRPLANE</td> <td><input checked="" type="checkbox"/></td> <td>HELICOPTER</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>LIABILITY ONLY</td> <td><input type="checkbox"/></td> <td>HULL & LIABILITY</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>MIXED FLEET</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>EXCESS</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>QUOTA SHARE</td> <td><input type="checkbox"/></td> </tr> </table>	POLICY TYPE		LINE OF BUSINESS SUBCODE				INDUSTRIAL AD	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	NON-OWNED	<input type="checkbox"/>	AIRPLANE	<input checked="" type="checkbox"/>	HELICOPTER	<input type="checkbox"/>			LIABILITY ONLY	<input type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>					MIXED FLEET	<input type="checkbox"/>					EXCESS	<input type="checkbox"/>					QUOTA SHARE	<input type="checkbox"/>		
POLICY TYPE		LINE OF BUSINESS SUBCODE																																										
INDUSTRIAL AD	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>																																							
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				MIXED FLEET	<input type="checkbox"/>																																							
				EXCESS	<input type="checkbox"/>																																							
				QUOTA SHARE	<input type="checkbox"/>																																							

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR 1994	MAKE Piper	MODEL PA-18-150	REGISTRATION NUMBER N20LE
TERRITORY:			

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	SA00150651-16	10/5/2021	10/5/2022	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL		\$	AGREED VALUE	\$	Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	Ded. - In motion	
		\$ 100,000	EA PASS	\$	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 10,000	EA OCC	
	<input type="checkbox"/> EXCLUDING CREW					
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Board of County Commissioners 602-C North Pearl Street 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

CONTRACT # L04-0242-AP
 HOLLINGSWORTH, G.M.
 BSAP BLOCKB/LOT 1
 EXPIRES: 08/17/2024



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

2/24/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach, FL 32548		PHONE (A/C, No, Ext): 850-581-4925	COMPANY Evanston Insurance Company Ten Parkway North Deerfield, IL 60015	
FAX (A/C, No): 850-581-4930	E-MAIL ADDRESS: receptionist@waldorffinsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: QUALLEA-01		LOAN NUMBER		POLICY NUMBER 2AA357786
INSURED Quality Leasing, LLC G.M. Hollingsworth 540 Golf Course Drive Niceville FL 32578		EFFECTIVE DATE 02/14/2022	EXPIRATION DATE 02/14/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Loc # 1, Bldg # 1, 5551 John Givens Road, Crestview, FL, 32539

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, Special (Including theft), Coinsurance 80%	\$150,000	\$1,000


REMARKS (Including Special Conditions)

Wind/Hail Deductible 3% of building value Subject to a Min Ded of \$5,000 per occurrence

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Okaloosa County Board of County Commissioners Destin/Fort Walton Beach Airport Administration 1701 SR 85 N Eglin AFB, FL 32542	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2022

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.

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PRODUCER Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548	CONTACT NAME: PHONE (A/C, No., Ext): 850-581-4925 E-MAIL: receptionist@waldorffinsurance.com		FAX (A/C, No): 850-581-4930
	INSURER(S) AFFORDING COVERAGE		
INSURER A : Evanston Insurance Company			NAIC # 35378
INSURER B :			
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

INSURED QUALLEA-01
 Quality Leasing, LLC
 G.M. Hollingsworth
 G.M. Hollingsworth
 540 Golf Course Drive
 Niceville FL 32578

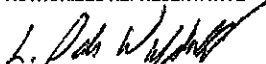
COVERAGES **CERTIFICATE NUMBER: 445774981** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		2AA357786	2/14/2022	2/14/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 0 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Lease No: L04-0242-AP
 Certificate Holder is listed as Additional Insured, when required by written contract, as pertains to General Liability.

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County Board of County Commissioners Destin/Ft Walton Bch Airport Administration 1701 SR 85 N Eglin AFB FL 32542-1498	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/5/2021

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PRODUCER Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548	CONTACT NAME: PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 E-MAIL: receptionist@waldorffinsurance.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Quality Leasing, LLC G.M. Hollingsworth G.M. Hollingsworth 540 Golf Course Drive Niceville FL 32578	QUALLEA-01 INSURER A: Evanston Insurance Company 35378	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** 583961616 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		2AA340985	2/14/2021	2/14/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 0
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lease No: L04-0242-AP
Certificate Holder is listed as Additional Insured, when required by written contract, as per

CONTRACT#: L04-0242-AP
HOLLINGSWORTH, GM
BSAP BLOCK B/LOT 1
EXPIRES: 08/17/2024

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners Destin/Ft Walton Bch Airport Administration 1701 SR 85 N Eglin AFB FL 32542-1498	CANCEL 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 
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/5/2021

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AGENCY Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach, FL 32548		PHONE (A/C. No. Ext): 850-581-4925	COMPANY Evanston Insurance Company Ten Parkway North Deerfield, IL 60015	
FAX (A/C. No.): 850-581-4930	E-MAIL ADDRESS: receptionist@waldorffinsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: QUALLEA-01		LOAN NUMBER		POLICY NUMBER 2AA340985
INSURED Quality Leasing, LLC G.M. Hollingsworth G.M. Hollingsworth 540 Golf Course Drive Niceville, FL 32578		EFFECTIVE DATE 02/14/2021	EXPIRATION DATE 02/14/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 5551 John Givens Rd Crestview, FL 32539
--

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building	150,000	1,000


REMARKS (Including Special Conditions)

--

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Okaloosa County Board of County Commissioners Destin/Fort Walton Beach Airport Administration 1701 SR 85 N Eglin AFB, FL 32542	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

11/24/2020

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).

PRODUCER Travers & Associates Aviation Insurance Agency Llc PO Box 220519 Saint Louis, MO 63122	CONTACT NAME:			
	PHONE (AC, No, Ext):	FAX (AC, No):		
E-MAIL ADDRESS:				
PRODUCER CUSTOMER ID#:				
INSURED Quality Leasing, Inc. Gerald Hollingsworth 540 Golf Course Drive Niceville, FL 32578	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A: U.S. SPECIALTY INSURANCE COMPANY		100%	
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

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.

POLICY INFORMATION		CERTIFICATE NUMBER:		REVISION NUMBER:	
POLICY TYPE		LINE OF BUSINESS SUBCODE			
INDUSTRIAL AD	<input checked="" type="checkbox"/> PLEASURE & BUS	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> AIRPLANE	<input type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET
NON-OWNED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIABILITY ONLY	<input type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY
AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached			
YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER	
1994	Piper	PA-18-150		N20LE	
TERRITORY:					

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	SA00150651-15	11/20/2020	10/5/2021	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL		\$	AGREED VALUE	\$	Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	Ded. - In motion	
		\$ 100,000	EA PASS	\$	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 10,000	EA OCC	
	EXCLUDING CREW					
COVERAGE CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 602-C North Pearl Street Crestview, FL 32536	CANCELLATION 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
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ACORD 21 (2016/03)

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CONTRACT#: L04-0242-AP
HOLLINGSWORTH, GM
BSAP BLOCK B/LOT 1
EXPIRES: 08/17/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2020

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.

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PRODUCER Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548	CONTACT NAME: PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED QUALLEA-01 Quality Leasing, LLC G.M. Hollingsworth G.M. Hollingsworth 540 Golf Course Drive Niceville FL 32578	INSURER A: Evanston Insurance Company	NAIC # 35378
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 463906785

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	2AA326515	2/14/2020	2/14/2021	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 0
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	<input type="checkbox"/> Y <input type="checkbox"/> N N/A				PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Lease No: L04-0242-AP

Certificate Holder is listed as Additional Insured, when required by written contract, as pertains to General Liability.

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County Board of County Commissioners
 Destin/Ft Walton Bch Airport Administration
 1701 SR 85 N
 Eglin AFB FL 32542-1498

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

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/20/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach, FL 32548		PHONE (A/C. No. Ext): 850-581-4925	COMPANY Evanston Insurance Company Ten Parkway North Deerfield, IL 60015	
FAX (A/C. No.): 850-581-4930	E-MAIL ADDRESS: receptionist@waldorffinsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: QUALLEA-01		LOAN NUMBER		POLICY NUMBER 2AA326515
INSURED Quality Leasing, LLC G.M. Hollingsworth 540 Golf Course Drive Niceville, FL 32578		EFFECTIVE DATE 02/14/2020	EXPIRATION DATE 02/14/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Location Address: 5551 John Givens Road, Crestview, FL 32539

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building Coverage Special Form Replacement Cost 80% Coinsurance	\$150,000	1,000


REMARKS (Including Special Conditions)

Wind/Hail Deductible: 3% of Building Amount subject to a Minimum Deductible of \$5,000 per occurrence

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Okaloosa County Board of County Commissioners Destin/Fort Walton Beach Airport Administration 1701 SR 85 N Eglin AFB, FL 32542	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #			
	AUTHORIZED REPRESENTATIVE 			

L04-0242-AP20-96



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
10/03/2019

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.

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PRODUCER Travers & Associates Aviation Insurance Agency Llc PO Box 220519 Saint Louis, MO 63122	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #
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INSURED Quality Leasing, Inc. Gerald Hollingsworth 540 Golf Course Drive Niceville, FL 32578	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">%</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: U.S. SPECIALTY INSURANCE COMPANY</td> <td style="text-align: center;">100%</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	%	NAIC #	INSURER A: U.S. SPECIALTY INSURANCE COMPANY	100%		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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POLICY INFORMATION	CERTIFICATE NUMBER:	REVISION NUMBER:																																						
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POLICY TYPE		LINE OF BUSINESS SUBCODE																																						
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE																										
NON OWNED	<input type="checkbox"/>				<input checked="" type="checkbox"/>	LIABILITY ONLY	<input type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>																													

YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER
1994	Piper	PA-18-150		N20LE

TERRITORY:

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	SA00150651-14	10/5/2019	10/5/2020	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL		\$	AGREED VALUE	\$	Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	Ded. - in motion	
		\$ 100,000	EA PASS	\$	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW	\$ 5,000	EA PER	\$ 10,000	EA OCC	
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER Okaloosa County 602-C North Pearl Street Crestview, FL 32536	CANCELLATION 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
---	--

CONTRACT#: L04-0242-AP
HOLLINGSWORTH, G.M.
BSAP BLOCK B LOT 1
EXPIRES: 08/17/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement is issued by U.S. Specialty Insurance Company

Policy number: SA00150651-14
Endorsement number:
Issued to (first Named Insured): Quality Leasing, Inc.
Effective: 10/05/2019
For: premium of \$

(if no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

EXPANSION OF COVERAGE (LIMITED)

This endorsement expands or changes some parts of your policy.

1. When and Where You are Covered

Under "When and Where You are Covered" in Paragraph 5 of PART ONE - GENERAL PROVISIONS AND CONDITIONS - you are covered during the policy period shown in Item 3 of the Coverage Identification Page while the aircraft is within the United States (excluding Hawaii), Canada, Mexico, the Islands of the West Indies (excluding Cuba and Haiti), or while enroute between these points excluding U.S. Sanctioned Countries.

2. The Pilot Flying the Aircraft

PART ONE - GENERAL PROVISIONS AND CONDITIONS- Paragraph 3. "The Pilot Flying the Aircraft" does not apply to your aircraft while it is in the care, custody or control of an FAA approved repair station or aircraft repair facility for the purpose of maintenance or repair and provided that you have not prejudiced our rights of subrogation or recovery against such repair station or repair facility.

3. If You Make Repairs

Under "What We Will Pay" in Paragraph 3 of PART TWO - AIRCRAFT PHYSICAL DAMAGE - if you perform your own repairs you agree to supply material, parts and labor at your cost, excluding any overtime payments. We will increase your labor costs up to 80% to help cover your actual cost of overhead and supervision.

4. Aircraft Spare Parts Coverage

PART TWO - AIRCRAFT PHYSICAL DAMAGE - is extended to cover direct physical loss of or damage to spare parts which are owned by you and which are intended to be used for an aircraft shown in Item 5 of your Coverage Identification Page and which has a premium amount shown for Coverage G in Item 7 of your Coverage Identification Page. Spare Parts means parts and equipment designed to be part of an aircraft that are not attached to or forming a part of an aircraft at the time of the accident.

a. What We Will Pay (Less Deductible)

The most we will pay for loss or damage to spare parts is the actual cash value of the part at the time of loss or damage, but we will not pay more than \$25,000 for spare parts during the policy period.

b. What You Must Pay or Bear (Deductible)

When we pay for loss of or damage to spare parts you must first pay \$500.

c. What We Will Not Pay

We will not pay for physical loss of or damage to:

- (1) an aircraft engine during the running or testing of the engine;
- (2) spare parts which have mysteriously disappeared.

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER OR EXTEND ANY OF THE TERMS, CONDITIONS OR AGREEMENTS OF THE POLICY OTHER THAN AS STATED ABOVE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement is issued by U.S. Specialty Insurance Company

Policy number: SA00150651-14
Endorsement number:
Issued to (first Named Insured): Quality Leasing, Inc.
Effective: 10/05/2019
For: premium of \$

(if no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

5. Increase of Agreed Value

Under PART TWO - AIRCRAFT PHYSICAL DAMAGE - if you add equipment to or modify your aircraft after the effective date of your coverage and you advise us within 30 days, the agreed value shown on your Coverage Identification Page will automatically increase by:

- a. the amount you have actually paid for the additional equipment or modification; or
- b. 20% of the agreed value shown in Item 5 of your Coverage Identification Page for the aircraft involved;

whichever is less. You agree to pay any additional premium.

6. Personal Effects and Baggage of Passengers

Under PART THREE - LIABILITY TO OTHERS - we will pay for property damage that you are legally required to pay for personal effects and baggage of your passengers. The most we will pay is \$2,500 each passenger for each occurrence involving your aircraft. Personal effects and baggage means handbags, suitcases, briefcases and other such items usually carried by your passengers, but does not include accounts, bills, cameras, computers, currency, deeds, documents, letters of credit, money, notes, passports, securities or tickets.

7. Reimbursement of Emergency Expenses

Under PART THREE - LIABILITY TO OTHERS - we will reimburse you for expenses:

- a. you are legally required to pay for the use of foam on a runway or on your aircraft; or

- b. for search and rescue operations after an occurrence, but only after search and rescue operations have been discontinued by the governmental authority in charge of these operations.

The most we will pay under this paragraph is \$25,000 during your policy period.

8. Assumption of Liability

Paragraph 4. f. "Assumed Liability" of PART THREE - LIABILITY TO OTHERS - does not apply to an airport agreement that you sign with a governmental body so you may use an airport or a lease of premises agreement for your lease of hangaring space for an aircraft shown in Item 5 of the Coverage Identification Page.

The most we will pay is:

- a. the limit of liability shown in Item 6 of your Coverage Identification Page; or
- b. \$1,000,000 each occurrence;

whichever is less.

9. Voluntary Settlement Extension

This Voluntary Settlement Extension expands your coverage under PART THREE - LIABILITY TO OTHERS - to include an option for voluntary settlement to a passenger for certain bodily injuries, even if you are not legally required to pay for such bodily injury, and you request us to pay.

a. Words and Phrases

The following words and phrases have special meaning when applied to this Voluntary Settlement Extension:

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER OR EXTEND ANY OF THE TERMS, CONDITIONS OR AGREEMENTS OF THE POLICY OTHER THAN AS STATED ABOVE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement is issued by U.S. Specialty Insurance Company

Policy number: SA00150651-14
Endorsement number:
Issued to (first Named Insured): Quality Leasing, Inc.
Effective: 10/05/2019
For: premium of \$

(if no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

transportation. The most we will reimburse you under this paragraph is \$25,000 during your policy period.

You must provide us with invoices for all covered extra expense within 90 days from the date incurred by you.

11. Extra Expenses

Under PART FIVE - SPECIAL PROVISIONS AND CONDITIONS - in the event an aircraft described in Item 5 of the Coverage Identification Page is laid up and out of service because of an accident covered by this policy, we will reimburse you for the extra expense incurred in leasing or renting a temporary replacement aircraft or aircraft part while the damaged aircraft or aircraft part is being repaired. Extra Expense means the actual cost of leasing or renting a replacement aircraft or part and does not include storage charges, service fees, salaries, maintenance, or operation costs.

a. What We Will Pay

After an aircraft shown in Item 5 of the Coverage Identification Page has been damaged and continuing for not more than 60 consecutive days, we will reimburse you a maximum daily extra expense of \$1,000. The most we will pay is \$10,000 during your policy period. Extra expense is in addition to the agreed value shown in Item 5 of the Coverage Identification Page.

b. What We Will Not Pay

We will not reimburse you for any extra expense:

- (1) after completion of repairs to your damaged aircraft;
- (2) if the aircraft is destroyed, after we have furnished you with a proof of loss; or
- (3) if you have permanently replaced your damaged aircraft.

12. Premises Extension

Under PART THREE - LIABILITY TO OTHERS - Paragraph 1 "What We Cover" is extended to include damage you are legally required to pay for bodily injury or property damage caused by an occurrence arising out of your legal use of premises at an airport. Premises means the portion of an airport used for the immediate parking, tiedown or storage of your aircraft.

13. Aircraft Personal Injury

In addition to the coverage you have purchased, we will also pay those sums that you become legally obligated to pay as damages because of aircraft personal injury offenses committed during the policy period, arising out of your use of your aircraft.

a. We will have the right and duty to defend any civil suit seeking those damages.

- (1) The most we will pay during your policy period is \$25,000;
- (2) We may investigate and settle any claim or civil suit at our discretion; and
- (3) Our right and duty to defend end when we have exhausted the applicable limit, shown in paragraph a (1) above, in the payment of judgments or settlements under this Aircraft Personal Injury extension of coverage.

b. Aircraft Personal Injury means injury, other than bodily injury, arising out of one or more of the following offenses:

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER OR EXTEND ANY OF THE TERMS, CONDITIONS OR AGREEMENTS OF THE POLICY OTHER THAN AS STATED ABOVE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement is issued by U.S. Specialty Insurance Company

Policy number: SA00150651-14
Endorsement number:
Issued to (first Named Insured): Quality Leasing, Inc.
Effective: 10/05/2019
For: premium of \$

(if no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- (1) False arrest, detention or imprisonment;
- (2) Malicious prosecution; or
- (3) Eviction of a person from **your aircraft**.

c. This **Aircraft Personal Injury** extension of coverage does not apply to **Aircraft personal injury**:

- (1) Arising out of the willful violation of a penal statute or ordinance committed by or with the consent of **you or anyone**;
- (2) Arising out of the past, present or future employment of any person; or
- (3) That **you or anyone** has agreed by contract or agreement to assume for others. This exclusion does not apply to liability for damages that **you** would have in the absence of the contract or agreement.

d. If **you** have other insurance, this **Aircraft Personal Injury** extension of coverage provides **you** with excess insurance. This means if **you** have other insurance covering an offense that is also covered by this **Aircraft Personal Injury** extension of coverage, **we** will pay only after all other valid and collectible insurance covering the loss has been exhausted. This does not apply to any insurance **you** purchased in excess of this **Aircraft Personal Injury** extension of coverage.

If any other insurance written through **us** covers the offense, the limit of insurance under this **Aircraft Personal Injury** extension of coverage will be reduced by the limit of insurance under the other insurance.

14. Additional Equipment Extension

Under PART TWO- AIRCRAFT PHYSICAL DAMAGE **we** will pay for loss of or damage to portable avionics, headsets or safety equipment which is owned or leased by **you** and used in the operation of an **aircraft** shown in Item 5 of the Coverage Identification Page and which has a premium amount shown for Coverage G in Item 7 of **your** Coverage Identification Page. **We** will pay the actual cash value of the portable avionics, headsets or safety equipment subject to a maximum of \$1,000 each **occurrence**.

15. Trip Interruption Coverage

We will reimburse **you** for **trip expense** that **you** incur for alternate transportation of **passengers**, because of a loss that is otherwise covered by this policy, subject to the following:

a. **Trip expense** means only the transportation cost:

- (1) Incurred within 12 hours after a loss which renders the **aircraft** unairworthy and remains so at the time **you** incur the **trip expense**;
- (2) From the place of loss to the original destination or the **aircraft's** home airport, whichever is closer;
- (3) Up to \$1,000 each **passenger** and \$10,000 each **occurrence** and must be properly receipted, documented and submitted to **us** for reimbursement.

b. The **aircraft** involved in the loss must:

- (1) Appear in Item 5 of the Coverage Identification Page and includes a premium amount shown for Coverage G in Item 7 of **your** Coverage Identification Page;

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER OR EXTEND ANY OF THE TERMS, CONDITIONS OR AGREEMENTS OF THE POLICY OTHER THAN AS STATED ABOVE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement is issued by U.S. Specialty Insurance Company

Policy number: SA00150651-14
Endorsement number:
Issued to (first Named Insured): Quality Leasing, Inc.
Effective: 10/05/2019
For: premium of \$

(if no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

(2) Incur at least \$2,500 of physical loss or damage;

(3) Be located beyond a 300 nautical mile radius of the aircraft's home airport, departure airport or airport destination at the time of loss.

c. This Coverage does not apply if we reimburse you for expense incurred in leasing or renting a temporary aircraft or aircraft parts.

16. Non-owned Hanger and Contents

Under PART THREE - LIABILITY TO OTHERS - Paragraph 1 "What We Cover" is extended to include damage you are legally required to pay for **property damage to non-owned** hangars or its **non-owned contents** in the care, custody, or control of you or anyone we protect. The **property damage** must be caused by an **occurrence** and arise out of your legal use of the **non-owned** hangar.

Non-owned means not owned by you or anyone we protect.

a. What We Will Pay

The most we will pay for loss or damage to **non-owned** hangars and its **non-owned** contents is \$50,000 each **occurrence**.

b. What We Will Not Pay

(1) We will not pay for **property damage to non-owned** aircraft in the care, custody, or control of you or anyone we protect.

Coverage provided for **non-owned** hangars and contents is excess over any other insurance whether primary, excess, contingent or on any other basis.

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER OR EXTEND ANY OF THE TERMS, CONDITIONS OR AGREEMENTS OF THE POLICY OTHER THAN AS STATED ABOVE.

AMENDMENT ONE TO HANGAR LEASE L04-0242-AP
G.M. HOLLINGSWORTH HANGAR LEASE AT THE
BOB SIKESAIRPORT

This First Amendment made and entered into this 22nd day of March, 2017, hereby approves this First Amendment for lease L04-0242-AP by G. M. Hollingsworth ("Lessee"), and Okaloosa County, Florida through its Board of County Commissioners (hereinafter the "County").

WITNESSETH:

WHEREAS, on August 17, 2004, Lessee entered into an Lease Agreement, L04-0242-AP with the County for Hanger Space at the Bob Sikes Airport with a current expiration date of August 17, 2024 (hereinafter the "Lease"); and

WHEREAS, the new language for storage of items in the hangar was approved by the Board of County Commissioners in open session on November 15, 2016; and

WHEREAS, Section 11 of the Lease, titled "Care of Leased Premises" will be changed to correspond to the new language which was approved by the Board.

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the executing parties consent to and agree as follows:

1. Section 11 titled "Care of Leased Premises" of L04-0242-AP is hereby replaced in its entirety with the following provision:

Lessee shall keep said hangar and premises neat, clean, and orderly at all times. Hangars located on airport property shall be used for aeronautical purposes. Lessee is permitted to store non-aeronautical items in the hangars provided the items do not interfere with the aeronautical use of the hangar and or impede the movement or access of the aircraft or other aeronautical contents of the hangar. All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

2. All other provisions of the Lease Agreement shall remain in full force and effect through the duration of the Lease term.

(The remainder of this page intentionally left blank)

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the day and year first written.

OKALOOSA COUNTY, FLORIDA



Carolyn N. Ketchel
Carolyn N. Ketchel, Chairman

Date: 22 Feb. 2017

ATTEST:

J.D. Peacock II
J.D. Peacock II, Clerk



LESSEE

G.M. Hollingsworth
G.M. Hollingsworth
Date: 22 Feb. 2017

ATTEST:

Nan A. French
Witness

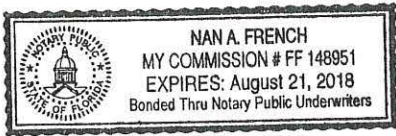
Kang Baker
Witness

ACKNOWLEDGMENTS

STATE OF Florida
COUNTY OF Okaloosa

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared G.M. HOLLINGSWORTH who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 22 day of February, 2017, AD.



Nan A. French
NOTARY

My Commission Expires: Aug 21, 2018



CA #15

**BOARD OF COUNTY COMMISSIONERS
AGENDA REQUEST**

DATE: March 21, 2017
TO: Honorable Chairman and Members of the Board
FROM: Tracy Stage
SUBJECT: G. M. Hollingsworth Hangar Lease Amendment One
DEPARTMENT: Airport
BCC DISTRICT: 1

STATEMENT OF ISSUE: The Airports Department requests approval by the Board of County Commissioners for G. M. Hollingsworth Hangar Lease Amendment One for Block B Lot 1 at the Bob Sikes Airport (#L04-0242-AP).

BACKGROUND: On August 17, 2004, Dr. Hollingsworth entered into a Lease Agreement for Hangar Space at the Bob Sikes Airport. On November 15, 2016, the Board approved new language for the storage of items in the lessees hangars. Dr. Hollingsworth requests the new Care of Premises language be added to his lease. Dr. Hollingsworth's certificate of insurance is attached along with the contract and lease internal coordination sheet.


OPTIONS: Approve, Reject or Table.

RECOMMENDATIONS: It is Staff's recommendation that the Board approve G. M. Hollingsworth's Hangar Lease Amendment for Block B Lot 1 at the Bob Sikes Airport.

RECOMMENDED BY:


Tracy Stage, Airport Director 3/14/2017

APPROVED BY:


John Hofstad, County Administrator 3/14/2017
John Hofstad, County Administrator

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: LO4-0242-AP Tracking Number: 2127-17
Contractor/Lessee Name: Gm Holdings worth Grant Funded: YES ___ NO
Purpose: Amendments are to longer lease
Date/Term: 8-17-24 1. GREATER THAN \$50,000
Amount: \$4,829-18 annuity plus tax 2. GREATER THAN \$25,000
Department: AP 3. \$25,000 OR LESS
Dept. Monitor Name: Stacy/miner
Document has been reviewed and includes any attachments or exhibits.

Purchasing Review

Procurement requirements are met:
Ch - Powell Date: 11/21/2016
Purchasing Director or designee Zan Fedorak, Charles Powell, DeRita Mason

Risk Management Review

Approved as written: with aot demonstrating compliance with ins. requirements for \$1,000,000 coverage as outlined in lease
Laura Porter Date: 11/21/16
Risk Manager or designee Laura Porter or Krystal King

County Attorney Review

Approved as written: see email dated 11/22/2016
Date: _____
County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

Contract & Grant

Document has been received:
Date: _____
Contracts & Grants Manager

Charles Powell

From: Dave Miner
Sent: Tuesday, November 22, 2016 4:10 PM
To: Charles Powell; 'Parsons, Kerry'
Cc: Stephanie Herrick; Zan Fedorak; Lynn Hoshihara
Subject: RE: Hangar Amendments L04-~~0241~~-AP
0242 JP

Charles:

I have 0242 in the file.

Dave

From: Charles Powell
Sent: Tuesday, November 22, 2016 4:06 PM
To: 'Parsons, Kerry'; Dave Miner
Cc: Stephanie Herrick; Zan Fedorak; Lynn Hoshihara
Subject: RE: Hangar Amendments L04-0241-AP

Should this be for L04-0242-AP instead of L04-0241-AP?

Respectfully,

Charles Powell
Contract & Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
Voice: 850-689-5960
Fax: 850-689-5970
cpowell@co.okaloosa.fl.us

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Thursday, March 16, 2017 11:14 AM
To: DeRita Mason
Cc: Lynn Hoshihara
Subject: RE: L04-0242-AP Coordination Sheet

This hangar lease agreement amendment is approved.

From: DeRita Mason [mailto:dmason@co.okaloosa.fl.us]
Sent: Thursday, March 16, 2017 10:35 AM
To: Parsons, Kerry
Cc: Lynn Hoshihara
Subject: L04-0242-AP Coordination Sheet

Kerry or Lynn,

You had approved an amendment for L04-0242-AP on 11-22-16. However, on the subject line it had the wrong lease number. In the emails, it was discovered and we made the changes. The clerk's office would like to see a fresh legal approval with the correct title. I have attached the coordination for your review. If you could please just reply to this email with the approval, I would appreciate it. Charles is out of the office for the rest of the week and will not be able to handle this.

Thanks,

DeRita



DeRita Mason
Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@co.okaloosa.fl.us

"Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure."

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees public records, available to the public and media upon request. Therefore, this written e-mail communication, including subject to public disclosure.

From: Parsons, Kerry [<mailto:KParsons@ngn-tally.com>]

Sent: Tuesday, November 22, 2016 3:53 PM

To: Dave Miner <dminer@co.okaloosa.fl.us>

Cc: Stephanie Herrick <sherrick@co.okaloosa.fl.us>; Charles Powell <cpowell@co.okaloosa.fl.us>; Zan Fedorak <zfedorak@co.okaloosa.fl.us>; Lynn Hoshihara <lhoshihara@co.okaloosa.fl.us>

Subject: RE: Hangar Amendments L04-0241-AP

The First Amendment, to L02-0241-AP, G.M. Hollingsworth hangar lease, is approved for legal purposes.

From: Dave Miner [<mailto:dminer@co.okaloosa.fl.us>]

Sent: Tuesday, November 22, 2016 4:32 PM

To: Parsons, Kerry

Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara

Subject: RE: Hangar Amendments

Ms. Parsons:

Corrections accepted and made.

Dave

From: Parsons, Kerry [<mailto:KParsons@ngn-tally.com>]

Sent: Tuesday, November 22, 2016 2:36 PM

To: Dave Miner

Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara

Subject: RE: Hangar Amendments

Hey Dave:

Attached please find my revisions to the eight hangar amendments you sent me earlier. When you send them back, please send them with the subject line specify the hangar lease you are looking for legal approval on. That way it will make the approval documents easy processing for the board's agenda.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/14/2017

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.

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.

PRODUCER: Waldorff Ins & Bonding - FWB, 45 Eglin Parkway NE, Ste 202, Fort Walton Beach, FL 32548, Danny Hare. CONTACT NAME: Danny Hare, PHONE: 850-581-4925, FAX: 850-581-4930. INSURER(S) AFFORDING COVERAGE: Evanston Insurance Company.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Property.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is added as additional insured as respects General Liability, when required by written contract.

CERTIFICATE HOLDER: OKALC07, Ocalaosa County, 5479A Old Bethel Road, Crestview, FL 32536. CANCELLATION: 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: Danny Hare.



KJEPSTEIN

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/8/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER...

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form.

PRODUCER: Arthur J. Gallagher Risk Management Services, Inc. CONTACT NAME: Scott Bolger. PHONE: (847) 586-0800. FAX: (847) 586-0810. INSURED: Hollingsworth Holdings & G.M. Hollingsworth.

COVERAGES CERTIFICATE NUMBER: 01 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY: 1 1 5485 John Givens Rd, Crestview, FL. THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE...

Table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, COVERED PROPERTY, LIMITS. Includes rows for PROPERTY, WIND, Hail, INLAND MARINE, and CRIME.

SPECIAL CONDITIONS / OTHER COVERAGES: With respect to the Aviation Property Policy, Okaloosa County is included as a Loss Payee as Owner/Lessor for the building valued at \$235,000.

30 Days Notice of Cancellation, however, 10 days for non-payment of premium.

CERTIFICATE HOLDER CANCELLATION

Certificate holder details for Okaloosa County and cancellation notice provisions.

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Handwritten: Lease 0242

LEASE FOR HANGAR SPACE

BETWEEN

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA

AND

G. M. HOLLINGSWORTH

This LEASE FOR HANGAR SPACE, fully executed this 17th day of August, 2004, by and between the COUNTY OF OKALOOSA, a political subdivision of the State of Florida, acting by and through its BOARD OF COUNTY COMMISSIONERS (hereinafter called "COUNTY") and G. M. HOLLINGSWORTH (hereinafter called "LESSEE").

WITNESSETH:

COUNTY hereby lets to LESSEE and LESSEE hereby hires and takes from COUNTY at the Bob Sikes Airport in the County of Okaloosa, State of Florida (hereinafter referred to as "AIRPORT"), that certain location designated as Block B Lot 4 as shown on file in the office of the Airports Director, which is hereby incorporated herein by reference, and COUNTY hereby gives to LESSEE permission to occupy and maintain one (1) hangar for the storage of individually-owned/corporate-owned aircraft at the aforesaid location. Additional aircraft may be stored in the hangar with proper notice to the COUNTY provided that proof of required insurance coverage is provided to the COUNTY.

This Lease for Hangar Space (hereinafter called "LEASE") is subject to the following terms, covenants, conditions, and agreements to be kept, performed, and observed by the LESSEE.

SECTION 1: TERM

This LEASE shall be for a term of TWENTY (20) years and shall take effect on the 17th day of August 2004 and end on the 17th day of August 2024.

SECTION 2: AIRCRAFT OWNERSHIP

LESSEE shall provide written confirmation to the COUNTY of proof of ownership of individually-owned/corporate-owned aircraft to be stored pursuant to this LEASE. In the

L04-0242-AP20-96
LESSEE: HOLLINGSWORTH, G.M.
BSAP BLOCK B/LOT 4
EXPIRES: 8/17/2024

event LESSEE's aircraft is sold, LESSEE shall have one year to replace said aircraft; otherwise this lease shall be voided at the COUNTY's discretion.

SECTION 3: IMPROVEMENTS TO COUNTY

Any and all improvements hereafter installed, erected, or placed within the Leased Premises, including alterations and repairs shall become, upon the termination of this LEASE for any cause, the absolute and sole property of COUNTY and shall not be removed from the Leased Premises. If on termination of this LEASE, LESSEE is not in default, LESSEE shall have the right to remove from the Leased Premises any equipment or trade fixtures that can be removed without damage to the Leased Premises (and if any damage does occur on any such removal, LESSEE shall promptly repair the same).

SECTION 4: CONSTRUCTION OF HANGAR

If a new hangar is to be constructed under this lease said hangar must be constructed within ONE (1) year of execution of this LEASE. Failure to comply with this requirement may result in automatic termination of this LEASE without prior written notice by COUNTY. LESSEE shall furnish ONE (1) set of building drawings to COUNTY upon completion of hangar.

SECTION 5: BUILDING, ALTERATIONS, AND PERMITS

LESSEE shall at its expense apply for and obtain any and all building, construction, or other permits and licenses to build, repair, or maintain the improvements contemplated by this LEASE. COUNTY makes no representations or warranty relative to the availability of such licenses or permits, and LESSEE assumes full responsibility for securing same. No construction, modification, or alterations of improvements to include antennas or other devices are permitted without prior written approval by COUNTY.

SECTION 6: RENTALS

a. GROUND LEASE:

LESSEE shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted every year in accordance with Section 7. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to the Airports Director, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1413. The lease includes EIGHT THOUSAND FOUR HUNDRED FIFTY (8,450) square feet at FORTY FIVE (\$.45) cents per square foot per year for a total annual cost of THREE THOUSAND EIGHT HUNDRED TWO DOLLARS AND FIFTY CENTS (\$3,802.50) plus tax.

b. LEASE CREDITS:

LESSEE shall be allowed 100 percent credit against this ground lease for the amount of invested capital for taxiway and apron improvements for general public use when agreed to by the COUNTY.

c. PAYMENT EFFECTIVE DATE:

LESSEE shall deliver to the Airports Director plans and specifications required by the COUNTY for building permit approval no later than 90 days from the effective date specified in Section 1 above. Payment on this lease shall begin the first day of the month following approval by the COUNTY of said plans and specifications.

d. LATE CHARGES:

If LESSEE fails to pay within THIRTY (30) days of date of billing of invoices by COUNTY for applicable rents and charges as herein described, LESSEE shall then pay interest to the COUNTY at the maximum legal allowable rate authorized by the State of Florida. If any rental fee or other charge remains delinquent for a period of sixty days, LESSOR shall have the option to terminate this Agreement.

SECTION 7: ESCALATION CLAUSE:

The ground lease shall be increased annually to reflect the increase in the Consumer Price Index ("CPI") from the date of the original execution hereof by both parties. The "CPI" shall be the revised Consumer Price Index for All Urban Consumers for all items - U. S. City Average, published by the Bureau of Labor Statistics, U. S. Department of Labor, 1982-84 = 100 (CPI-U).

SECTION 8: UTILITIES

COUNTY does not assume any responsibility in providing utilities to the Leased Premises. LESSEE will pay all utility charges and costs of installation.

SECTION 9: RIGHTS OF LESSOR

a. It is understood and agreed that COUNTY may, in connection with the future development of said AIRPORT, require the space hereinabove for permanent buildings and/or other development. In such case, COUNTY shall give written notice to LESSEE. After THIRTY (30) days from said written notice, COUNTY shall have the right at COUNTY's expense, to remove said hangar and erect it at said AIRPORT as designated in writing by COUNTY, provided that said new location is reasonably, feasibility, accessible to the taxiways and runways.

b. COUNTY reserves itself, its successors, and assigns for the use and benefits of the public, a right of flight for the passage of aircraft in the airspace above the surface of

the real property hereinafter described together with the right to cause in said airspace such noises as may be inherent in the operations of aircraft, now known or hereafter used for navigation of or flight in the said airspace, and for use of said airspace for landing on, taking off from, or operating on the AIRPORT.

c. LESSEE expressly agrees for itself, its successors, and assigns to prevent any use of the hereinafter-described real property, which would interfere with or adversely affect the operation or maintenance of the AIRPORT, or otherwise constitute an airport hazard.

d. LESSEE expressly agrees for itself, its successors, and assigns, to restrict the height of structures, objects, of natural growth, and other obstructions on the hereinafter described real property to such height so as to comply with the Federal Aviation Regulations, Part 77.

SECTION 10: COMPLIANCE WITH GOVERNMENTAL PROCEDURES

LESSEE shall conform to all the requirements of applicable State and Federal statutes and regulations and all County Ordinances and regulations, and shall secure such permits and licenses as may be duly required by any such laws, ordinances, or regulations as may be promulgated by COUNTY. In addition, Lessee shall comply with all policies, rules, regulations, or ordinances of the County, which are currently, or may be hereinafter adopted relating to County owned airport facilities.

SECTION 11: CARE OF LEASED PREMISES

LESSEE shall keep said hangar and premises neat, clean, and orderly at all times. LESSEE shall not store anything on the premises other than those items specifically required to maintain the owner's aircraft in accordance with Federal Aviation Regulations (FAR's). All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

SECTION 12: MAINTENANCE IN LEASED PREMISES

LESSEE shall insure that all aircraft maintenance performed in the leased premises is in accordance with Federal Aviation Regulations (FAR's).

SECTION 13: TAXES

LESSEE shall pay all taxes or other governmental charges of any nature or kind which may be imposed on rental or lease payments or assessed upon the hangar or improvements and upon any aircraft or other property kept therein promptly when due.

SECTION 14: ASSIGNMENT AND SUBLEASE

All subsequent transfers and assignments of any interest, including mortgages thereon, require written approval in advance by COUNTY and payment of an Approval Fee of ONE THOUSAND (\$1,000.00) dollars. During the initial 20 year term a new lease fee will be established upon assignment or transfer based on an independent appraisal conducted at the direction of the COUNTY. LESSEE shall have thirty (30) days from the furnishing of the copy of the appraisal to exercise a right of transfer or assign. Otherwise, the transfer or assignment shall not be approved and the ONE THOUSAND (\$1,000.00) DOLLAR approval fee shall be refunded. Following the initial 20 year term, rent will be based on the ground values by an independent appraisal.

Except as hereinabove set out, the Leased Premises may not be sublet, in whole or in part, and LESSEE shall not assign this LEASE or any portion of this LEASE at any given time without prior written consent of COUNTY.

SECTION 15: INSPECTION ON ASSIGNMENT

LESSEE agrees that upon assignment of this Lease by LESSEE, LESSOR shall have the right to inspect the leased premises and require that the hangar and property be repaired or restored to the condition that it existed upon execution hereof.

SECTION 16: RISK OF LOSS OR DAMAGE TO HANGAR

LESSEE assumes the risk of loss or damage to the hangar and its contents, whether from windstorm, fire, earthquake, or any other causes whatsoever.

SECTION 17: RIGHTS OF ENTRY RESERVED

COUNTY has the right to inspect the Leased Premises at any time upon reasonable notice.

SECTION 18: INSURANCE

a. LIABILITY:

LESSEE agrees that LESSEE, shall, during the entire term or any extension of this LEASE, keep in full force and effect, a policy or policies of aircraft liability and public liability insurance with respect to the Leased Premises. The limits of aircraft liability and public liability shall not be less than ONE MILLION (\$1,000,000.00) dollars Combined Single Limit (CSL) each. The COUNTY reserves the right to increase the minimal aircraft liability and public liability insurance requirements as circumstances may warrant.

b. PROPERTY:

The damage, destruction, or partial destruction of any permanent building or other improvement which is part of the Leased Premises shall not release LESSEE from any obligations hereunder nor shall it cause a rebate or an abatement in rent then due or

thereafter becoming due under the terms hereof. In case of damage to or destruction of any such building or improvement, LESSEE shall at its own expense, promptly repair and restore the property to a condition as good or better than that existed prior to the damage or destruction.

For purposes of assuring compliance with the foregoing, LESSEE agrees to maintain property insurance on any permanent building or improvement constructed on the Leased Premises in an amount not less than full replacement value of such building and its improvements and agrees that the proceeds from such insurance shall be used promptly by LESSEE to satisfy LESSEE's repair and replacement obligation under this paragraph.

Okaloosa County shall be listed as a loss payee on all property insurance policies.

c. All aircraft liability and public liability coverage shall be endorsed to include Okaloosa County as Additional Insured. In addition, all insurance policies shall contain a clause that the insurer will not cancel or change the insurance without first giving the COUNTY thirty (30) days prior written notice. Prior to occupying the Leased Premises and annually upon renewal, LESSEE shall furnish COUNTY a Certificate of Insurance evidencing all required insurance. The Certificate(s) of Insurance shall be delivered to the Contracts and Lease Coordinator, 602-C N. Pearl Street, Crestview, FL 32536. On request, LESSEE shall deliver an exact copy of the policy or policies including all endorsements.

SECTION 19: NOTICES

Any and all notices to be given under this LEASE may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the AIRPORT DIRECTOR is as follows: Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida 32542-1413. The address of the LESSEE is: G. M. Hollingsworth, Quality Imports, 1006 N Beal Pkwy, Ft. Walton Beach, FL 32547-1403.

SECTION 20: HOLD HARMLESS

To the fullest extent permitted by law, LESSEE shall indemnify hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional, wrongful conduct of the LESSEE and other persons employed or utilized by the LESSEE in the performance of this lease.

SECTION 21: BINDING NATURE OF LEASE

This LEASE shall be binding on the assigns, transfers, heirs, executors, successors, and trustees of the parties hereto.

SECTION 22: PROHIBITED ACTIVITY

LESSEE shall not commit or suffer to be committed on said premises, any waste, nuisance, or unlawful act.

SECTION 23: COMMERCIAL ACTIVITY PROHIBITED

No commercial activity of any nature or kind is allowed on the Leased Premises.

SECTION 24: RESTRICTIONS ON MECHANIC'S LIENS

Nothing in this lease shall be deemed or construed in any way as constituting the consent or request of COUNTY, express or implied, by inference or otherwise, to any contractor, sub-contractor, laborer, or materialman for the performance of any labor or the furnishing of any materials for any specific improvement, alteration to, or repair of the demised premises or any part thereof, nor as giving LESSEE and right, power, or authority to contract for or permit the rendering of any services or the furnishing of any materials that would give rise to the filing of any lien against the demised premises or any part thereof. Such liens are hereby strictly prohibited

SECTION 25: TERMINATION BY LESSOR

If LESSEE breaches or violates any of the terms and provisions hereof, COUNTY shall have the right to terminate this LEASE forthwith by giving written notice to LESSEE, and if not corrected within THIRTY (30) days, this LEASE would be terminated and in such event of termination, the improvements thereon would become the property of COUNTY.

SECTION 26: NON-DISCRIMINATION

LESSEE, for its self, its personal representatives, successors, in interest, and assigns, as part of the consideration hereof, does hereby covenant and agree that (1) no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land and the furnishing of services thereon, no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, and (3) that LESSEE shall use the premises in compliance with all other requirements imposed by or pursuant to Title 49, Code of Federal Regulation, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally assisted programs of the Department of Transportation Effectuation of Title VI of the Civil Rights Act of 1964, and as said regulations may be amended.

That in the event of breach of any of the above nondiscrimination covenants, COUNTY shall have the right to terminate the LEASE and to reenter and repossess said land and the facilities thereon, and hold the same as if said LEASE had never been made or issued.

This provision shall not be effective until the procedures of Title 49, Code of Federal Regulations, Part 21, are followed and completed, including exercise or expiration of appeal rights.

SECTION 27: PLACE OF PAYMENTS

All payments and notices to COUNTY shall be given or mailed to the following address:

AIRPORTS DIRECTOR
OKALOOSA COUNTY AIRPORTS
1701 HIGHWAY 85 NORTH
EGLIN AFB, FLORIDA 32542-1413

SECTION 28: CONSTRUCTION AND APPLICATION OF TERMS

The section and paragraph headings in this LEASE are inserted only as a matter of convenience and for reference, and in no way define, limit, or describe the scope or intent of any portion hereof. The parties have participated jointly in the negotiation and drafting of this Lease. In the event an ambiguity or question of intent or interpretation arises, this Lease shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provisions of this Lease. Both parties have had an opportunity to have their respective legal counselors review this Lease.

SECTION 29: LEGAL DESCRIPTION

Commence at an existing iron pipe marking the northwest corner of section 11, 3 north, range 23 west, Okaloosa County, Florida; thence S01°43'58"W along the west line of section 11 a distance of 2,257.80 feet; thence depart said west line N81°56'40"E 696.35 feet to point of beginning; thence continue N81°56'40"E 65.00 feet; thence S08°03'20"E 130.00 feet; thence S81°56'40"W 65.00 feet; thence N08°03'20"W 130.00 feet to the point of beginning. Contains 8,450 square feet more or less.

SECTION 30: RENEWAL OF LEASE

At the end of this initial lease period, all improvements to the property shall become the sole possession of OKALOOSA COUNTY.

a. OPTION TERM:

Provide LESSEE is in compliance with all terms and conditions of this Agreement, LESSEE shall have an option to renew this Agreement with all the same terms and conditions except for rent for additional term of twenty (20) years.

b. RENT:

Rent for the additional term shall be established by an independent appraisal conducted by the COUNTY. If LESSEE does not agree with the rental fee established as a result of the independent appraisal, the option to renew shall be null and void and this lease shall terminate. Adjustments will be based upon the provisions of SECTION 7: ESCALATION.

c. NOTICE:

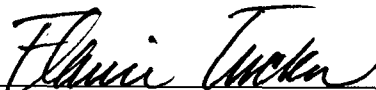
LESSEE shall give COUNTY at least one hundred twenty (120) days written notice prior to the termination of this lease of its intent to exercise the option to renew.

SECTION 31: ENTIRE LEASE

This LEASE consists of the following: Sections 1 to 31. It constitutes the entire LEASE of the parties on the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE.

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

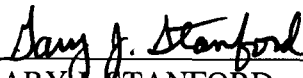
BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA



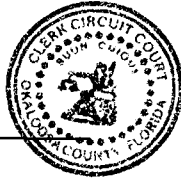
ELAINE TUCKER
CHAIRMAN



ATTEST:



GARY J. STANFORD
DEPUTY CLERK OF CIRCUIT COURT
OKALOOSA COUNTY, FLORIDA





G. M. HOLLINGSWORTH

WITNESS

ACKNOWLEDGMENTS

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared G. M. HOLLINGSWORTH who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 31 day of aug, 2004, AD.



Kim Bennett

NOTARY

My Commission expires _____

SUPPLEMENTAL AGREEMENT NUMBER ONE

TO

ORIGINAL LEASE DATED AUGUST 17, 2004

BETWEEN

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA

AND

G. M. HOLLINGSWORTH

THIS SUPPLEMENTAL AGREEMENT NUMBER ONE made and entered into this 5th day of February, 2008, by and between OKALOOSA COUNTY, FLORIDA (hereinafter referred to as "COUNTY") and G. M. HOLLINGSWORTH (hereinafter referred to as "LESSEE")

WITNESSETH:

WHEREAS, the LESSEE entered into an original lease dated August 17, 2004 (hereinafter referred to as "LEASE") for the purpose of permitting LESSEE to maintain one (1) metal hangar for the storage of one (1) airplane on BLOCK B LOT 4 at the Bob Sikes Airport, in the County of Okaloosa, State of Florida totaling EIGHT THOUSAND FOUR HUNDRED FIFTY (8,450) square feet at FORTY SEVEN (\$47) cents per square foot with an expiration date of August 17, 2024.

WHEREAS, this SUPPLEMENTAL AGREEMENT NO. ONE shall be subject to the terms, covenants, conditions, and agreements to be kept, performed and observed by LESSEE as stipulated in that original Lease, not amended in this AGREEMENT,

NOW, THEREFORE, the parties hereto, for, and in consideration of that LEASE, agree as follows to this AGREEMENT as herein set forth:

SECTION 1:

Lot number is being changed due alignment with the other Blocks on the Airport. Block B Lot 4 is changed to read Block B Lot 1.

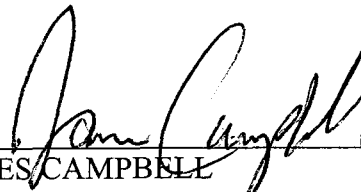
L04-0242-AP20-96
LESSEE: HOLLINGSWORTH, G.M.
BSAP BLOCK B/LOT 1
EXPIRES: 8/17/2024

SECTION 2:

This SUPPLEMENTAL AGREEMENT NUMBER ONE consists of Sections 1 through 2, inclusive, and constitutes the entire Supplemental Agreement Number One of the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE. The LESSEE agrees that no representations or warranties shall be binding upon the COUNTY unless expressed in writing in this Supplemental Agreement Number One.

THIS LEASE IS ADOPTED THIS 5th DAY OF February, 2008.

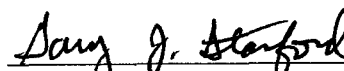
BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA



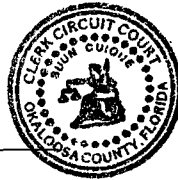
JAMES CAMPBELL
CHAIRMAN

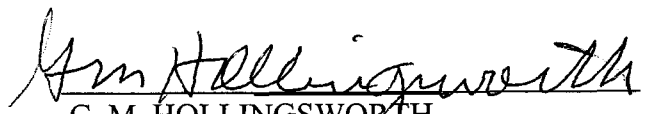


ATTESTS:



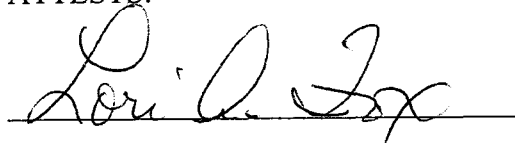
GARY J. STANFORD
DEPUTY CLERK OF CIRCUIT COURT
OKALOOSA COUNTY, FLORIDA





G. M. HOLLINGSWORTH

ATTESTS:



ACKNOWLEDGMENTS

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared G. M. HOLLINGSWORTH who, under oath, deposes and says that he is the duly authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein:

SWORN and SUBSCRIBED before me this 24 day of January,
2008.

Donna J. Chapman
NOTARY PUBLIC

My Commission expires: _____



Donna J. Chapman
My Commission DD267071
Expires March 07 2008



KJEPSTEIN

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/24/2014

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 2175 Point Blvd., Suite 200 Elgin, IL 60123	CONTACT NAME: Scott Bolger		
	PHONE (A/C, No, Ext): (847) 586-0800	FAX (A/C, No): (847) 586-0810	
E-MAIL ADDRESS: scott_bolger@ajg.com			
PRODUCER CUSTOMER ID: QUALLEA-01			
INSURED Quality Leasing, Inc. & G.M. Hollingsworth 1006 N. Beal Parkway Ft. Walton Beach, FL 32547	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Underwriters at Lloyd's London		15792
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 01** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
1 1 5485 John Givens Rd, Crestview, FL

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	WP3004648	12/09/2014	12/09/2015	<input checked="" type="checkbox"/> BUILDING	\$ 235,000	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$
	BROAD				1,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				11,750	BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> Hail	11,750		\$				
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	NAMED PERILS					\$	
	CRIME					\$	
	TYPE OF POLICY					\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

With respect to the Aviation Property Policy, Okaloosa County is included as a Loss Payee as Owner/Lessor for the building valued at \$235,000.

30 Days Notice of Cancellation, however, 10 days for non-payment of premium.

CERTIFICATE HOLDER **CANCELLATION**

Okaloosa County 602C North Pearl Street Crestview, FL 32536 L04-0242-AP	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
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