



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/23/2023

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).

<b>PRODUCER</b> Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C No. Ext):</b> 1-877-945-7378 <b>FAX (A/C No.):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Sun Country, Inc. 2005 Cargo Road Minneapolis, MN 55450	<b>INSURER A:</b> Starr Indemnity & Liability Company <b>NAIC#</b> 38318	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** W27941630      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	Y	Y	1000600324221	04/15/2022	04/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	100 0003643	04/15/2022	04/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Okaloosa County and its officers, members, Airports Director, employees and agents and each of them is included as an Additional Insured as respects to Auto Liability as required by contract.

Auto Liability policy shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insured.

CONTRACT: L23-0507-AP  
SUN COUNTRY, INC. / DBA SUN COUNTRY AIRLINES  
SIGNATORY AIRLINE OPERATIONS AGREEMENT/  
TERMINAL BUILDING LEASE  
EXPIRES: 09/30/2024 W/2 1 YR RENEWALS

**CERTIFICATE HOLDER**

Okaloosa County  
302 N. Wilson Street, Suite 301  
Crestview, FL 32536

AUTHORIZED REPRESENTATIVE  
*Jessica Graham*

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Sun Country, Inc. 2005 Cargo Road Minneapolis, MN 55450	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Waiver of Subrogation applies in favor of Okaloosa County and its officers, members, Airports Director, employees and agents and each of them with respects to , Auto Liability and Workers Compensation as required by contract and as permitted by law.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CANCELLATION AND NONRENEWAL NOTICE TO DESIGNATED  
PERSON OR ORGANIZATION AMENDATORY ENDORSEMENT**

**Policy Number:** 1000600324221

**Effective Date:** 04/15/2022

**Named Insured:** Sun Country Airlines Holdings

This endorsement modifies the insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

It is hereby agreed that, in the event we cancel or nonrenew this Coverage Part for any reason other than nonpayment of premium, we will endeavor to mail prior written notice of cancellation or nonrenewal to:

**SCHEDULE**

<b>Name:</b>	Schedule on file with underwriter
<b>Address:</b>	Schedule on file with underwriter
<b>Number of days advance notice:</b>	30

All other terms and conditions of this Policy remain unchanged.

**CALIFORNIA CANCELTION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the information page.

The cancelation condition in Part Six (Conditions) of the policy is replaced by these conditions:

**Cancelation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy for one or more of the following reasons:
  - a. Non-payment of premium;
  - b. Failure to report payroll;
  - c. Failure to permit us to audit payroll as required by the terms of this policy or of a previous policy issued by us;
  - d. Failure to pay any additional premium resulting from an audit of payroll required by the terms of this policy or any previous policy issued by us;
  - e. Material misrepresentation made by you or your agent;
  - f. Failure to cooperate with us in the investigation of a claim;
  - g. Failure to comply with Federal or State safety orders;
  - h. Failure to comply with written recommendations or our designated loss control representatives;
  - i. The occurrence of a material change in the ownership of your business;
  - j. The occurrence of any change in your business or operations that materially increases the hazard for frequency or severity of loss;
  - k. The occurrence of any change in your business or operation that requires additional or different classification for premium calculation;
  - l. The occurrence of any change in your business or operation which contemplates an activity excluded by our reinsurance treaties.
3. If we cancel your policy for any of the reasons listed in (a) through (f), we will give you 10 days advance written notice, stating when the cancelation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. If we cancel your policy for any of the reasons listed in Items (g) through (l), we will give you 30 days advance written notice; however, we agree that in the event of cancelation and reissuance of a policy effective upon a material change in ownership or operations, notice will not be provided.
4. The policy period will end on the day and hour stated in the cancelation notice.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective:  
Insured:

Policy No.:  
Premium:

Endorsement No.:

Insurance Company:

Countersigned by: \_\_\_\_\_



**CERTIFICATE OF INSURANCE**  
**Issued on behalf of Insurers by**  
**Willis Towers Watson Northeast, Inc.**  
**5 Concourse Pkwy, 18th Floor**  
**Atlanta, GA 30328**  
**Telephone (404) 224-5000, Fax (404) 224-5001**

**This is to certify to:**

**Okaloosa County**  
**302 N. Wilson Street, Suite 301**  
**Crestview, FL 32536**

**(Sometimes referred to herein as the Certificate Holder(s))**

**that the Insurers listed below, each for their own part and not one for the other, are providing the following insurance:**

**NAMED INSURED:** **Sun Country, Inc. d/b/a Sun Country Airlines;** and/or associated and/or subsidiary and/or affiliated Companies now existing or as may be hereafter constituted, jointly and severally for their respective rights and interests.

**NAMED INSURED'S ADDRESS:** 2005 Cargo Rd  
Minneapolis, MN 55450

**INSURANCE COVERAGES:** **Airline Liability Insurance** (including but not limited to General Liability, Passenger Legal Liability, Bodily Injury and Property Damage, Personal Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Products and Completed Operations Liabilities, Ground Hangarkeepers Liability, Cargo Legal Liability, Mail Legal Liability, Liquor Liability/Host Liquor Liability, Liability in respect of automobiles and/or other mobile equipment operated on restricted airport premises, Excess Automobile Liability, Excess Employers Liability, Excess Advertiser's Liability and AVN.52E)(the "Primary Policy").

Excess Aviation War, Hijacking and other Perils Liability to pay on behalf of the Named Insured all sums in excess of the sublimit specified in the AVN52E endorsement to the Primary Policy which the Named Insured shall become legally liable to pay as damages for bodily injury or property damage caused by an occurrence during the Policy Period subject to the limit of liability herein (the "Excess Policy").

**POLICY PERIOD:** **Regarding Airline Liability Insurance:** December 17, 2022 to December 17, 2023 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured.

**Certificate No.: SC-0397**



**GEOGRAPHICAL LIMITS:** Worldwide.

**LIMITS OF LIABILITY:** Note: Aggregate Limits may be reduced due to paid claims

**As respects Airline Liability Insurance:** Combined Single Limit Bodily Injury (including passengers), Property Damage and Personal Injury (Passengers only): not less than US\$200,000,000 any one occurrence/offense, in the aggregate annually as respects Products, Completed Operations and Personal Injury Liabilities.

However, the following sub-limits apply as part of and not in addition to the limit stated above:

**As respects Personal Injury other than passengers:** US\$25,000,000 any one occurrence, any one offense, in the aggregate annually.

**As respects AVN.52E:** the limit of liability is a sublimit of US\$200,000,000 any one occurrence and in the annual aggregate except with respect to passengers to whom the full policy limit(s) shall apply.

**USE OF PREMISES INSURED:** **Solely as respects Airline Liability Insurance:** Any premises owned, used or occupied by the Named Insured which are incidental to the Named Insured's Airline Operations.

**USE OF VEHICLES INSURED:** **Solely as respects Airline Liability Insurance:** Ground Mobile Equipment operated by the Named Insured on restricted airport premises.

**CONTRACT(S):**  
Destin-Fort Walton Beach Airport Signatory Airline Operating Agreement and Terminal Building Lease between Okaloosa County, Florida ("County") and Sun Country, Inc. d/b/a Sun Country Airlines ("Airline").

regarding the Equipment (as defined below) (hereinafter, the "Contracts(s)")

**EQUIPMENT INSURED:** Any aircraft owned, operated or maintained by the Named Insured (hereinafter, the "Equipment").



**SECURITY (the “Insurers”)**

**As respects Aircraft Hull (Ground Taxiing and Flight) Insurance and Airline Liability Insurance**

**Insurer**

AIG Aerospace Insurance Services, Inc. on behalf of  
National Union Fire Insurance Company of Pittsburg, PA  
One Alliance Center, 3500 Lenox Road, Suite 1100  
Atlanta, GA 30326

**Policy No.**

AI 013468610-02

And other insurers placed by Willis Towers Watson Aerospace

**SECURITY (the “Insurers”)**

**As respects Aircraft Hull War Risks and Allied Perils Insurance**

**Insurer:**

Underwriters at Lloyd’s & Certain Insurance Companies  
51 Lime Street, London EC3M 7DQ

**Policy Number:**

B0801Q24582A22

**SECURITY (the “Insurers”) for**

**As respects Excess Third Party Liability (Non-Passengers) War Risk**

**Insurer:**

Underwriters at Lloyd’s & Certain Insurance Companies  
51 Lime Street, London EC3M 7DQ

**Policy Number:**

B0801Q24581A22

**Several Liability Notice**

The subscribing insurers’ obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)



**SPECIAL PROVISION(S)**

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):

**Solely as respects Liability Coverage(s):** Okaloosa County and its officers, members, Airports Director, employees and agents and each of them and their directors, officers, employees, agents and assigns are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest.

**Solely as respects Liability Coverage(s):** This insurance is primary and without right of contribution from any other insurance as may be carried by the Additional Insureds

**Solely as respects Liability Coverage(s):** Insurers waive their rights of subrogation against the Additional Insureds but only to the same extent that the Named Insured has waived its rights of recovery against and/or indemnified the Additional Insureds in the Contract(s).

**Solely as respects Liability Coverage(s):** In the event of cancellation of the policies by Insurers, Insurers agree that such cancellation shall not be effective as to the Additional Insureds until thirty (30) days (seven (7) days or such shorter period as may be customary in the case of Aircraft Hull War Risks and Allied Perils Insurance and Extended Coverage Endorsement (Aviation Liabilities) / ten (10) days in the event of cancellation due to non-payment of premium) after issuance of notice by the Insurers to the Certificate Holder(s) -- at the addresses shown on page one of this Certificate of Insurance.

**As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment**

**This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.**

DATE OF ISSUE:       **January 23, 2023**

AUTHORIZED REPRESENTATIVE:

*Jason Klevens*

---

Willis Towers Watson Northeast, Inc.  
Global Aerospace - North America

**Certificate No.: SC-0397**