CONTRACT: C09-1741-AP CRESTVIEW TECHNOLOGY AIR PARK, LLC AIRPORT ACCESS & LICENSE AGREEMENT EXPIRES:09/30/2039

AIG AEROSPACE INSURANCE SERVICES, INC.

CERTIFICATE OF COMMERCIAL LIABILITY INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Producer: ARTHUR J. GALLAGHER RISK MGMT. SVCS INC. 141 SAGE BRUSH TRAIL, SUITE A ORMOND BEACH, FL 32174				Named Insured: SUNSHINE AERO INDUSTRIES, INC. AND AS ENDORSED BOB SIKES AIRPORT; 3164 AIRPORT ROAD CRESTVIEW, FL 32539-7110					
			General						
		AL UNION FIRE INSU	RANCE CO	MPANY OF P	ITTSBURGH, PA				
Policy Number: /									
Policy Effective D	ate: A	ugust 31, 2023			xpiration Date:	Augu	ust 31, 2024		
	\$	10,000,000.	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ccurrence Lim		100 20			
	\$	1,000,000.	Dama	ge To Premise	es Rented To You	u Limit	t (any one premises)		
Limelto	\$	25,000.	Medic						
Limits of	\$	10,000,000.	Personal & Advertising Injury Aggregate Limit						
Insurance	\$ 1	NOT APPLICABLE		Aggregate Lir					
insurance	\$	10,000,000.			Operations Aggre	gate L	.imit		
	1 2 2 2 1		Hangark						
	\$	10,000,000.	Each Aircraft Limit						
	\$	10,000,000.	Each Loss Limit						
	\$	5,000.	Hangarkeepers Deductible (each aircraft)						
General Aggregat	e Limit a	pplies per:	X Policy Project Location						
		Ad	ditional Ins	ured Status	YES				
IF THIS CERTIFIC MUST EITHER BE ADDITIONAL INSI	E ENDO	RSED OR CONTAIN	SPECIFICATE HOLE	TE HOLDER I LANGUAGE F LDER IS AN A	S AN ADDITIONA PROVIDING THE	AL INS	HOLDER. SURED, THE POLICY(IES TIFICATE HOLDER WIT D ONLY TO THE EXTEN		
			Cancella	tion					
certificate holder p	rior to the		ibed above, cellation. H	the insurer vowever, failure			days written notice to the se duty or liability upon the		
Certificate Holder:	OKALO	OSA COUNTY BOARI OSA COUNTY AIRPO OLD BETHEL ROAD,	RTS DIREC	TORS	SIONERS	Ce	ertificate No. <u>7</u>		
Authorized Repres	sentative	Dodan /	andn			A	August 22, 2023 AT Date of Issue		

CGL309 (3/05)

AIG AEROSPACE INSURANCE SERVICES, INC.

Attachment to certificate no. 7 dated August 22, 2023 issued to:

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS OKALOOSA COUNTY AIRPORTS DIRECTORS

POLICYHOLDER SUNSHINE AERO INDUSTRIES, INC.

AIRCRAFT POLICY NO. AP 003383199-29

POLICY PERIOD: From August 31, 2023 to August 31, 2024

INSURANCE COMPANY NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Description of Operations/Locations/Endorsements/Special Provisions - Continued

ONLY TO THE EXTENT AS STATED WITHIN A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND PARTY(IES) AS SCHEDULED IN CGL1033, COVERAGE HEREUNDER IS PRIMARY AND NON-CONTRIBUTORY WITH ANY INSURANCE, CO-INSURANCE, OR SELF INSURANCE MAINTAINED BY THOSE PARTY(IES) SCHEDULED IN CGL1033 SUBJECT TO FORM CGL1033 ATTACHED TO THIS POLICY

ADDITIONAL INSURED(S) SUBJECT TO FORM CGL193 ATTACHED TO THIS POLICY.

WE WAIVE ANY RIGHT OF RECOVERY WE MAY HAVE AGAINST THE PERSON OR ORGANIZATION SHOWN BECAUSE OF PAYMENTS WE MAKE FOR INJURY OR DAMAGE ARISING OUT OF YOUR ONGOING OPERATIONS OR "YOUR WORK" DONE UNDER A CONTRACT WITH THAT PERSON OR ORGANIZATION AND INCLUDED IN THE "PRODUCTS-COMPLETED OPERATIONS HAZARD". THIS WAIVER APPLIES ONLY TO THE PERSON OR ORGANIZATION SHOWN IN CGL232 SUBJECT TO FORM CGL232 ATTACHED TO THIS POLICY.

This certificate does not change in any way the actual coverages by the policy/ies specified above.

CGL309-ATT (07/11)



AIG AEROSPACE INSURANCE SERVICES, INC. CERTIFICATE OF INSURANCE

	COUNTY AIRPORTS DIREC	TORS				
5479 A OLD E	BETHAL ROAD FL 32536	7 7 7 7 7				
	OWING POLICY/IES OF INS			ISSUED TO:		
SUNSHINE A	ERO INDUSTRIES, INC. A	ND AS EN	DORSED			
	IRPORT, 3164 AIRPORT R	OAD				
	FL 32539-7019					
AIRCRAFT POLI			to	August 31,	2024	
NSURANCE CO			SURANCE COMPA			
				PHYSICAL	DEDUCTIBLES:	IN-MOTION
FAA CERT. NUMBER	MAKE AND MODEL	YEAR	INSURED VALUE	DAMAGE COV.	NOT IN-MOTION	MOORING
N64DH	Sabreliner 40	1965	NOT COVERED	NA	N/A	N/A
	luding Passengers: \$50,00 Liability Limited internally to			rson		
FAA CERT. NUMBER	MAKE AND MODEL	YEAR	INSURED VALUE	PHYSICAL DAMAGE COV.	DEDUCTIBLES: NOT IN-MOTION	IN-MOTION INGESTION MOORING
	Cessna 172	1972	\$40,000	F	NIL	NIL
N20259).000 Each	Occurrence,			
Single Limit Inc	eluding Passengers: \$5,000 Liability Limited internally to		PLICABLE Each Per	rson		
Single Limit Inc			PLICABLE Each Per INSURED VALUE		DEDUCTIBLES: NOT IN-MOTION	INGESTIO
Single Limit Ind With Passenger FAA CERT.	Liability Limited internally to	NOT APF	INSURED	PHYSICAL DAMAGE	NOT	IN-MOTION INGESTION MOORING N/A
Single Limit Ind With Passenger FAA CERT. NUMBER N99801	*Liability Limited internally to	YEAR 1969	INSURED VALUE NOT COVERED	PHYSICAL DAMAGE COV.	NOT IN-MOTION	MOORING



PHYSICAL DEDUCTIBLES: IN-MOTION FAA CERT. INGESTION **INSURED** DAMAGE NOT NUMBER MAKE AND MODEL YEAR **VALUE** COV. IN-MOTION MOORING N271MC Piper PA-31-310 1967 NOT COVERED NA N/A N/A Single Limit -- Including Passengers: \$10,000,000 Each Occurrence, With Passenger Liability Limited internally to NOT APPLICABLE Each Person PHYSICAL DEDUCTIBLES: IN-MOTION FAA CERT. INSURED DAMAGE NOT INGESTION NUMBER MAKE AND MODEL YEAR VALUE COV. IN-MOTION MOORING N265SC Sabreliner 40 NOT COVERED 1973 NA N/A N/A Single Limit -- Including Passengers: \$50,000,000 Each Occurrence, With Passenger Liability Limited internally to NOT APPLICABLE Each Person PHYSICAL DEDUCTIBLES: IN-MOTION FAA CERT. INSURED DAMAGE **INGESTION** NOT NUMBER MAKE AND MODEL YEAR VALUE COV. IN-MOTION MOORING N3606T Beech King Air B100 1970 \$500,000 F NIL NIL Single Limit -- Including Passengers: \$50,000,000 Each Occurrence, With Passenger Liability Limited internally to NOT APPLICABLE Each Person PHYSICAL DEDUCTIBLES: IN-MOTION FAA CERT. INSURED DAMAGE NOT INGESTION MAKE AND MODEL MOORING NUMBER YEAR VALUE COV. IN-MOTION N40GT Sabreliner 40 NOT COVERED 1974 NA N/A N/A Single Limit -- Including Passengers: \$50,000,000 Each Occurrence, With Passenger Liability Limited internally to NOT APPLICABLE Each Person PHYSICAL DEDUCTIBLES: IN-MOTION FAA CERT. **INSURED** INGESTION DAMAGE NOT MOORING MAKE AND MODEL NUMBER YEAR VALUE COV. IN-MOTION N265FT Sabreliner 65 1980 \$400,000 NIL NIL Single Limit -- Including Passengers: \$50,000,000 Each Occurrence, With Passenger Liability Limited internally to NOT APPLICABLE Each Person PHYSICAL DEDUCTIBLES: IN-MOTION FAA CERT. **INSURED** DAMAGE INGESTION NOT NUMBER MAKE AND MODEL YEAR VALUE COV. IN-MOTION MOORING N66GE Sabreliner 65 1980 NOT COVERED NA N/A N/A Single Limit -- Including Passengers: \$50,000,000 Each Occurrence, With Passenger Liability Limited internally to NOT APPLICABLE Each Person



Date of Issue August 22, 2023

CAV1463 (02/15)

PHYSICAL DEDUCTIBLES: IN-MOTION FAA CERT. **INSURED** DAMAGE INGESTION NOT MOORING NUMBER MAKE AND MODEL YEAR **VALUE** COV. IN-MOTION N75VC Sabreliner 65 1981 NOT COVERED NA N/A N/A Single Limit -- Including Passengers: \$50,000,000 Each Occurrence, With Passenger Liability Limited internally to NOT APPLICABLE Each Person PHYSICAL DAMAGE Coverage Indentified F. Ground & Flight G. Not In Flight H. Not In Motion OTHER COVERAGES/CONDITIONS/REMARKS A certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. A certificate of insurance does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced therein. If the policy referenced above is cancelled before the expiration date, notice of cancellation shall be provided to the certificate holder if such notice of cancellation has been included within this policy and/or endorsements attached thereto. Certificate No.

Page 3 of 3

(Authorized Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/1/2023

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t				uch en	dorsement(s	٠.	require an endo	rsemen	t. A sta	atement on	
	DUCER D' L D' L M	_		110	CONTA NAME:	^{ст} Nadine Sc	hlagk					
Arthur J. Gallagher Risk Management Services, LLC 141 Sage Brush Trail, Suite A						PHONE (A/C, No, Ext): 386-672-6210				FAX (A/C, No): 386-677-2690		
Ormond Beach FL 32174						E-MAIL ADDRESS: nadine_schlagk@aig.com						
Official Bodoff E OET/ 1												
					INCLIDE			oility Company			NAIC# 38318	
INSL	IRED											
INSURED SUNSAER-01 Sunshine Aero Industries, Inc.							1 Southern In	surance Compar	ıy		10235	
Robert Keller						INSURER C:						
3164 Airport Rd Crestview FL 325397110						INSURER D:						
Cit	estview 1 L 323397 110	INSURE	RE:									
					INSURE	RF:						
COVERAGES CERTIFICATE NUMBER: 1485537338								REVISION NUM				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH	RESPE	CT TO V	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$		
								MED EXP (Any one p		\$		
								PERSONAL & ADV II	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$		
	POLICY PRO- JECT LOC						-	PRODUCTS - COMP		\$		
	OTHER:								70. 7.00	\$		
В	AUTOMOBILE LIABILITY	Υ		BA 901225		8/31/2023	8/31/2024	COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,000,	000	
	X ANY AUTO	Y						BODILY INJURY (Pe	r person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Pe				
	X HIRED X NON-OWNED							PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	-	\$		
	UMBRELLA LIAB OCCUR	-							_			
- OCCUR								EACH OCCURRENC	E	\$		
	CEAIWS-WADE	-					}	AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION			100 0000070		0/04/0000	0/04/0004	v PFR	OTH-	\$	m	
А	AND EMPLOYERS' LIABILITY Y / N			100 0002372		8/31/2023	8/31/2024	X PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	IT	\$ 1,000,0	000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$ 1,000,0	000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$ 1,000,0	000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)				
Oka con Wai	tomobile coverage placed through Prefe aloosa County Board of County Commis ditions and exclusions. Iver of Subrogation applies to certificate Days Notice of Cancellation except 10 f	sione holde	rs is ar.	an Additional Insured as re	spects	policy(ies), pu	irsuant to and	d subject to the p	•			
CE	RTIFICATE HOLDER				CANO	ELL ATION						
UE	THICATE HOLDER			I	CANCELLATION							
								ESCRIBED POLICI				

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

USA

Okaloosa County Board of Co. Commissioners C/O

Destin-Fort Walton Beach Airport

1701 State Rd 85 North

Eglin AFB FL 32542



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 9/1/2023

ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE C ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCE	AFFIRMATIVELY OR NEG OF INSURANCE DOES NO	ATIVELY AMEND, E	EXTEND OR ALT	ER THE			
AGENCY PHONE (A/C, No, Ext): 386-672-6210 Arthur J. Gallagher Risk Management Services, LLC 141 Sage Brush Trail, Suite A Ormond Beach, FL 32174	COMPANY Lexington Insurance Company 100 Summer Street Boston, MA 02110						
FAX (A/C, No): 386-677-2690 E-MAIL ADDRESS:							
CODE: SUB CODE:							
AGENCY CUSTOMER ID #:							
INSURED Sunshine Aero Industries, Inc.	LOAN NUMBER POLICY NUMBER 41-LX-086479010-14						
Robert Keller 3164 Airport Rd	EFFECTIVE DATE	EXPIRATION DATE					
Crestview FL 325397110	08/31/2023	08/31/2024	CONTINUED UNTIL TERMINATED IF CHECK				
	THIS REPLACES PRIOR EVID	ENCE DATED:					
PROPERTY INFORMATION							
LOCATION/DESCRIPTION							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	CONTRACT OR OTHER D N, THE INSURANCE AFFOR	OCUMENT WITH RE RDED BY THE POLIC N MAY HAVE BEEN	ESPECT TO WHIC	CH THIS D HEREIN IS			
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD SPECIA	_ X					
COVERAGE / PERILS / FORMS		AMOL	INT OF INSURANCE	DEDUCTIBLE			
Special Form including Theft Excluding Earthquake and Flood Agreed Amount and Replacement Cost on Building and Contents Actual Cash Value on Tools Equipment Breadown Building Business Personal Property Tools Extra Expense 40/80/100 Limitation *Deductible 2% of the Insured Value of the Property Damaged for Named Windstorm or Hail Subject to a \$25,000 Minimum per Occurrence *96 Hour for Named Windstorm or Hail		3,109, 10,000 52,000 30,000))	1,000* 1000* 1000* 72 Hours			
REMARKS (Including Special Conditions) Coverage is placed with the above-mentioned Company through Preferred Avia	dian Hadamaitan						
Okaloosa County Board of County Commissioners is an Additional Insured as reconditions and exclusions. *30 Days' Notice of Cancellation except 10 for Non-Payment of Premium.		nt to and subject to t	he policy's terms,	definitions,			
CANCELLATION							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATION	ON DATE THEREOF	, NOTICE WILL I	BE			
ADDITIONAL INTEREST							
NAME AND ADDRESS	X ADDITIONAL INSURED	LENDER'S LOSS PAY	ABLE LO	OSS PAYEE			
Okalagga County Board of Co. Corporting and Co. Corporting and Co. Corporting and Co. Corporting and Co. Co.	MORTGAGEE LOAN #						
Okaloosa County Board of Co. Commissioners C/O Destin-Fort Walton Beach Airport							
1701 State Rd 85 North Eglin AFB, FL 32542 USA	Authorized representative						