

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.

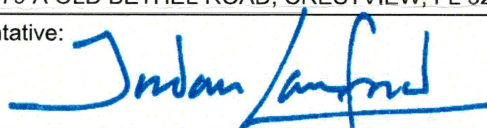
<b>Producer:</b> ARTHUR J. GALLAGHER RISK MGMT. SVCS INC. 141 SAGE BRUSH TRAIL, SUITE A ORMOND BEACH, FL 32174	<b>Named Insured:</b> SUNSHINE AERO INDUSTRIES, INC. AND AS ENDORSED BOB SIKES AIRPORT; 3164 AIRPORT ROAD CRESTVIEW, FL 32539-7110
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General Liability		
Insurer Name: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA		
Policy Number: AP 003383199-29		
Policy Effective Date: August 31, 2023		Policy Expiration Date: August 31, 2024
Limits of Insurance	\$ 10,000,000.	Each Occurrence Limit
	\$ 1,000,000.	Damage To Premises Rented To You Limit (any one premises)
	\$ 25,000.	Medical Expense Limit (any one person)
	\$ 10,000,000.	Personal & Advertising Injury Aggregate Limit
	\$ NOT APPLICABLE	General Aggregate Limit
	\$ 10,000,000.	Products/Completed Operations Aggregate Limit
		Hangerkeepers Limit
	\$ 10,000,000.	Each Aircraft Limit
	\$ 10,000,000.	Each Loss Limit
\$ 5,000.	Hangerkeepers Deductible (each aircraft)	
General Aggregate Limit applies per: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location		

Description of Operations/Locations/Endorsements/Special Provisions
SEE ATTACHED CGL309-ATT FOR ADDITIONAL WORDING

Additional Insured Status	YES
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.	

Cancellation
In the event of cancellation of any policy described above, the insurer will attempt to mail 30 days written notice to the certificate holder prior to the effective date of cancellation. However, failure to do so will not impose duty or liability upon the insurer, its agents or representatives, nor will it delay cancellation.

Certificate Holder: OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS OKALOOSA COUNTY AIRPORTS DIRECTORS 5479 A OLD BETHEL ROAD, CRESTVIEW, FL 32536	Certificate No. 7
Authorized Representative: 	August 22, 2023 AT Date of Issue

CGL309 (3/05)

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## 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

THIS IS TO CERTIFY TO:

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS  
OKALOOSA COUNTY AIRPORTS DIRECTORS

5479 A OLD BETHAL ROAD  
CRESTVIEW, FL 32536

THAT THE FOLLOWING POLICY/IES OF INSURANCE HAS/HAVE BEEN ISSUED TO:  
SUNSHINE AERO INDUSTRIES, INC. AND AS ENDORSED

BOB SIKES AIRPORT, 3164 AIRPORT ROAD  
CRESTVIEW, FL 32539-7019

AIRCRAFT POLICY NO. AV 003383198-30  
POLICY PERIOD: From August 31, 2023 to August 31, 2024  
INSURANCE COMPANY NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

FAA CERT. NUMBER	MAKE AND MODEL	YEAR	INSURED VALUE	PHYSICAL DAMAGE COV.	DEDUCTIBLES: NOT IN-MOTION	IN-MOTION INGESTION MOORING
N64DH	Sabreliner 40	1965	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

FAA CERT. NUMBER	MAKE AND MODEL	YEAR	INSURED VALUE	PHYSICAL DAMAGE COV.	DEDUCTIBLES: NOT IN-MOTION	IN-MOTION INGESTION MOORING
N20259	Cessna 172	1972	\$40,000	F	NIL	NIL

Single Limit -- Including **Passengers**: \$5,000,000 Each **Occurrence**,  
With **Passenger** Liability Limited internally to NOT APPLICABLE Each Person

FAA CERT. NUMBER	MAKE AND MODEL	YEAR	INSURED VALUE	PHYSICAL DAMAGE COV.	DEDUCTIBLES: NOT IN-MOTION	IN-MOTION INGESTION MOORING
N99801	Beech 18	1969	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

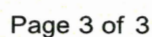


<b>FAA CERT. NUMBER</b>	<b>MAKE AND MODEL</b>	<b>YEAR</b>	<b>INSURED VALUE</b>	<b>PHYSICAL DAMAGE COV.</b>	<b>DEDUCTIBLES: NOT IN-MOTION</b>	<b>IN-MOTION INGESTION MOORING</b>
N271MC	Piper PA-31-310	1967	NOT COVERED	NA	N/A	N/A
Single Limit -- Including <b>Passengers:</b> \$10,000,000 Each <b>Occurrence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

CAV1463 (02/15)

Page 2 of 3







# 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. 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**  
Arthur J. Gallagher Risk Management Services, LLC  
141 Sage Brush Trail, Suite A  
Ormond Beach FL 32174

**CONTACT NAME:** Nadine Schlagk  
**PHONE (A/C, No, Ext):** 386-672-6210 **FAX (A/C, No):** 386-677-2690  
**E-MAIL ADDRESS:** nadine\_schlagk@ajg.com

**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Starr Indemnity & Liability Company

38318

**INSURER B:** American Southern Insurance Company

10235

**INSURER C:****INSURER D:****INSURER E:****INSURER F:**

**INSURED**  
Sunshine Aero Industries, Inc.  
Robert Keller  
3164 Airport Rd  
Crestview FL 325397110

SUNSAER-01

**COVERAGES****CERTIFICATE NUMBER:** 1485537338**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 CERTIFICATION 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						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
B	<b>AUTOMOBILE LIABILITY</b>	Y		BA 901225	8/31/2023	8/31/2024	
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y / N		100 0002372	8/31/2023	8/31/2024	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N / A					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

\*Automobile coverage placed through Preferred Aviation Underwriters Issued with respect to the Lease Agreement.

Okaloosa County Board of County Commissioners is an Additional Insured as respects policy(ies), pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

Waiver of Subrogation applies to certificate holder, as respects policy(ies), pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

\*30 Days Notice of Cancellation except 10 for Non-Payment of Premium.

**CERTIFICATE HOLDER****CANCELLATION**

Okaloosa County Board of Co. Commissioners C/O  
Destin-Fort Walton Beach Airport  
1701 State Rd 85 North  
Eglin AFB FL 32542  
USA

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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