

## CERTIFICATE OF INSURANCE

This is to certify to (Certificate Holder); Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration

1701 State Road 85 N Eglin AFB, FL 32542-1498

The following policy(ies) Have been issued to:

Eagle Aero, LLC

325 Settlers Trace Boulevard, #300

Lafayette, LA 70508

**POLICY INFORMATION:** 

AIRCRAFT POLICY NO: 100000093

POLICY PERIOD FROM: 10/09/21 TO: 10/09/22

THIS COVERAGE IS EFFECTIVE 12:01 A.M.

INSURANCE COMPANY: QBE INSURANCE CORPORATION

LIABILITY COVERAGES:

LIMITS OF LIABILITY

**EACH PERSON** 

**EACH OCCURRENCE** 

Single Limit Including Passengers, With Passenger Liability Limited to: XXXX XXXX

\$ 10.000.000

XXXX

**DESCRIPTION OF AIRCRAFT** 

PHYSICAL DAMAGE COVERAGE

**ALL RISKS GROUND & IN-FLIGHT** 

**DEDUCTIBLES** 

F.A.A. NO. YEAR

MAKE AND MODEL

**INSURED VALUE** 

**NOT IN MOTION** 

IN MOTION

N131MJ

2006

Cessna Citation CJ3

\$ 4,200,000

### THIS CERTIFICATE HOLDER IS:

☐ Included as a Loss Payee for Aircraft Physical Damage Coverage.

☐ Breach of Warranty Coverage on Aircraft Physical Damage as their interest may appear not to exceed 90% of the Insured Value.

Included as an Additional Insured on Aircraft Liability Coverage but only as respects operations of the named insured.

Provided a Waiver of Subrogation on Aircraft Physical Damage Coverage but only as respects operations of the named insured.

Provision has been made to give the Certificate Holder 30 days notice of cancellation of any policy above; however, the Company assumes no responsibility for the failure to provide such notice. This Certificate does not change in any way the actual coverages provided by the policy(les) specified above. This policy includes War Hull, War Liability and TRIA coverages. Policy territory is Worldwide.

Lease #: L20-0480-AP

Agency Name:

Falcon Insurance Agency, Inc.

John B. Singer

QBE North America Representative

Agency Phone:

830-257-1000

Date: Revised 12/16/2021



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/14/2021

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(les) 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). CONTACT Falcon Ins Agency of Houston, Inc. PHONE (A/C. No. Ext): E-MAIL Falcon Ins Agency of Houston, Inc. 830-257-1000 FAX (A/C, No): 19747 Hwy 59N akingman@falconinsurance.com ADDRESS: Suite 314 INSURER(S) AFFORDING COVERAGE NAIC# Humble, TX 77338 Lexington Insurance Company INSURER A: INSURED Preferred Aviation Underwriters INSURER B : Destin Landings, Inc. INSURER C: 325 Settlers Trace Blvd, #300 INSURER D Lafayette, LA 70508 INSURER E INSURER F **COVERAGES** CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDI ISUBR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY \$1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurren CLAIMS-MADE X OCCUR Excluded MED EXP (Any one person) \$5,000 Excluded PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT X POLICY PRODUCTS - COMP/OP AGG Excluded OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYER lf yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Property Insurance w/ Wind 05/04/2021 05/04/2022 41-LX-065044021-0 \$420,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re; Location 1, Building (1) 1001 Airport Road, Hangar 10 Bay 4 Destin, FL 32541 Lease # L20-0480-AP **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. Okaloosa County Board of Commissioners Destin-Fort Walton Beach Airport Administration AUTHORIZED REPRESENTATIVE 1701 State Road 85 N

© 1988-2015 ACORD CORPORATION. All rights reserved.

Eglin AFB, FL 32542-1498

ahle Marin

# HARCO NATIONAL INSURANCE COMPANY

## **Certificate of Insurance**

THIS IS TO CERTIFY TO: Okaloosa County Board of County Commissioners

Destin-Fort Walton Beach Airport Administration

1701 State Road 85 N Eglin AFB, FL 32542-1498

THAT THE FOLLOWING POLICY OF INSURANCE HAS BEEN ISSUED TO:

Eagle Aero, Inc. and Michael Mosing 325 SETTLERS TRACE BLVD STE 300

LAFAYETTE, LA 70508

**AIRCRAFT** POLICY NO.

AVA014213-00

POLICY PERIOD: From

N401ZA

PHYSICAL DAMAGE Coverage Identified

10/09/2021 to 10/09/2022

INSURANCE COMPANY:

HARCO NATIONAL INSURANCE COMPANY

#### LIABILITY COVERAGES LIMITS OF LIABILITY **EACH PERSON** EACH OCCURRENCE **Bodily Injury Excluding Passengers** \$ **Property Damage** XXX \$ Passenger Bodily Injury XXX Single Limit Including Passengers, 1,000,000 with Passenger Liability Limited to 100,000 PHYSICAL DAMAGE COVERAGE: **DEDUCTIBLES:** IN-MOTION **PHYSICAL** REGISTRATION Insured DAMAGE NOT INGESTION NUMBER MAKE AND MODEL Year Value COV. IN-MOTION MOORING N69EA Aviat Christen Eagle II 1982 \$60,000 F \$250 \$2,500 N139DF Aero Vodochody L-39 1981 \$400,000 G \$1,000 N/A.

10.0 % of

Insured Value

OTHER COVERAGES/CONDITIONS/REMARKS: See attached forms: AVA 00 52.

Aero Vodochody L-39

The Certificate Holder is included as an additional insured but only as respects operations of the Named Insured.

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.

1981

F. All Risk

\$300,000

F

\$1,000

G. Not in Motion

Certificate Number:	1	By	
_	<u> </u>		
Date of Issue:	12/14/2021	(Authorized Representative	ve)

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.