

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/27/2023

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	CONTACT Linda M. Whitehead							
Airways International Insurance Services	NAME: PHONE (A/C, No, Ext): 844-321-1777 (A/C, No):							
A Division of World Insurance Associates, LLC								
134 Walker Street	INSURER(S) AFFORDING COVERAGE NAIC #							
Lexington, VA 24450	INSURER A : ACE American Insurance Company							
INSURED	INSURER B :							
Bremfour Aviation Group Inc.	INSURER C :							
9724 Kingston Pike, Suite 1300	INSURER D :							
Knoxville, TN 37922	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.								
INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS							
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$							
	MED EXP (Any one person) \$							
	PERSONAL & ADV INJURY \$							
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$							
POLICY PRO- LOC	PRODUCTS - COMP/OP AGG \$							
OTHER:	\$							
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident)							
ANY AUTO	BODILY INJURY (Per person) \$							
OWNED SCHEDULED AUTOS	BODILY INJURY (Per accident) \$							
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY	PROPERTY DAMAGE  (Per accident)							
	\$							
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$							
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$							
DED RETENTION \$	PER OTH-							
AND EMPLOYERS' LIABILITY Y/N	STATUTE   ER							
ANYPROPRIETOR/PARTNER/EXECUTIVE	E.L. EACH ACCIDENT \$							
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - EA EMPLOYEE \$							
DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$							
A PROPERTY POLICY SVRD42210833	10/16/2022 10/16/2023							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
Location 1 - Hangar Block 6, Lot, Bremfour Lease #L080331-AP, Destin, FL 32541 - Non Combustible Building - \$103,000 CONTRACT: LO8-0331-AP								
BREMFOUR AVIATION GROUP, INC.								
DAP BLOCK 6 LOT 1								
	EXPIRES: 05/31/2033							
CERTIFICATE HOLDER	CANCELLATION							
Okaloosa County Board of County Commissioners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Destin-Fort Walton Beach Airport - Administration	AUTHORIZED REPRESENTATIVE							
1701 State Road 85 N Elgin AFB, FL 32542-1498	Linda Whitehead							
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СНИВВ			Policy Number SVRD42210833					
COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS								
ACE American Insurance Company								
Named Insured BREMFOUR AVIATION GROUP INC				Effective Date:	10-16-22 Standard Time			
Acont Na	ma (	CRC INSURANCE SERVICES INC			12.01 A.IVI.,			
Agent Na		209029						
Item 1.		ness Description:						
Hem 2.		nises Described; See Schedule of Locatic	ons					
Item 3.		Deductible unless otherwise indicated.						
Item 4.	Cove	erage Provided	·····					
	ldg. No.	Coverage		Limit of Insurance	Covered Causes of Loss	Coins.		
001 0	001	BUILDING	\$	103,000	SPECIAL	90		
┣ <u>────</u> ↓ <u>─</u> ─		NON-COMBUSTIBLE Other Pr	) Ovisio	ns	<u></u>	<u> </u>		
X Agr	eed V	alue: \$ 103,000 Expires: 10/16/23			ent Cost			
Bus	iness	• •		l: Maximum	Inflation Guar	d: %		
Rep	orting	3		Extended	Days BIMedia			
Extension	of Re	covery Period: Months	Wind/	Hail Deductibl	e:			
Deductible	:\$	1,000 Earthquake Deductible:		Exception	s W!ND			
	ldg.	Coverage		Limit of	Covered	Coins.		
No. N	0,			Insurance	Causes of Loss			
		A						
	eed V	Other Pr	OVISIO	<u></u>		·····		
		•	Dorlad	Replaceme		d: %		
	-	-	Mand					
Extension of Recovery Period: Months Wind / Hall Deductible: Earthquake Deductible: Exceptions								
nearcrinte	•	Earthquake Deductible:		Exception	5			
Loc. B	ldg.	Coverage	1	Limit of	Covered	Calar		
	<u>o.</u>			Insurance	Causes of Loss	Coins,		
		Other Pr	ovisio	ns		I		
	Agreed Value: Expires: Replacement Cost							
And the second s			Period	: Maximum	Inflation Guar	d: %		
	orting		Extended Days BI Media					
Extension of Recovery Period: Months Wind/Hail Deductible:								
Deductible	•	Earthquake Deductible:		Exceptions	ö			
Item 5.	Form	s and Endorsements		······				
Form(s) an	nd En	dorsement(s) made a part of this policy at tin	ne of l	ssue:	<del></del>			
See S	sched	ule of Forms and Endorsements			······································			

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THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

## FA-24633 (01/08)

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