

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2023

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).

th	is certificate does not confer rights to	o the	certi	ificate holder in lieu of su			<u>).                                    </u>			
	DUCER				CONTAC NAME:	СТ				
	SERK			í	PHONE (A/C, No	Ext): 844-47	72-0967	FAX (A/C, No):	203-	654-3613
	. Box 113247 mford, CT 06911				E-MAIL ADDRES	ss: custom		biBERK.com		
544	imora, er dosix							DING COVERAGE		NAIC#
					INSURER A : Berkshire Hathaway Direct Insurance Company					10391
INSU					INSURE	<sub>RB</sub> National	Liability & F	ire Insurance Compar	ıy	20052
Airt	oort Coordination Services, LLC				INSURE	RC:			_	
18	Beachwood Road				INSURE	RD:				
Fer	ernandina Beach, FL 32034			INSURER E :						
					INSURE	RF:				
CO	/ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:	_	
IN CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLIC	EMEI NN, IES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY	,						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	i						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
Α	X Hired Non-Owned Auto	Х	Х	N9BP844546	1	06/01/2023	06/01/2024	MED EXP (Any one person)	\$	5,000
		,			İ			PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC					-		PRODUCTS - COMP/OP AGG	\$	2,000,000
	X OTHER:	i							\$	
	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	ĺ '			1	1	ļ	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
Α	EXCESS LIAB CLAIMS-MADE	· ·		N9UM844582		06/01/2023	06/01/2024	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ 10,000								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y / N					ŀ		PER OTH- STATUTE ER		
В	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A:		N9WC859621		06/01/2023	0601/2024	E.L. EACH ACCIDENT	\$	_100,000
_	(Mandatory in NH) If yes, describe under	!						E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	Professional Liability (Errors & Omíssions): Claims-Made			N9PL859622		06/01/2023	06/01/2024	Per Occurrence/ Aggregate	\$ \$	1,000,000/ 1,000,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (AC	CORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is require	ed)		
Ok A v (se Hir	aloosa County Board Of County Co vaiver of transfer of rights exists on e endorsement attached). ed and Non-Owned Auto is included luded: Breian Meehan, member	mmis this p	sior olic	ners is listed as addition y as it pertains to genera	al insu al liabil	red as it per ity in favor of control AIRPO	tains to gen of Okaloosa RACT #:	eral liability (see endo County Board Of County C23-3350-AP	nty Coi	mmissioners
CEI	RTIFICATE HOLDER				CANC	AVIAT	ION PRO	FESSIONAL CONS	ULTIN	NG FOR
	aloosa County ard Of County Commissioners				SHO THE ACC	THE C	KALOOS	A COUNTY AIRPO 06/20/2025 W/1 1 Y	RTS	
547	'9A Old Bethel Rd			İ	AUTHOR	RIZED REPRESEI	NTATIVE	0	^	
Cre	stview, FL 32536				<u> </u>		{	Patech 64	-b-	



## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/29/2023

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PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext); (844) 472-0967 (A/C, No); (203) 65	4-3613
BIBERK	E-MAIL ADDRESS: salessupport@biberk.com	
P.O. Box 113247	PRODUCER CUSTOMER ID:	
Stamford, CT 06911	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Berkshire Hathaway Direct Insurance Compai 541	611
	INSURER B:	
Airport Coordination Services, LLC 18 Beachwood Road	INSURER C:	
Fernandina Beach, FL 32034	INSURER D:	
	INSURER E:	_
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

LOCATION OF PREMISES I DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: 18 Beachwood RoadFernandina Beach, FL 32034

Bldg #001: Consultants - All Other - 4167702

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 IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS	
	Х	PROPERTY					BUILDING	\$		
	CAL	ISES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$	0	
		BASIC	BUILDING	N9BP844546	06/01/2023	06/01/2024	BUSINESS INCOME	\$		
ĺ		BROAD	250 CONTENTS	_	ł	1	EXTRA EXPENSE	\$		
	Χ	SPECIAL	JONIEMIO		•	i	RENTAL VALUE	\$		
		EARTHQUAKE					BLANKET BUILDING	\$	n/a	
Ì		WND					BLANKET PERS PROP	\$	n/a	
		FLOOD					BLANKET BLDG & PP	5	n/a	
ļ								\$		
Ì	_							5		
		INLAND MARINE		TYPE OF POLICY				\$		
	CAL	ISES OF LOSS						\$	<del>_</del>	
	_	NAMED PERILS		POLICY NUMBER				\$		
								s		
		CRIME						\$		
	TYP	E OF POLICY				ı		\$		
								\$		
		BOILER & MACH						\$	<u>-</u>	
		EQUIPMENT BR	EANDOWN					\$		
								\$		
								s		

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\* ALS up to 12 months.

CEI	RTI	FI	CA	TE	HOL	.DER

CANCELLATION

Okaloosa County **Board Of County Commissioners** 5479A Old Bethel Rd Crestview, FL 32536

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

Katech.

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## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM** 

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):
Okaloosa County
Board Of County Commissioners
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph C. Who Is An Insured in Section II – Liability:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM** 

#### **SCHEDULE**

Name Of Person Or Organization:	
Okaloosa County	
Board Of County Commissioners	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

Paragraph K. Transfer Of Rights Of Recovery Against Others To Us in Section III – Common Policy Conditions is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above 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 the Schedule above.

## HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

#### BUSINESSOWNERS COVERAGE FORM

#### **SCHEDULE**

Coverage	Additional Premium
A. Hired Auto Liability:	\$73.00
B. Non-Owned Auto Liability:	\$114.00

- A. Insurance is provided only for those coverages for which a specific premium charge is shown in the Declarations or in the Schedule.
  - 1. Hired Auto Liability

The insurance provided under Paragraph A.1. Business Liability in Section II – Liability, applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

#### 2. Non-Owned Auto Liability

The insurance provided under Paragraph A.1. Business Liability in Section II – Liability, applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.

- **B.** For insurance provided by this endorsement only:
  - The exclusions, under the Paragraph B.1. Applicable To Business Liability Coverage in Section II – Liability, other than Exclusions a., b., d., f. and i. and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:
    - a. "Bodily injury" to:
      - (1) An "employee" of the insured arising out of and in the course of:
        - (a) Employment by the insured; or
        - **(b)** Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies:

- Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

- Liability assumed by the insured under an "insured contract"; or
- (2) "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.
- b. "Property damage" to:
  - (1) Property owned or being transported by, or rented or loaned to the insured; or
  - (2) Property in the care, custody or control of the insured.

- Paragraph C. Who Is An Insured in Section II

   Liability, is replaced by the following:
  - Each of the following is an insured under this endorsement to the extent set forth below:
    - a. You:
    - b. Any other person using a "hired auto" with your permission;
    - c. For a "non-owned auto":
      - Any partner or "executive officer" of yours; or
      - (2) Any "employee" of yours but only while such "non-owned auto" is being used in your business; and
    - d. Any other person or organization, but only for their liability because of acts or omissions of an insured under a., b. or c. above.
  - 2. None of the following is an insured:
    - a. Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
    - Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household:

- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
- d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or
- e. Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
- C. The following additional definitions apply:
  - "Auto Business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
  - "Hired Auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers" or members of their households.
  - 3. "Non-Owned Auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.

Airport Coordination Services, LLC

18 Beachwood Road Fernandina Beach, FL 32034



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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 PHONE (A/C, No, Ext); 844-472-0967 (E-MAIL ADDRESS: CUSTOMERSERVIC **BIBERK** 203-654-3613 P.O. Box 113247 customerservice@biBERK.com Stamford, CT 06911 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : National Liability & Fire Insurance Company 20052 INSURED INSURER B: Airport Coordination Services, LLC INSURER C: 18 Beachwood Road INSURER D: Fernandina Beach, FL 32034 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. ADDL SUBR POLICY EFF POLICY EXP NSR LTR TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 5 0 CLAIMS-MADE OCCUR n PREMISES (Ea occurrence) MED EXP (Any one person) 0 PERSONAL & ADV INJURY 0 GEN'L AGGREGATE LIMIT APPLIES PER: 0 GENERAL AGGREGATE 2 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ 0 OTHER COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) AUTOS ONLY AUTOS ONLY UMBRELLALIAB EACH OCCURRENCE OCCUR \$ **EXCESS HAB** CLAIMS-MADE AGGREGATE \$ DED ( RETENTION \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$500,000 N9WC859621 06/01/2023 06/01/2024 E.L. DISEASE - EA EMPLOYEE \$500,000 if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$500,000 Professional Liability (Errors & Per Occurrence/ Omissions): Claims-Made Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Okaloosa County Board of County Commissioners ACCORDANCE WITH THE POLICY PROVISIONS. 5479A Old Bethel Rd Crestview, FL 32536

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AUTHORIZED REPRESENTATIVE

## **BUSINESSOWNERS POLICY CHANGES**

Airport Coordination Services, LLC

18 Beachwood Road Fernandina Beach, FL 32034

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

POLICY NUME	BER	POLICY CHANGES EFFECTIVE	COMPANY	
N9BP844546		06/24/2023	Berkshire Hathaway Direct Insurance Company	
NAMED INSUF	RED		AUTHORIZED REPRESENTATIVE	
Airport Coordin	ation Services, L	LC		
		······································	<u> </u>	
		CHANGES		
Additional Insured - Designated Person or Organization				
Changed	Changed From: Name of Person or Organization: Okaloosa County		у	
To: Name of Person or Organization: Okaloosa County Board Of County Commis- sioners				
Policy Forms				
Changed	Additional Insu	red - Designated Person or Organiz	ration	
Changed				

POLICY AMOUNT AND PREMIUM ADJUSTMENT							
	surance	Pre	miums				
Coverage Description	Previous Limit Of Insurance	New Limit Of Insurance	Previous Premium	New Premium		Add'l Premium Return Premium	
			\$	\$	\$		

}	TOTAL PREMI	JM ADJUSTMENTS
	PREMIUM DUE AT POLIC	Y CHANGE EFFECTIVE DATE
	ADDITIONAL	RETURN
	\$ 0.00	\$ 0.00
REMOVAL PERMIT	extend this insurance to include that Corerage at each location will apply in the pof all Covered Property being removed.	v location that is described on this Policy Change, you may wered Property at each location during the removal. Covroportion that the value at each location bears to the value This permit applies up to 10 days after the effective date urance does not apply at the previous location.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

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**BUSINESSOWNERS COVERAGE FORM** 

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
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3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

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	_
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Paragraph K. Transfer Of Rights Of Recovery Against Others To Us in Section III – Common Policy Conditions is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above 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 the Schedule above.