

CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

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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 If SUBROGATION IS WAIVED, subject to the terms and conditions of t this certificate does not confer rights to the certificate holder in lieu of s														
Acrisure, Llc Dba Falcon Insurance Agency - Dallas					CONT									
,			isurance /	чgе	ncy - Dalias	PHON	iE Vo, Ext):				FAX (A/C, No	o):		
PO Box 291						E-MA ADDR	ÍL.				1 (- J+		
Kerrville, TX 78029						PRODUCER CUSTOMERID#:								
						INSURER(S) AFFORDING COVERAGE % NAIC #								
INSURED						INSURER A: U.S. SPECIALTY INSURANCE COMPANY 100%								
COSCO & Asso		es, Inc.				INSURER B:								
COSCO Building 215 E. James Le	_	h rol					RERC:							
Crestview, FL 3							RERE:							
						INSUF	RERF:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY						N OF A RDED HAVE I	ANY CONTRAC BY THE POLIC	T OR	OTHER DO	CUMENT HEREIN IS NS.	WITH RESE SUBJECT	PECT TO TO ALL	WHICH THIS	
POLICY INFOR	IVIA	POLICY TYPE			CERTIFICATE NUIV	BEK:		LIN	E OF DIJUNE		ION NUM	BEK:		
INDUSTRIAL AID	X	PLEASURE & BUS	COM	4ERCI/	AL X AIRPLANE	- 1	LINE OF BUSINESS SUBCODE HELICOPTER MIXED FLEET EXCESS QUOTA SHARE						OTA SHARE	
INDUSTRIAL AID X PLEASURE & BUS COMMERCIAL X AIRPLANE NON-OWNED LIABILITY ONL							K HULL & LIABI		HULL O		LXOLOG		OTA GITAILE	
AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached														
YEAR	YEAR MAKE MODEL								SERIAL NUM	BER		RATION NUMBER		
1967 Beech 95-B55 (T42A)										N5409	IU			
TERRITORY:														
AIRCRAFT COVERAGES INSURER LETTER POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE ADDITIONAL INSURED? (Y/N) SUBROGATION WAIVED? (Y/N)														
INSURERLETTER		400129465-22			7/11/2023	1	7/11/2024	24 Y			SUBROG	N	VED7 (17N)	
COVERAGE			OPTIO	NS		LIMIT		APPLIES TO LIMIT				APPLIES TO		
AIRCRAFT HULL	×	ALL RISK GROUND	AND FLIGHT			\$	200,000	AGREED VALUE \$		100 500	Ded In motion			
AIRCRAFT LIABILITY	×	LIABILITY				\$ \$	1,000,000 100,000	EA OCC \$ EA PASS \$				EA PER AGGR		
MEDICAL PAYMENTS	×	INCLUDING CREW EXCLUDING CREW				\$	5,000	EA PER \$		20,000 EA OCC				
COVERAGE CODE DESCRIP	TION		OPTION	dS.		LIMIT	LIMIT APPLIES TO LIMIT				APPLIES TO			
COBE DESCRI	TICH		0, 1101	ΪΤ		\$		AFFE	IEO IO	LIMIT \$		AFFLIES	10	
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DESCRIPTION O	F OF	PERATIONS / R	<u>EMARKS (A</u>	COR	D 101, Additional R	emark	s Schedule,	may l	e attache	d if more	space is r	equired)		
Certificate Holder is included as an Additional Insured.														
CERTIFICATE HOLDER CAN							CELLATION							
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.									
					AUTHORIZED REPRESENTATIVE									
Crestview, FL 32536														

ACORD 21 (2016/03)

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CONTRACT:L08-0322-AP COSCO & ASSOCIATES, INC. BSAP BLOCK 3/LOT 1 XFERED FM #L309 EXPIRES:01/01/2035



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Crestview, FL 32536

AUTHORIZED REPRESENTATIVE

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CONTACT NAME: Acrisure, Llc Dba Falcon Insurance Agency - Dallas PHONE (A/C, No, Ext): E-MAIL (A/C, No): PO Box 291388 ADDRESS: Kerrville, TX 78029 PRODUCER CLISTOMER®D# INSURER(S) AFFORDING COVERAGE NAIC# INSURED INSURER A: U.S. SPECIALTY INSURANCE COMPANY 100% COSCO & Associates, Inc. INSURER B: **COSCO Building** 215 E. James Lee Blvd. INSURER D: INSURER E: Crestview, FL 32539-2841 INSURER F:

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POLICI INFO	KINATION	CE	KIIFICATE NUMBER:	REVISION NUMBER:							
	POLICYTYPE		LINE OF BUSINESS SUBCODE								
INDUSTRIALA	D X PLEASURE & BUS	COMMERCIAL	X AIRPLANE	HELICOPTER MIXED FLEE	T EXCESS QUOTA SHARE						
NON-OWNED			LIABILITY ONLY 🗶	HULL & LIABILITY HULL ONLY							
AIRCRAFT	INFORMATION	ACORD 333, Air	ircraft Schedule attached								
YEAR	MAKE	MOD	DEL.	SERIAL NUMBER	REGISTRATION NUMBER						
1977	Cessna	501	1SP		N565V						
TERRITORY:											
AIRCRAFT COVERAGES											
INSURER LETTER	POLICY NUMBER		FFECTIVE DATE EXPIRA	TION DATE ADDITIONAL INSURED?	(Y/N) SUBROGATION WAIVED? (Y/N)						

AIRCRA	AFT COV	ERA	iES									
INSURERL	ETTER	POLICY NUMBER			EFFECTIVE DATE	EXPIRATION DATE		ADDITIONAL INSURED? (Y / N)		SUBROGATION WAIVED? (Y / N)		
		GA0	0129465-22	7/11/2023	7/11/2024		Y		N			
COVERAGE OPTIONS					LIMIT		APPLIES TO	LIMIT		APPLIES TO		
AIRCRAFT	HULL -	X	LL RISK GROUND AND FLIGHT			\$	480,000	AGREED VALUE	\$ \$		Ded Not in motion Ded In motion	
AIRCRAFT	LIABILITY	X ⊔	ABILITY			\$ \$	1,000,000 100,000	EA OCC EA PASS	\$ \$		EA PER AGGR	
MEDICAL PAYMENTS X INCLUDING CREW EXCLUDING CREW				\$	5,000	EA PER	\$	40,000	EA OCC			
COV	ÆRAGE											
CODE	DESCRIPTI	ON	OPTION	S		LIMIT		APPLIES TO	LIMIT		APPLIES TO	
		\vdash				\$ \$			\$ \$			
						\$			\$			
						\$			\$			

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate	Holder i	s included	d as an A	Additional	Insured.			

Okaloosa County Board of County Commissioners 5749A Old Bethel Road 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

CANCELLATION

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ACORD 21 (2016/03)

CERTIFICATE HOLDER

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