



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
02/08/2022

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 Parrish-Oneill & Associates, Inc. P. O. Box 349 Mount Vernon, OH 43050	CERTIFICATE NUMBER PHONE FAX IAC No. Ext IAC No. E-MAIL ADDRESS PRODUCER CUSTOMER #
INSURED Parker Aircraft Sales Inc Mitchell Kaplan 203 Walkedge Drive Fort Walton Beach, FL 32548	INSURER(S) AFFORDING COVERAGE INSURER A: U.S. SPECIALTY INSURANCE COMPANY 100% INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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 INFORMATION	CERTIFICATE NUMBER: ACORD 333, Aircraft Schedule attached	REVISION NUMBER:
POLICY TYPE INDUSTRIAL AD <input checked="" type="checkbox"/> PLEASURE & HOVS <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> AIRPLANE <input checked="" type="checkbox"/> HELICOPTER <input type="checkbox"/> MIXED FLEET <input type="checkbox"/> EXCESS <input type="checkbox"/> QUOTA SHARE <input type="checkbox"/> NON-OWNED <input type="checkbox"/> LIABILITY ONLY <input type="checkbox"/> HULL & LIABILITY <input checked="" type="checkbox"/> HULL ONLY <input type="checkbox"/>	LINE OF BUSINESS SUBCODE	

YEAR 1984	MAKE Piper	MODEL PA-31-350	SERIAL NUMBER	REGISTRATION NUMBER NB08SA1
--------------	---------------	--------------------	---------------	--------------------------------

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED (Y/N)	SUBROGATION WAIVED (Y/N)	
	GA00182510-08	2/18/2022	2/18/2023	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT	\$ 300,000	AGREED VALUE	\$ 0	0 Ded - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	0 Ded - In motion	
		\$ 100,000	EA PASS	\$		
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW	\$ 5,000	EA PER	\$ 40,000	EA OCC	
COVERAGE CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER Okaloosa County 5479 A Old Bethel Road Crestview, FL 32536	CANCELLATION 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
--	---

CONTRACT # L08-0334-AP
MITCH KAPLIN
BLOCK 1/LOT 2
EXPIRES: 07/11/2040