ASHLEY



ACORD 25 (2016/03)

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2022

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.

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

<u>t</u> h	ils certificate does not confer rights t	o the	cert	ificate holder in lieu of su				-			
PRODUCER						CONTACT NAME:					
Brad Barnett Insurance Agency 1488 S Old Missouri Rd Springdale, AR 72764					PHONE (A/C, No; Ext): (479) 444-7224 FAX (A/C, No): (479) 444-9325						
					E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Lexington					
INSURED						INSURER B:					
Hangar Six LLC					INSURER C:						
214 Lafitte Cres					INSURER D:					ļ,	
Fort Walton Beach, FL 32547					INSURER E :					}	
					INSURER F:						
CO	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER	₹:		
C IV	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	L DOCUMENT WITH RE	ESPECT TO	) WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	X COMMERCIAL GENERAL LIABILITY	1						EACH OCCURRENCE	s	1,000,000	
	CLAIMS-MADE X OCCUR	x		41-LX-053405688-1		12/21/2022	12/21/2023	DAMAGE TO RENTED PREMISES (Ea occurrence	n S	100,000	
		'						MED EXP (Any one person	l	5,000	
								PERSONAL & ADV INJUR		Excluded	
	GEN'L AGGREGATE LIMIT APPLIES PER:		ļ	1				GENERAL AGGREGATE	s	2,000,000	
	X POLICY PRO- JECT LOC		İ					PRODUCTS - COMP/OP A	GG S	Excluded	
	OTHER:								s		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s		
	ANY AUTO							BODILY INJURY (Per pers	<b>I</b>		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accid	dent) \$		
	HUTES ONLY NOT SYNED							PROPERTY DAMAGE (Per accident)	s		
									s		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE	1	1					AGGREGATE	\$		
	DED RETENTIONS			.,			<u>.</u>		s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1						PÉR STATUTE E	H-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\s		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLO	DYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below					1210410200	10/04/000	E.L. DISEASE - POLICY L	MIT S	410 400	
Α	5535 John Givens Rd	×		41-LX-053405688-1		12/21/2022	12/21/2023	Randing		643,222	
			L								
Leas	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC SE #L03-AP						re space is requi	ea)			
Oka	loosa County Board of County Commis	sione	ers is	listed as additional insure	ed on th	is policy	እእያምው ል ረታ	Г# L03-0210-АН	1		
									•		
	HANGAR 6, INC.										
	BSAP GROUND LEASE LOT 2/BLOCK 3										
						EX	PIRES 12	/16/2024			
CE	RTIFICATE HOLDER				CANO	ELLATION					
Okaloosa County Board of County Commissioners C/O Destin-Fort Walton Beach Airport Administration 1701 State Road 85, North Eglin A F B, FL 32542						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  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE					

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