C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATIV ELOW. THIS CERTIFICATE OF INSI EPRESENTATIVE OR PRODUCER, AN	VELI	y of Nce	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFO	DRDED E	BY TH	E POLICIES	
lf	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain p	policies may					
	· · · · · · · · · · · · · · · · · · ·	uie	Vatu	incate holder in fied of su	CONTA NAME:		en Roberts					
Avsurance Corporation						NAME: Edit of 11(0) 01(0) PHONE FAX (ACC, No, Ext): (800) 472-7090 (ACC, No, Ext): (734) 663-8296						
						(A/C, No, Ext): (600) 472-7090 [(A/C, No):(734) 663-6296 E-MAIL ADDREss: avsurance@avfuel.com						
A(1)1	Arbor, MI 48108				ADDRE				• • • • • • • • • • • • • • • • • • • •			
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						RA:Endura	nce Americ	an ins. co.			10641	
INSU	Titan Aviation, LLC And KRS	Fyn	ress	Inc	INSURER B :							
	Kim R Smith			, mo.	INSURER C :							
3511 Silverside Rd, Suite 105					INSURER D :							
	Wilmington, DE 19810		INSURER E :									
				······································	INSURE	RF:						
				NUMBER:				REVISION NUN				
IN Cl	HIS IS TO CERTIFY THAT THE POLICIE: IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH P	equii Pert Polic	remi Fain, Dies.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC (THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WIT	H RESPE	ст то	WHICH THIS	
insr Ltr	TYPE OF INSURANCE	NSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	3		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO RENTI PREMISES (Ea occu	DE ED	\$ \$		
								MED EXP (Any one)		\$		
								PERSONAL & ADV	NJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	- 1. 1	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	: LIMIT	\$		
								BODILY INJURY (Pe	or person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (PE	er accident)	\$		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$		
	<u> </u>									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$		· · · ·	·····				PFR	Тотн-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE	OTH- ER			
		N/A						E.L. EACH ACCIDE		\$		
	(Mandatory in NH)							E.L. DISEASE - EA I				
•	If yes, describe under DESCRIPTION OF OPERATIONS below Aircraft Hull & Liab			NAB 6042804		9/20/2021	9/20/2022	E.L. DISEASE - POL N193SE - Liab		\$	1,000,000	
	· ·											
Rega	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI ards to Lease #: L10-0369-AP	ca (A	JUKL	, wi, Auguonal Kemarks Schedu	ie, may b	e anached it mór	e shace is ledui	euj			1	
	raft Liability Limit: \$1M CSL					CONT		40,0000,40				
Aircraft Hull: \$1,290,000 Deductible (NIM/IM): \$10,000 Medical Expense: \$5,000 ea Person / \$55,000 ea Occurrence						CONTRACT#: L10-0369-AP						
						KRS EXPRESS DAP HANGAR LEASE BLOCK 2 LOT 3						
	-								CK 2 L	ОТ З		
				· · · · · · · · · · · · · · · · · · ·	: 	EXPIR	ES: 07/15	6/2025				
CE					CAN							
Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin AFB, FL 32542-1498						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 Saunu Rolud						

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LROBERTS
 LIVODENIO

KRS Express TITAAVI-01

> DATE (MM/DD/YYYY) 12/1/2021



CERTIFICATE OF LIABILITY INSURANCE