



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)  
01/08/2024

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 ASSURED PARTNERS AEROSPACE-WICHITA 9860 E 21st N Wichita, KS, 67206	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
	E-MAIL ADDRESS:			
	PRODUCER CUSTOMER ID No.			
INSURED Galveston Adventures, LLC  4008 Legendary Dr, Ste 340 Destin, FL, 32541	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	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.

<b>POLICY INFORMATION</b>			<b>CERTIFICATE NUMBER:</b>			<b>REVISION NUMBER:</b>		
POLICY TYPE			LINE OF BUSINESS SUBCODE					
<input type="checkbox"/> INDUSTRIAL AID	<input type="checkbox"/> PLEASURE & BUS	<input checked="" 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 checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY			

<b>AIRCRAFT INFORMATION</b>		ACORD 333, Aircraft Schedule attached		
YEAR 2016	MAKE Robinson Helicopter Co	MODEL R66	SERIAL NUMBER	REGISTRATION NUMBER N7078X
TERRITORY:				

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	AC3021386-02	11/21/2023	06/09/2024	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT	\$ 775,000	AGREED VALUE	\$ 1,000	Ded. - Not in motion	
	<input type="checkbox"/> ALL RISK GROUND ONLY			\$ 77,500	Ded. - In motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	EA PER	
		\$ 100,000	EA PASS	\$	AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 25,000	EA OCC	
	<input type="checkbox"/> EXCLUDING CREW					
COVERAGE	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.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Okaloosa County Board of Commissioners; Destin-Fort Walton Beach Airport Admin 1701 State Road 85 N Eglin Afb, 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 

ACORD 21 (2016/03) The ACORD name and logo are registered marks

LEASE: L23-0508-AP  
TIMBERVIEW HELICOPTERS, INC.  
OPERATING AGREE FOR  
COMMERCIAL FLIGHT OPERATIO  
EXPIRES: 04/12/2028 w/1 5 yr renewwl



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)  
01/08/2024

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PRODUCER ASSURED PARTNERS AEROSPACE-WICHITA 9860 E 21st N Wichita, KS, 67206	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID No.		
INSURED Galveston Adventures, LLC  4008 Legendary Dr, Ste 340 Destin, FL, 32541	INSURER(S) AFFORDING COVERAGE	%	NAIC No.
	INSURER A: U.S. SPECIALTY INSURANCE COMPANY	100%	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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<b>POLICY INFORMATION</b>				<b>CERTIFICATE NUMBER:</b>				<b>REVISION NUMBER:</b>							
POLICY TYPE								LINE OF BUSINESS SUBCODE							
<input type="checkbox"/> INDUSTRIAL AID	<input type="checkbox"/> PLEASURE & BUS	<input checked="" 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 checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY				

<b>AIRCRAFT INFORMATION</b>		ACORD 333, Aircraft Schedule attached											
YEAR 2016	MAKE Robinson Helicopter Co	MODEL R66	SERIAL NUMBER	REGISTRATION NUMBER N7078X									
TERRITORY:													

<b>AIRCRAFT COVERAGES</b>												
INSURER LETTER	POLICY NUMBER AC3021386-02	EFFECTIVE DATE 11/21/2023	EXPIRATION DATE 06/09/2024	ADDITIONAL INSURED? (Y/N) Y	SUBROGATION WAIVED? (Y/N) N							
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO							
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT	\$ 775,000	AGREED VALUE	\$ 1,000	Ded. - Not in motion							
	<input type="checkbox"/> ALL RISK GROUND ONLY			\$ 77,500		Ded. - In motion						
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	EA PER							
		\$ 100,000	EA PASS	\$	AGGR							
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 25,000	EA OCC							
	<input type="checkbox"/> EXCLUDING CREW											
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO							
CODE	DESCRIPTION											

**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.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Okaloosa County 5749A 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 



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

12/29/2023

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.

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PRODUCER Assuredpartners Aerospace-Wichita 9860 E 21st N Wichita, KS 67206	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
E-MAIL ADDRESS:				
PRODUCER CUSTOMER ID#:				
INSURED Air First, LLC 4008 Legendary Drive Ste 340 Destin, FL 32541	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A: U.S. SPECIALTY INSURANCE COMPANY		100%	
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

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POLICY TYPE			LINE OF BUSINESS SUBCODE		
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>
NON-OWNED	<input type="checkbox"/>		<input checked="" type="checkbox"/>	AIRPLANE	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	LIABILITY ONLY	<input type="checkbox"/>
			<input type="checkbox"/>	HELICOPTER	<input type="checkbox"/>
			<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>
			<input type="checkbox"/>	EXCESS	<input type="checkbox"/>
			<input type="checkbox"/>	QUOTA SHARE	<input type="checkbox"/>

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached			
YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER	
1977	Piper	PA-31T		N521PM	
TERRITORY:					

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	AC3023305-01	12/29/2023	5/13/2024	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL		\$	AGREED VALUE	\$	Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	Ded. - In motion	
		\$ 100,000	EA PASS	\$	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 40,000	EA OCC	
	<input type="checkbox"/> EXCLUDING CREW					
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
CODE	DESCRIPTION					
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		

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CERTIFICATE HOLDER Okaloosa County Board of Commissioners; Destin-Fort Walton Beach Airport Admin 1701 State Road 85 N Eglin Afb, FL 32542	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 
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