## ACORD®

## CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

01/08/2024

BE RE	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											NA Pl	PHONE FAX (A/C, No, Ext): (A/C, No):												
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ACORD 21 (2016/03)

The ACORD name and logo are registered mar

LEASE: L23-0508-AP

TIMBERVIEW HELICOPTERS, INC.

OPERATING AGREE FOR

COMMERCIAL FLIGHT OPERATIO

EXPIRES: 04/12/2028 w/1 5 yr reneawl



## CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

01/08/2024

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INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITI											W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD TON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, MAY HAVE BEEN REDUCED BY PAID CLAIMS.																
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE

ACORD 21 (2016/03)

CERTIFICATE HOLDER

Crestview, FL 32536

Okaloosa County 5749A Old Bethel Rd

Certificate Holder is included as an Additional Insured.

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

CANCELLATION

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.

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** CONTACT Assuredpartners Aerospace-Wichita PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): 9860 E 21st N Wichita, KS 67206 PRODUCER CUSTOMERID# INSURER(S) AFFORDING COVERAGE NAIC # INSURFO INSURER A; U.S. SPECIALTY INSURANCE COMPANY 100% Air First, LLC INSURER B: 4008 Legendary Drive INSURER C: INSURER D Ste 340 INSURER E: Destin, FL 32541 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, <u>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS</u> **REVISION NUMBER:** POLICY INFORMATION CERTIFICATE NUMBER: LINE OF BUSINESS SUBCODE POLICY TYPE INDUSTRIAL AID X PLEASURE & BUS COMMERCIAL **★** AIRPLANE HELICOPTER QUOTA SHARE MIXED FLEET EXCESS NON-OWNED LIABILITY ONLY HULL & LIABILITY HULL ONLY AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached YEAR MAKE MODEL SERIAL NUMBER REGISTRATION NUMBER Piper 1977 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 Ν COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO Ded. - Not in motion AIRCRAFT HULL AGREED VALUE 2 \$ Ded. - In motion 1,000,000 X LIABILITY \$ EA OCC \$ EA PER AIRCRAFT LIABILITY 100,000 **EA PASS** \$ AGGR \$ INCLUDING CREW MEDICAL PAYMENTS \$ 5,000 EA PER 40,000 EA OCC \$ EXCLUDING CREW COVERAGE OPTIONS CODE DESCRIPTION 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 CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE Okaloosa County Board of Commissioners; Destin-Fort Walton EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Beach Airport Admin ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 1701 State Road 85 N Eglin Afb, FL 32542 7. 6 7

ACORD 21 (2016/03)

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