ACORD	

CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2 DATE (MM/DD/YYYY) 04/05/2023

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(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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER				CONTACT Willis Towers Watson Certificate Center				
Willis Towers Watson Insurance Servi	ces W	lest,	Inc.	NAME: FAX PHONE 1-877-945-7378 (A/C, No, Ext): 1-888-467-2378				
c/o 26 Century Blvd P.O. Box 305191				E-MAIL ADDRESS; certificates@willis.com				
Nashville, TN 372305191 USA				INSURER(S) AFFORDING COVERAGE NAIC #				
				INSUR	35289			
INSURED			INSUR	16109				
Mesa Air Group, Inc. 410 N. 44th Street, Suite 700				INSURI	RC: Starr	Indemnity 8	Liability Company	38318
Phoenix, AZ 85008				INSUR	RD:			
				INSURI	ER E ;			
				INSUR	ER F :			
COVERAGES CERTIFY THAT THE POLICIE			NUMBER: W28658703				REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equif Pert Poli	reme "Ain, Cies,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	or other i s describei paid claims.	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS
LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
							PRODUCTS - COMP/OP AGG \$	
OTHER:				· .			\$ COMBINED SINGLE LIMIT \$	1,000,000
							(Ea accident) BODILY INJURY (Per person) \$	1,000,000
ANY AUTO	Y		6080531112		03/23/2023	03/23/2024		
AUTOS ONLY AUTOS HIRED NON-OWNED			000000000000000000000000000000000000000		00,20,2020	,	PROPERTY DAMAGE	
AUTOS ONLY AUTOS ONLY							(Per accident)	
UMBRELLA LIAB OCCUR			···				EACH OCCURRENCE \$	L. 20. 00111 (2017)
EXCESS LIAB CLAIMS-MADI	:						AGGREGATE \$	
DED RETENTION \$	-						\$	
WORKERS COMPENSATION							X PER OTH-	
B ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A	x	1000004468-02		10/01/0000	12/31/2023	E.L. EACH ACCIDENT \$	1,000,000
OFFICER/MEMBEREXCLUDED?		~	100004488-02		12/31/2022	12/ 31/ 2023	E,L, DISEASE - EA EMPLOYEE \$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000
C Workers Compensation &		Y	1000004469-02		12/31/2022	12/31/2023		,000,000
Employer's Liability-Per Statute	2						EL Disease-policy 1mt \$1	
(AZ, FL, KY, OK, TX, VA)			404 Additional Demodes Colordad					,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC This Voids and Replaces Previous	ly]	(ssue	ed Certificate Dated	03/2	1/2023 WIT	H ID: W283	66305.	
Named Insured for Auto Liability	ind but	lude	es: Mesa Air Group, 3	inc.	anα all it es Group	s subsidi Inc · Mesa	ary, arriliated, mana	yea, owned or American
controlled companies including, but not limited to: Mesa Airlines Group, Inc.; Mesa Airlines, Inc. d/b/a American Eagle; Mesa Airlines, Inc. d/b/a United Express; Mesa Airlines, Inc. d/b/a USAirways Express.								
Lag10, 1000			k ,	(
					ONTRACT: L MERICAN AI		c.	
CERTIFICATE HOLDER				AMERICAN AIRLINES, INC				
				E	XPIRES: 11,	/30/2021		1
Okaloosa County Board of County C	ommi	esior	iers		RIZED REPRESE			
C/O Destin-Fort Walton Beach Airp	ort i	Admir	histration		.,)		
1701 State Road 85, North			I MAAR -					
Eglin AFB, FL 32542 © 1988-2016 ACORD CORPORATION. All rights reserved.							rights reserved.	
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SR ID: 23971986 BATCH: 2922304

AGENCY CUSTOMER ID: _____ LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis Towers Watson Insurance Services West, Inc.	NAMED INSURED Mesa Air Group, Inc. 410 N. 44th Street, Suite 700		
POLICY NUMBER	Phoenix, AZ 85008		
See Page 1			
	NAIC CODE		
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL	REMARKS	FORM IS A SC	HEDULE TO ACORD FORM,	
FORM NUMBER:	25	FORM TITLE:	Certificate of Liability	' Insurance

Okaloosa County Board of County Commissioners is included as an Additional Insured as respects to Auto Liability. Waiver of Subrogation applies in favor of Okaloosa County Board of County Commissioners with respects to Workers Compensation as permitted by law.