EXHIBIT B

CONTRACT & LEASE AGREEMENT CONTROL FORM

Date: 12/1/14

Contract/Lease Control #: L08-0322-AP7-149

Bid #: N/A

Contract/Lease Type: REVENUE

Award to/Lessee: COSCO & ASSOCIATES, INC.

Lessor: OKALOOSA COUNTY

Effective Date: 8/20/2008

Amount: \$7903.00

Term/Expires: 1/1/2035W/ONE 20 YEAR RENEWAL OPTION No Renewals je Description of Contract/Lease: BSAP BLOCK 3/LOT 1

Department Manager: AIRPORT

Department Monitor: G. DONOVAN

Monitor's Telephone #: 651-7160

Monitor's Fax #: 651-7164

Date Closed:

GENERIC LEASE REPLACES #L309



BOARD OF COUNTY COMMISSIONERS AGENDA REQUEST

DATE:	March 14, 2023
TO:	Honorable Chairman and Distinguished Members of the Board
FROM:	Tracy Stage
SUBJECT:	Assignment of Lease Dewey Cosgrove to Cosco & Associates, Inc. L08-
0322-AP (CEW)	
DEPARTMENT:	Airport
BCC DISTRICT:	1.

STATEMENT OF ISSUE: The Airports Department requests approval by the Board of County Commissioners for the Assignment of Lease from Dewey Cosgrove to Cosco & Associates, Inc, Block 3 Lot 1, at the Bob Sikes Airport (L08-0322-AP).

BACKGROUND: On August 20, 2008, Dewey Cosgrove entered into a Lease with Okaloosa County Board of County Commissioners for Block 3 Lot 1 at the Bob Sikes Airport. Dewey Cosgrove now desires to assign the lease to Cosco & Associates, Inc. In accordance with Section 13 of the Lease Agreement, the lessee is required to obtain the County's consent for the assignment. Dewey Cosgrove is in full compliance with lease requirements and the \$1,000.00 approval fee has been paid. The approved coordination is attached.

FUNDING SOURCE, (If Applicable): N/A

OPTIONS: Approve, Deny or Postpone.

RECOMMENDATIONS: Approval of the Assignment of Lease from Dewey Cosgrove to Cosco & Associates, Inc., as described above.

3/1/2023 Difector

3/8/2023

RECOMMENDED BY:

John Hofstad, County Administrator

APPROVED BY:

Contract:# L08-0322-AP COSTCO & ASSOCIATES, INC. BSAP BLOCK 3/LOT 1 Expires: 01/01/2035

CONSENT TO ASSIGNMENT OF LEASE LUS-U322-AF DEWEY COSGROVE AT THE BOB SIKES AIRPORT

This Consent to Assignment of Lease, made and entered into this <u>14th</u> day of <u>March</u>, 2023, hereby approves of the assignment between Dewey Cosgrove (Lessee) and Cosco & Associates, Inc. (Assignee), and Okaloosa County, Florida, through its Board of County Commissioners (County).

WITNESSETH:

WHEREAS, the County and Lessee entered into a Lease Agreement, L08-0322-AP, on August 20, 2008, subsequently renewed on December 5, 2014, with a current expiration date of January 1, 2035, for Block 3 Lot 1 (Lease); and

WHEREAS, on March 22, 2017, the Lease was amended to change language in Section 10, "Care of Leased Premises" to correspond with updated language approved by the County; and

WHEREAS, Lessee now desires to assign its interest in the Lease to Cosco & Associates, Inc.; and

WHEREAS, in accordance with Section 13 of the Lease Agreement, Lessee is required to obtain the County's consent prior to assigning its interest and Lessee confirms all other conditions have been satisfied to approve the assignment.

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the executing parties' consent to and agree to the following:

CONSENT TO ASSIGNMENT

1. In accordance with Section 13 of the Lease Agreement, the County hereby consents to the assignment of Lessee's interest to Assignee.

2. Assignee by execution of this Consent to Assignment of Lease, and in consideration of consent by the County of the same, is bound by all terms of the Lease Agreement as may be amended from time to time and does hereby assume all responsibilities, duties, obligations, rights, and privileges as set forth in the original lease, supplemental agreements, and assignment of leases.

IN WITNESS WHEREOF, the parties hereto have executed this assignment as of the day and year first written.

OKALOOSA COUNTY, FLORIDA

Robert A. "Trey" Goodwin III

Chairman, Board of County Commissioners

Date: <u>3/14/2023</u>



ATTEST

J.D. Peacock/II Clerk of Circuit Court



LESSEE

A MAN Dewey Cosgrove

Date: 1-26-2023

ASSIGNEE

bearene

Cosco & Associates, Inc. Dewey Cosgrove, Director

Date: 1-24-2023

PROCUREMENT/CONTRACT/LEASE INTERNAL COORDINATION SHEET

Procurement/Contract/Lease Number: LOS-0322-AP Tracking Numb	1163222
	er: 4832-23
Procurement/Contractor/Lessee Name: Clury CdSprone Grant Funded: M	TES_NO
Purpose: USSIgnment to Cosco- Associats	
Date/Term: 1-1-2035 1. GREATER THA	N \$100,000
Department #: 2.	N \$50,000
Account #: 3.	S
Amount:	
Department: UMPort Dept. Monitor Name: Hof	
Purchasing Review	
Procurement or Contract/Lease requirements are met:	Date: 1-30-2023
Purchasing Manager or designee: DeRita Mason, Erin Poole, Amber Hammo	
Approved as written: M Grant Name: Grant Name:	
NO HOSTER LE	Date:
Grants Coordinator: Suzanne Ulloa	
Risk Management Review	
Approved as written: Remain auch durchd	Date: 130-21
Risk Manager or designee: Lydia Garcia	Dute
County Attorney Review	
Approved as written:	0,2,2,2
· · · · · · · · · · · · · · · · · · ·	Date: 2-2-23
County Attorney: Lynn Hoshihara, Kerry Parsons or Designe	e
Department Funding Review	
Approved as written:	
	Date:
Approved as written:	The second second
	Date:

DeRita Mason

From:Karen DonaldsonSent:Monday, January 30, 2023 9:12 AMTo:DeRita MasonSubject:RE: 108-0322-AP Dewey Cosgrove Assignment of Lease

This is approved by risk management.

Karen Donaldson

From: DeRita Mason <dmason@myokaloosa.com> Sent: Monday, January 30, 2023 7:32 AM To: 'Parsons, Kerry' <KParsons@ngn-tally.com> Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Karen Donaldson <kdonaldson@myokaloosa.com> Subject: FW: I08-0322-AP Dewey Cosgrove Assignment of Lease

Good morning, Please review and approve the attached. Thank you,

DeRita Mason



DeRita Mason, CPPO, CPPB, NIGP-CPP Furchasing Manager Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, Florida 32536 (850) 689-5960 <u>dmason@myokaloosa.com</u>



"Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure."

DeRita Mason

From:	Lynn Hoshihara
Sent:	Thursday, February 2, 2023 12:35 PM
То:	DeRita Mason; 'Parsons, Kerry'
Cc:	Karen Donaldson
Subject:	Re: I08-0322-AP Dewey Cosgrove Assignment of Lease
Attachments:	Dewey Cosgrove AOL L08-0322-AP 2.2.23.docx

With the attached changes, this is approved.

Lynn M. Hoshihara County Attorney Okaloosa County, Florida

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason
Sent: Monday, January 30, 2023 8:31 AM
To: 'Parsons, Kerry'
Cc: Lynn Hoshihara; Karen Donaldson
Subject: FW: I08-0322-AP Dewey Cosgrove Assignment of Lease

Good morning, Please review and approve the attached. Thank you,

DeRita Mason



DeRita Mason, CPPO, CPPB, NIGP-CPP Purchasing Manager Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview, Florida 32536 (850) 689-5960 <u>dmason@myokaloosa.com</u>



DATE (MM/DD/YYYY) 00/00/0000

	/																	09/29/	2022
CERTIF BELOW REPRE	ICATE D . THIS (SENTAT	OES CERT	S ISSUED AS NOT AFFIRM IFICATE OF R PRODUCEF	IATI INSU R, AI	VELY JRANC	OR E E E CE	NEGA OES N RTIFIC	TIVEL NOT (ATE	Y AMENE CONSTITU HOLDER.	, EX1 TE A	CC	D OR ALT	ER T BETV	HE COVE	RAGE ISSU	AF JING	FORDED	BY THE R(S), AU	E POLICIES JTHORIZED
If SUBR	OGATIO	N IS	certificate hold WAIVED, sub not confer righ	ject	to the	terr	ns and	cond	litions of I	he po	olicy	, certain p	olicie						
PRODUCE	R										TACT		-						
Falco	on Insu	ırar	ice Agenc	y C	of Da	lla	6			PHO	NE						FAX		
PO B	lox 70	6								E-M/	No, E AIL RESS						[(A/C, N	o <u>);</u>	
Addis	son, T	X 7	5001							PRO	DUC								
INSURED										1 4 4 7 7 1				FORDING CO			24407	%	NAIC #
) & Assoc	iates	. Inc.							INSU		A:U.S. SPE	CIAL	IT INSURA	NGEG		ANT	100%	
) Building		,							INSU									
215 E	James Le	e Blv	d.							INSU	IRER	D:							Ì
Crestvie	ew, FL 3	2539-	2841							INSU									
тые		DTIC	Y THAT THE PC			INICI	DANCE	LICT	D RELOW						NAME				
	CATED. N	OTWI MAY	THAT THE FC THSTANDING A BE ISSUED OF CONDITIONS O	NY I Ma	REQUIE Y PER	REME TAIN	NT, TEI , THE IN	RM OF	R CONDITION	N OF	AN Y BY	CONTRAC	t or Ies d	OTHER DO	CU ME	NT V	WITH RES	PECT TO	WHICH THIS
POLICY	INFOR	ITAN	ON				CE	RTIFK	CATE NUM	IBER					RE	VISI	ON NUM	BER:	
			POLICY TYPE										UN	E OF BUSINES	SS SUBO	CODE			
	STRIAL AID OWNED	×	PLEASURE & BUS		C(DMME	RCIAL		AIRPLANE	LY	×	HELICOPTER HULL & LIABI	Į	MIXED F			EXCESS	QU	OTA SHARE
AIRC	RAFT IN	FOR	MATION		ACO	RD	333, Ai	rcraft	Schedule	attac	chec								
year 1967	В	MAH eech					MOE 95		(T42A)					SERIAL NUM	IBER		REGISTR	ATION NUN	IBER
TERRITOR	:Y:						F.						1				I		
AIRCRA	VET COV	'ERA	GES																
INSURER L	etter		CYNUMBER 00129465-21				E		IVEDATE 5/2022	1		10N DATE /2023	ADDIT	IONAL INSUR Y	ED?{Y/	N)	SUBROG	ATION WA	VED? (Y / N)
COVERAG	E				OP	TION	S			LIMI	r		APPL	ES TO	LIMIT			APPLIES	то
ARCRAFT	HULL	×	ALL RISK GROUNE) AND	FLIGHT	╞				\$		200,000	AGRI	ED VALUE	\$ \$			Ded No Ded In	ot in motion motion
AIRCRAFT	LIABILITY	×	JABILITY			-	_			\$ \$		1,000,000 100,000	EA OO EA PA		\$ \$			EA PER AGGR	
MEDICAL F	PAYMENTS	····	INCLUDING CREW				1			\$		5,000	EA PE	R	\$		20,000	EA OCC	
COV	ERAGE		COLODING GREV	•	00	TIONS				1			4.000	FO TO	1.11.17				TO
					Ur					LIMIT			APPL	ES TO	LIMIT \$			APPLIES	IV.
· · · · · · · · · · · · · · · · · · ·						_				\$					\$				
										\$ \$					\$ \$				
										\$					\$				
			ERATIONS / R								ks S	schedule,	may I	e attache	d if me	ore s	space is r	equired)	
Certifi	cate ⊦	lold	er is inclu	dec	as	an	Addit	tiona	al Insur	ed.									
CERTIFICATE HOLDER CANCELLATION																			
Okaloosa County Board of County Commissioners																			
5749A	A Old E	Beth	nel Road							1		ED REPRESEN			01010	NO,			
Crest	view, F	FL (32536							0	Ē	1.5) •	~ <u>~</u>					
ACOF	© 2009, 2015 ACORD CORPORATION. All rights reserved. ACORD 21 (2016/03) The ACORD name and logo are registered marks of ACORD																		



DATE (MM/DD/YYYY)

		-			~_	***				111 1							09/29/	
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 SUBF	ROGATI	ON IS	certificate hole S WAIVED, sub not confer rigi	ject	to th	e teri	ns and	conditions	s of ti	he po	licy, certain p	olici						
PRODUCE	R										TACT							
			nce Agenc	y C	D T	alla	S			PHO						FAX (A/C, N	o);	
	Box 70	-								E-M/						<u> </u>	<u>-r</u>	
Addis	son, T	Х	75001								DUCER TOMERID#							1
INSURED										INSU	INSURE IRER A : U.S. SPI		FORDING CO			ANY	% 100%	NAIC #
1	0 & Asso		es, Inc.							INSU	RER B:							
1) Buildin	•									RER C:							
	James L ew, FL 3										RER D :							
										INSU	RER 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.																		
POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:																		
		1.2	POLICY TYPE										E OF BUSINE		ODE			
	strial aid Owned	×	PLEASURE & BUS	l		COMME	RCIAL		ANE ITY ONL	, I	HELICOPTE		MIXED HULL C			EXCESS	QU	OTA SHARE
L		1FOF			ACO	ORD	333, Air	craft Sche			1			146 5				
YEAR 1974	1	MA Vitsu	ĸ∈ ıbishi	I			MOD					,	SERIAL NUN	ABER		REGISTR	ATTON NUM	1BER
TERRITOR	ι 															L		
AIRCR																		
INSURER L	ETTER	1	LICY NUMBER \00129465-21				E	9/26/202			PRATION DATE 7/11/2023	ADDI	TIONAL INSUR	ED?(Y)	N)	SUBROG	ATION WA	VED? (Y/N)
COVERAG	E	1.5				PTION	s			LIMIT	Г 	APPL	JES TO	LIMIT			APPLIES	
AIRCRAFT	HULL	×	ALL RISK GROUND	AND	FUGH	П				\$	525,000	AGR	EED VALUE	\$ \$		500 5,000	Ded No Ded In	ot in motion motion
AIRCRAFT	LIABILITY	X	UABILITY				_			\$ \$	1,000,000 100,000	EA O EA P/		\$ \$			EA PER AGGR	
MEDICALF	PAYMENTS	×	INCLUDING CREW							\$	5,000	EA P	ER	\$		45,000	EA OCC	
COV CODE	ERAGE	TION			OF	PTIONS	1			LIMIT		APPL	IES TO	LIMIT			APPLIES	то
										\$ \$				\$ \$				
										\$				\$				
										<u>\$</u> \$				\$ \$				
DESCOL		E OF	PERATIONS / R	E84 4	RKO	100	080.40	1 Addisi-	nel P	\$	ke Schodula		ha attach -	1.\$ 				
			der is includ								ks Schedule,	пау	De allache		Jre S	DACE IS I	equireaj	
CERTIFICATE HOLDER CANCELLATION																		
			nty Board o	of C	our	nty (Comn	nissione	ers	EXPI	ILD ANY OF THI RATION DATE ORDANCE WITH	THE	REOF, NO	LICE N	ILL E			
5749A	A Old	Bet	hel Road								RIZED REPRESE				10,			
Crest	/iew,	FL	32536							1	7.5	>•						
ACOF	© 2009, 2015 ACORD CORPORATION. All rights reserved. ACORD 21 (2016/03) The ACORD name and logo are registered marks of ACORD																	



DATE (MM/DD/YYYY) 00/00/0000

200					971			<u> </u>	., ., L B.		.		-		09/29/	
CERTIFICATI BELOW. THI REPRESENT	e doe S cer Ative	IS ISSUED AS S NOT AFFIRM TIFICATE OF OR PRODUCEF	NATIVELY OF INSURANCE R, AND THE C	R NEG DOES ERTIF	SATIVEI S NOT FICATE	LY AMEND CONSTITU HOLDER.	, EXT TE A	CON	OR ALT	ER T BETW	HE COV EEN TH	ERAG IE ISS	e af Uing	FORDED	BY THE R(S), AL	E POLICIES
IMPORTANT	If the	certificate hole S WAIVED, sub not confer righ	der is an ADI ject to the te	ITION	IAL INS	URED, the ditions of t	he po	licy,	certain p	olicie	DITION s may re	AL INS quire	URE an ei	D provisio ndorseme	onsorbont. Ast	e endorsed. atement on
PRODUCER	e uvea	and comernigr		mour	/ 110/00	in nou or e	CON	TACT								
Falcon Ir	Isura	nce Agenc	y Of Dalla	as			NAM PHO							FAX		
PO Box [·]		0	5				(A/C, E-M/	No, Ex	t):					(A/C, No) ;	
							ADDF	RESS:								
Addison,	ТΧ	75001						DUCE								
								· ····			ORDING			54497	%	NAIC #
INSURED									U.S. SPE	CIAL	Y INSUF	ANCE	COM	PANY	100%	
COSCO & As COSCO Buik		es, inc.						JRER B JRER C								
215 E. James		lvri						JRER D								
Crestview, Fl							INSU	JRER E	:							
		IFY THAT THE PO			05 1 107		INSU	JRER F			NOUD			BOVE FOR		
INDICATEL CERTIFIC). NOTV	NTHAT THE PO MITHSTANDING A Y BE ISSUED OF D CONDITIONS C	NY REQUIRE	MENT, N. THE	term C E insur	R CONDITIC	N OF	i ANY ΒΥ Ί	CONTRAC	t or Ies d	other i Escribe	DOCUM	ENT '	with resp	ест то	WHICH THIS
POLICY INFO						ICATE NUN						R	EVIS	ION NUM	BER:	
		POLICY TYPE						·			E OF BUSIN		SCODE			
INDUSTRIAL NON-OWNE		PLEASURE & BUS	COM	Mercia	L 🗶	AIRPLANE LIABILITY ON	LY	j	HELICOPTER HULL & LIABIL	. 1		OFLEET ONLY	_	EXCESS	QU	OTA SHARE
AIRCRAFT		RMATION	ACOR) 333,	Aircra	ft Schedule	atta	ched		•						
year 1977	Ces	∿k∈ sna			MODEL 501SP						SERIAL N	JMBER		REGISTR N565\	ATION NUN	/BER
TERRITORY:																
AIRCRAFT								m lan i mi			ONALINS	0500.0		0.00000	ATIONIAM	IVED? (Y/N)
INSURER LETTER	1	DUCYNUMBER A00129465-21				TIVE DATE 26/2022			ON DATE 2023	ADUI	Y	IKEU?(1	/19)	SUBRUG	N	VED7 (17N)
COVERAGE			OPTIC	INS			LIMI	T		APPL	ES TO	LIMI	Т		APPLIES	то
AIRCRAFT HULL	×	ALL RISK GROUN	D AND FLIGHT				\$		480,000	AGR	EED VALU	іе <mark>\$</mark> \$		0 0	Ded N Ded In	ot in motion
AIRCRAFT LIABI	X YTL			\square			\$ \$	1	,000,000 100,000	EA O EA PA		\$ \$			EA PER AGGR	
MEDICAL PAYME	NTS X	INCLUDING CREV		L			\$		5,000	EA Pi	R	\$		40,000	EA OCC	
COVERAG	E RIPTION		OPTIC	NS			LIME	г		APPL	ES TO	LIMI	ſ		APPLIES	то
							\$					\$				
							\$					\$			<u> </u>	
							\$ \$									
							\$					\$				
							\$					\$				
DESCRIPTION	OF O	PERATIONS / F	REMARKS (A	COR	D 101, A	Additional F	lema	rks S	chedule,	may	be attac	ned if r	nore	space is r	equired)
Certificate	ə Hol	der is inclu	ded as a	ו Ad	dition	al Insur	ed.									
CERTIFICATE	HOLD	DER					1		LATION							
1		inty Board	of County	Cor	nmis	sioners	EXP	IRAT		THE	REOF, N	OTICE	WILL	BE DELI		BEFORE THE N
		thel Road							DREPRESE							
Crestview, FL 32536																

© 2009, 2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD

	6				• ^ 7	E OF				NC					DATE (M	MDD/YYYY)
ACORI			GER	IIFIC	A	EOF	AIR	G	XAF II	112	URAI	NCE.			09/28	/2022
CERTIFICATE BELOW. THIS	DOE CER	IS ISSUED AS A S NOT AFFIRMAT TIFICATE OF INS OR PRODUCER, A	IVELY OR	NEGA	TIVE NOT	LY AMENI CONSTITU), EX1	ΓEN	D OR ALI	ER T	HE COVI	ERAGE	AFF	ORDED	BY TH	E POLICIES
If SUBROGAT	ION IS	certificate holder S WAIVED, subjec not confer rights	t to the ter	rms and	l con	ditions of	the po	olicy	, certain p orsement(olicie						
	ura	nce Agency	Of Dalla	S			NAM	IE:						L ENV		
PO Box 7		noe Ageney		10			PHO (A/C,	No, I	Ext):					FAX (A/C, N	0):	
Addison,		75004					ADD	RESS								
Audison,		1001							RID#	2/0) 15				·····		
INSURED							INSU	IRER	A:U.S. SPE		ORDING CO			ANY	% 100%	NAIC #
D. Cosgrov	/e dl	ba COSCO Av	viation S	ervice	Э		INSU									
COSCO B	uildi	ng 215 E. Jan	nes Lee	Blvd.			INSU									
Crestview,	Crestview, FL 32539															
INDICATED. CERTIFICAT	NOTV E MA	FY THAT THE POLIC VITHSTANDING ANY (BE ISSUED OR M) CONDITIONS OF S	REQUIREM	IENT, TE N, THE I	ERM C NSUR	OR CONDITI	on of Nrded	BEE AN' BY	N ISSUED Y CONTRAC THE POLIC	t or Ies di	OTHER D	OCUME HEREI	NT W	ITH RES	PECT TO	WHICH THIS
POLICY INFO						ICATE NUI							VISIC	ON NUM	BER:	
		POLICY TYPE						— ,	UELIOODTE		OF BUSINE			FUEROS		
INDUSTRIAL AI		PLEASURE & BUS		IERCIAL	×	AIRPLANE LIABILITY ON		×	HELICOPTER HULL & LIABI	ļ.	HULL C			EXCESS		IOTA SHARE
AIRCRAFT I	MFOF MA		ACORD		DEL	ft Schedul	attac	cheo	t		SERIAL NU	MBER		REGISTR	ATION NUM	IBER
	Cess				101									N77M		
TERRITORY:													!			
AIRCRAFT CO		AGES LICY NUMBER			FFFF	TIVEDATE	EVI		TION DATE		ONAL INSUF		ND I	SUBBOO	ATIONIAN	IVED? (Y/N)
		3023762-00				8/2022			5/2023	70011	Y			GOBINOE	N	NED: (17N)
COVERAGE			OPTIO	NS			LIMIT	Г		APPLI	ES TÓ	LIMIT			APPLIES	
AIRCRAFT HULL	×	ALL RISK GROUND ON					\$		55,000		ED VALUE	\$		250	Ded In	ot in motion motion
AIRCRAFT LIABILIT	Y X	LIABILITY EXcluding Pa	issenger				\$ \$		1,000,000	EA OC EA PA	-	\$ \$			EA PER AGGR	. <u> </u>
MEDICAL PAYMENT	s	INCLUDING CREW					\$			EA PE	R	\$			EA OCC	
COVERAGE		EXCLUDING CREW						_								
CODE DESCRI	PTION		OPTION	IS			LIMIT \$			APPLI	ES TO	<u> LIMIT</u> \$			APPLIES	TO
						· · · · · · · · · · · · · · · · · · ·	\$					\$				
				<u> </u>			\$ \$					\$ \$				
							\$					\$				
		PERATIONS / REM	ARKS IA		01 4	dditional I	1. Zemar	ke	Schodulo	may h	o attacho	d if me		naco le r	onuired	
		der is include						<u>N</u> 3 4	Jeneuale,	indy i			10 3	<u>7400 13 1</u>	equired	
L CERTIFICATE H	IOLD	ER					CAN	CEI	LATION	··· -						
Okaloosa (<u>م</u>	aty Board of	County	Com	mier	eionere	SHOL	JLD	ANY OF TH							BEFORE THE
Okaloosa County Board of County Commissioners 5749A Old Bethel Road																
Crestview, FL 32536																
Crestview,	FL	32536					0	Lin	7.5-2-) c		-,				
ACORD 21 (2	2016/0)3) The AC	ORD nam	e and	logo	are registe	ered m	nark			15 ACOR	DCOF	POR	ATION.	All right	s reserved.
									co	NTF	RACT:	L08-	032	2-AP		
											Y COS					
											BLOCK					
	EXPIRES: 01/01/2035															

@ United States Department of Transportation

About DOT Our Activities Areas of Focus

FAA REGISTRY

N-Number Inquiry Results

N-NUMBER ENTERED: 565V

AIRCRAFT DESCRIPTION

Serial Number	501-0267	Status	Valid
Manufacturer Name	CESSNA	Certificate Issue Date	01/07/2020
Model	501	Expiration Date	01/31/2026
Type Aircraft	Fixed Wing Multi- Engine	Type Engine	Turbo-fan
Pending Number Change	None	Dealer	No
Date Change Authorized	None	Mode S Code (base 8 / Oct)	51635530
MFR Year	None	Mode S Code (Base 16 / Hex)	A73B58
Type Registration	Corporation	Fractional Owner	NO
REGISTERED OV	VNER		

Name COSCO & ASSOCIATES INC

Aircraft Inquiry

Street	215 E JAMES LEE BL	_VD	
City	CRESTVIEW	State	FLORIDA
County	OKEECHOBEE	Zip Code	32539-2841
Country	UNITED STATES		
AIRWORTHINES:	š 		
Type Certificate Data Sheet	None	Type Certificate Holder	None
Engine Manufacturer	P&W CANADA	Classification	Standard
Engine Model	JT15D-1A	Category	Normal
A/W Date	09/06/1989	Exception Code	No
record. However, this data alone	s record should be the most curren e does not provide the basis for a d e current aircraft configuration. For D/	etermination regarding the	
OTHER OWNER I	NAMES		
None			
TEMPORARY CEI	RTIFICATES		
None			
FUEL MODIFICAT	'IONS		
None			· · · · · · · · · · · · · · · · · · ·

DEREGISTERED AIRCRAFT

Deregiste	Deregistered Aircraft 1 of 1									
Aircraft Description										
Serial Number	15	Certificate Issue Date	12/01/1938							
Manufactu Name	irer AERONCA	Mode S Code (base 8 / oct)	51635530							
Model	C-2	Mode S Code (base 16 / hex)	A73B58							
Year Manufactu	None irer	Cancel Date	12/01/1939							
Reason For Cancellatio	Cancelled on	Export To	None							
Type Registratio	Individual on									
	Aircraft Registration	Prior to Der	registration							
Name	HETRICK KENNETH LINWORTH									
Street	281 STATE STREET									

6/22, 8:19 AM			Aircraft Inqui	iry		
City	OAKDALE					
State	PENNSYLVANIA		Zip Code	15071		
Country	UNITED STATES		· · · ·			
		· · · ·				
		Deregistered	Airworthir	iess	····	
Engine Manufact	None turer		Classifica	atioldnknown		
– .						
Engine Model	None		Category			
	· · · ·		 			
A/W			Exceptior	n No		
Date			Code			
				· · · ·		
	De	registered Ot	her Owner	Names		
None						
			· ·			

Output Control Market Control Contr

About DOT Our Activities Areas of Focus

FAA REGISTRY

N-Number Inquiry Results

N-NUMBER ENTERED: 5409U

AIRCRAFT DESCRIPTION

Serial Number	TC-1033	Status	Valid
Manufacturer Name	BEECH	Certificate Issue Date	02/17/2021
Model	95-B55 (T42A)	Expiration Date	02/29/2024
Type Aircraft	Fixed Wing Multi- Engine	Type Engine	Reciprocating
Pending Number Change	None	Dealer	No
Date Change Authorized	None	Mode S Code (base 8 / Oct)	51555622
MFR Year	1967	Mode S Code (Base 16 / Hex)	A6DB92
Type Registration	Corporation	Fractional Owner	NO

REGISTERED OWNER

Name COSCO & ASSOCIATES INC

ł

Aircraft Inquiry

Street	215 E JAMES LEE BL		
City	CRESTVIEW	State	FLORIDA
County	OKEECHOBEE	Zip Code	32539-2841
Country	UNITED STATES		
AIRWORTHINESS	3	· · · · · · · · · · · · · · · · · · ·	

Type Certificate Data Sheet	None	Type Certificate Holder	None
Engine Manufacturer	CONT MOTOR	Classification	Standard
Engine Model	10-470 SERIES	Category	Normal
A/W Date	05/17/1967	Exception Code	No

The information contained in this record should be the most current Airworthiness information available in the historical aircraft record. However, this data alone does not provide the basis for a determination regarding the airworthiness of an aircraft or the current aircraft configuration. For specific information, you may request a copy of the aircraft record at http://aircraft.faa.gov/e.gov/ND/

OTHER OWNER NAMES

None

TEMPORARY CERTIFICATES

None

FUEL MODIFICATIONS

None

DEREGISTERED AIRCRAFT

Aircraft Inquiry

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

										/1/2023
E E	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL	Y OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALTI	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES
	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject									
t	his certificate does not confer rights t	o the	cert	ficate holder in lieu of su).	·		
	DUCER				CONTA NAME:	^{ст} L. Dale Wa	aldorff			
	E. Wilson Company LLC					. Ext): 850-58	1-4925	FAX (A/C, No): {	350-58	1-4930
	aldorff Insurance & Bonding Eglin Parkway NE Ste 202							nsurance.com	00 00	1000
	rt Walton Beach FL 32548				ADDRE					
• •								DING COVERAGE		NAIC #
				COSC-01		<u>RA: Amerisu</u>				23396
	ured osco & Associates, Inc.			000007,	INSURE	кв: Amerisu	re insurance			19488
21	5 James Lee Blvd., East				INSURE	RC:				
Cr	estview FL 32539				INSURE	RD:				
						RE:				
					INSURE	RF:				
CC	VERAGES CER	TIFIC	ATE	NUMBER: 434765332				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES									
c	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN, CIES.	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED PAID CLAIMS.			
INSF LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY	Y		GL20172681802		1/25/2023	1/25/2024	EACH OCCURRENCE	\$1,000	,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000	· · · · · · · · · · · · · · · · · · ·
								MED EXP (Any one person)	\$ 10.00	
								PERSONAL & ADV INJURY	\$ 1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	
								·	\$ 2,000	<u> </u>
	OTHER:							PRODUCTS - COMP/OP AGG	,000	
В	AUTOMOBILE LIABILITY			CA20955870801		1/25/2023	1/25/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	Y HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY	1						(Per accident)	\$	
A	X UMBRELLA LIAB X OCCUR	<u> </u> . •		CU20172671902		1/25/2023	1/25/2024	EACH OCCURRENCE	\$ 4,000	000
							LOILOL I			
		-						AGGREGATE	\$4,000	,000
A			v	11/200470000400		4/05/0000	4/05/0004	V PER OTH-	\$	
^	AND EMPLOYERS' LIABILITY		Y	WC20178022102		1/25/2023	1/25/2024	^ STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ 1,000	,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$1,000	,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
Α	Lease/Rented Equipment			CPP20177992002		1/25/2023	1/25/2024	Limit: Ded:	\$200, \$2,50	
ļ								bid.	Ψ2,50	0
	<u> </u>		L					i		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC wey Cosgrove is an insured as owner w				<u>,</u>					, FL
Ce	rtificate Holder is listed as Additional Ins	ured	wher	required by written contra	act (Contract	# L08-03	322-AP		,
Wi	aiver of Subrogation applies when require	ed by	writte	en contract in favor of the (DEWEY				
						BSAP BL				
						Expires:	01/01/20)35		
						•				
CE					CAN	ELLATION				
					euo				NOT	
								ESCRIBED POLICIES BE CA REOF, NOTICE WILL B		-
							Y PROVISIONS.		
	Okaloosa County Board of	Cou	nty C	Commissioner's						
	1701 State Road Hwy 85, Eglin AFB FL 32542-1413	IN				RIZED REPRESE				
					1	Asili	111			
L					h.E	Ide Will	MA/			

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

pg 1 of 1 LOB- 0322-AP

ACORD	E		DATE (MM/DD/YYYY) 1/20/2022				
THIS CERTIFICATE IS ISSUED CERTIFICATE DOES NOT AFFI BELOW. THIS CERTIFICATE O REPRESENTATIVE OR PRODUC	RMATIVELY OR NEGA	NOT CONSTITUT	EXTEND OR ALT	ER THE COV	ERAGE AFFORDED E	E HOL	DER. THIS POLICIES
IMPORTANT: If the certificate the subrogation is waived, so this certificate does not confer the subroad state of	older is an ADDITIONA	L INSURED, the p d conditions of th	ie policy, certain p	olicles may r	AL INSURED provision equire an endorsemen	s or be t, A sta	endorsed. atement on
THIS CONTINUE ODES NOT CURIER I	Units to the certificate		CONTACT L. Dale W	aldorff			
M.E. Wilson Company LLC			PHONE AC. No. Extl: 850-58		(FAX (A/C, No):	850-58	1-4930
Naldorff Insurance & Bonding IS Eglin Parkway NE Ste 202			E-MAIL ADDRESS: receptio	nistowaldorffi			
ort Walton Beach FL 32548					DING COVERAGE		NAIC #
			INSURER A : America		<u> </u>		23396
SURED	· ······	C05C-01	INSURER 8 : America				19488
Cosco & Associates, Inc. 15 James Lee Blvd., East			INSURER C :				
restview FL 32539			INSURER D :				
			INSURER E :			···	
			INSURER F				
OVERAGES	CERTIFICATE NUM				REVISION NUMBER:	11 DO	
THIS IS TO CERTIFY THAT THE P INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED OF EXCLUSIONS AND CONDITIONS OF	ANY REQUIREMENT, TE MAY PERTAIN THE IN	RM OR CONDITION SURANCE AFFORD	OF ANY CONTRAC	t or other i Es describei	DOCUMENT WITH RESPE	CI IO	WRICH THIS
SR TYPE OF INSURANCE		POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	Limi	TS	
X COMMERCIAL GENERAL LIABILI		72681702	1/25/2022	1/25/2023	EACH OCCURRENCE	\$ 1,000	000
CLAIMS-MADE X OCCU	R				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	000
					MED EXP (Any one person)	\$ 5,000)
					PERSONAL & ADV INJURY	3 1,000	0,000
GEN'L AGGREGATE UMIT APPLIES PE	R:				GENERAL AGGREGATE	\$ 2,000),000
POLICY PRO: LO	c				PRODUCTS - COMP/OP AGG	\$ 2,000 \$	000
	CA20	955870601	1/25/2022	1/25/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
ANY AUTO					BODILY INJURY (Per person)	S	
OWNED AUTOS ONLY SCHEDU	LED				BODILY INJURY (Per accident) \$	
X HIRED X NON-OW	NED				PROPERTY DAMAGE (Per accident)	\$	
					\$		
A X UMBRELLA LIAB X OCC	JR. CU20	172671702	1/25/2022	EACH OCCURRENCE	\$ 4,00	<u> </u>	
	IS-MADE				AGGREGATE	\$4,00	0,000
DED X RETENTIONS 0					X PER OTH-	\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	VIN I	178021902	1/25/2022	1/25/2023			
ANY PROPRIETOR/PARTNER/EXECUTIV OFFICER/MEMBER EXCLUDED?				100 m	E.L. EACH ACCIDENT	\$ 1,00	
(Mandstory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYE		
DESCRIPTION OF OPERATIONS below	CDB	0177991802	1/25/2022	1/25/2023	E.L. DISEASE - POLICE LIMIT	_	0,000
A LeaseRanted Equipment		917733100 <u>7</u>	1/25/2022	1120/2020	Ded.	\$2,5	00
ESCRIPTION OF OPERATIONS/LOCATION Re: Hangars -John Givens Road, E Dewey Cosgrove is an insured as (lock 3, Lot 1, Crestview	Airport, Crestview,	lule, may be attached if m FL	ore space is requi	red)		
Certificate Holder is listed as Addit Cancellation except 10 days for no	onal Insured, when requin-payment of premium a	ired by written conti s respects to Genei			L08-0322-AP SGROVE		
			CAN BSA	P BLOC	K 3/LOT 1		
Okaloosa County B	oard of County Comn	nissioners			1/01/2035 cy provisions.		 ,
5749 A Old Bethel Crestview FL 3253			AUTHORIZED REPRE	SENTATIVE			

The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY)

								_ `	<u> </u>						-VL			06/28	
BELOW.	THIS	DOES CER	IS ISSUED AS A NOT AFFIRMAT TIFICATE OF INS OR PRODUCER, A	IVEL) URAN	(or i ice di	NEGAT	FIVE IOT	LY A CON	MEND	. EX	TEN	D OR ALI	TER '	THE COV	ERAG	E AF	FORDED	BY TH	E POLICIES
If SUBRO	GATIC	N IS	certificate holder WAIVED, subject not confer rights t	t to th	e term	is and	con	ditio	ns of ti	he po	olicy	, certain p	olici	DDITION. es may re	AL INS quire	URË an e	D provisi ndorseme	onsorb ent.As	e endorsed. tatement on
PRODUCER					Certin		Olue	<u>r ni ii</u>	eu or s	CON	ITAC		5].						
1			Agency Of Dalla	as						PHC	NE				-		FAX		
400 We	_	e D	r.							E-M							(AVC, N	lo) :	
Suite220	-	750	24							PRO	RES	CER							<u> </u>
Addison	1, IX	7500	JI							cus	TOM	ERID# INSURE	R(S) A	FORDING		3F		%	NAIC #
INSURED										INSL	JREF	A:U.S. SPI					PANY	100%	
D. Cos	grov	e dł	oa COSCO Av	viatio	n Se	rvice					JREF								
	O Bu	ildir	ng 215 E. Jam	ies L	.ee B	lvd.					JREF JREF			·					
Crestvi	iew, I	=L .	32539								JREF								
THISTS	s to ci		Y THAT THE POLIC	IES OI	FINSUF		LIST	ED BI	ELOW H	INSU	JREF BEF	EN ISSUED			D NAM	ED A	BOVE FOR		
INDICA CERTIF EXCLU	ATED. N FICATE JSIONS	MAY AND	ITHSTANDING ANY BE ISSUED OR MA CONDITIONS OF SI	REQU	IREME! RTAIN.	NT, TER THE IN S. LIMI	RM O ISUR TS S	ANCE	NDITIO E AFFOI N MAY I	N OF RDED HAVE	AN BY BE	Y CONTRAC THE POLIC	t of Hes d		OCUM HERE	ENT S	WITH RES SUBJECT	PECT TO TO ALL	WHICH THIS
	NFOR	MAI	POLICY TYPE			CE	RTIF	ICATI	ENÜM	BER	:			IE OF BUSIN				BER:	
	RIAL AID	X	PLEASURE & BUS		COMMER	RCIAL	X	AIRP	LANE			HELICOPTE			FLEET		EXCESS		OTA SHARE
NON-OV	NNED						Ē			Y	×	HULL & LIAB		HULL	ONLY				
	AFT IN		MATION	AC	ORD 3			ft Sch	nedule	atta	che	d							
YEAR 1964		MAH Cessi				мос 31								SERIAL NU	IMBER		N77M	B	ABER
AIRCRAF			GES																
INSURER LET			JCY NUMBER		<u> </u>	E	FFEC	TIVED	ATE	EX	PIRA	TION DATE	ADD		RED? (Y	/ N)	SUBROO	ATION WA	IVED? (Y / N)
		AC	3008936-06				7/1	1/202	21			1/2022		Y	· ·			N	
COVERAGE		XI	ALL RISK GROUND ON		PTIONS					LIMI	т			JES TO			250	APPLIES	ot in motion
AIRCRAFT HU										\$ \$		55,000	AGR	EED VALU	E \$ \$		250	Ded In EA PER	
AIRCRAFT LI		Ê		aaange						\$ \$			EAD		\$			AGGR	
MEDICAL PAY			INCLUDING CREW							\$			EA P	ER	\$			EA OCC	
L	ESCRIP	TION		0	PTIONS	_				LIMI1	r		APPI	IES TO	LIMIT			APPLIES	то
		-	_		_	_				\$					_\\$				
						_				\$				•	\$				
		_				-				\$	<u>. </u>				\$			<u> </u>	
						1				\$					۱ <u>ٌ</u>				
DESCRIPTI		OP	ERATIONS / REM.	ARKS	(ACC	RD 10)1, A	dditi	onal R	emar	ks :	Schedule,	may	be attach	ed if m	ore	space is r	equired)	
Certifica	ate ⊦	lold	ler is included	d as	an A	٨ddit	ion	al Ir	nsure	ed.									
CERTIFICA	ATE HO	DLDE	ER							CAN	CE	LATION							
			nty Airport							EXP	IRA	ANY OF THE TION DATE ANCE WITH	THE	REOF, NO	TICE V	NILL			BEFORE THE
5749A	Old I	Betl	nel Road									ED REPRESE				/NG.			• •
Crestvi	ew, F	FL	32536								Ē	7.3-1	>•		. .				
ACORD) 21 (20)16/0	3) The AC	ORD	name	and lo	ogo a	are re	egister	ed n	nark	© 20 s of ACଦ		D15 ACOI		RPO	RATION.	All rights	s reserved.
													C		CT#	E 1 (08-032	2-AP	
													-	EWEY	-			/ ``	

EXPIRES: 01/20/2035

· · __ ·



DATE (MW/DD/YYYY)

											<u> </u>	07/14/	
CERTIFICATE BELOW. THIS	DOE CER	IS ISSUED AS A S NOT AFFIRMAT RTIFICATE OF INS OR PRODUCER, A	IVELY OR N URANCE DO	EGATIVE	LY AMENI CONSTITU	d, exte Jte a (ND OR ALT	ER TH	IE COVE	RAGE A	FFORDED	BY THE	POLICIES
IMPORTANT:	If the ON I	certificate holder S WAIVED, subject not confer rights	is an ADDITI t to the terms	ONAL IN	SURED, the inditions of	policy(the poli	cy, certain p	olicies					
PRODUCER Ecloop Inc	、 「												
Falcon Ins						PHONE (A/C, N	o, Ext):				FAX (A/C, N	lo):	
P.O. Box	-					E-MAI ADDRE	55						
Addison, 1	IX	75001				CUSTO	MERID#						
INSURED						INSUR	INSUREI ER A : U.S. SPE		ORDING CO' Y INSURA		PANY	% 100%	NAIC #
D. Cosgrov	/e d	ba COSCO Av	viation Ser	vice		INSUR							· · · · · · · · · · · · · · · · · · ·
COSCO B	uildi	ng 215 E. Jam	es Lee Bl	vd.		INSUR							
Crestview,	FL	32539				INSUR	ER E :		_				······
INDICATED. CERTIFICAT	NOTV E MA	FY THAT THE POLIC VITHSTANDING ANY Y BE ISSUED OR M D CONDITIONS OF S	REQUIREMEN	t, term (The insur	OR CONDITI	on of a Drded e	EEN ISSUED 1 NY CONTRAC NY THE POLIC	T OR (DTHER DO	CUMENT	WITH RES	PECT TO	WHICH THIS
POLICY INFOR							CEN REDUCE					BER:	
								r	OF BUSINES				
	×∣×	PLEASURE & BUS					HELICOPTER HULL&LIABI		HULL OF		EXCESS		OTA SHARE
AIRCRAFT I	NFO		ACORD 33	3, Aircra	ft Schedul						L		
YEAR 1964	M ⁴ Cess	KE	·	MODE. 3101					SERIAL NUM	BER	REGIST	RATION NUM	BER
TERRITORY:	003												
AIRCRAFT CC	VER	AGES											. <u> </u>
INSURER LETTER		LICY NUMBER C3008936-05			11/2020		RATION DATE	ADDITIC	DNALINSURI Y	ED? (Y/N)	SUBROG	SATION WAI	VED? (Y / N)
COVERAGE	_		OPTIONS			LIMIT		APPLIE	STO			APPLIES	
AIRCRAFT HULL	X	ALL RISK GROUND ON	·	- 		\$	55,000			\$ \$	250	Ded No Ded In EA PER	ot in motion motion
	¥	INCLUDING CREW		-		\$		EA PAS	s	\$		AGGR	
MEDICAL PAYMENT	s	EXCLUDING CREW				\$		EA PER	~	\$	<u></u>	EA OCC	<u>_</u>
COVERAGE CODE DESCRI	PTION		OPTIONS			LIMIT		APPLIE	S TO	ЦМІТ		APPLIES	OT
						\$				\$			
		<u></u>			·	\$				\$		<u> </u>	
					,	<u>\$</u> \$				<u>\$</u>			
		<u>}</u>		1		ŝ				\$		<u> </u>	
DESCRIPTION	of oi	PERATIONS / REM	ARKS (ACO	RD 101, /	Additional	Remark	s Sched <u>ul</u> e,	<u>may be</u>	e attache	d if more	space is l	required)	
Certificate	Hol	der is include	d as an A	dditior	nal Insur	ed.							
CERTIFICATE H	IOLD	ER					ELLATION						
Okaloosa (5749A Old						ACCO	D ANY OF THE ATION DATE RDANCE WITH	THER	EOF, NOT OLICY PRO	ICE WILL			
Crestview,						AUTHOF	ZED REPRESE	\TATIVE →					
ACORD 21 (2	2016/	03) The AC	ORD name a	and logo	are registe	ered ma		•	5 ACORI	CORPO	RATION.	All rights	s reserved.
								BIC	CT#: Li OSRC OCK 3/I 01/01/	VE	2-Ap		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/27/2020

THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY URAN ID TH	' OR NCE IE CE	NEGATIVELY AMEND, DOES NOT CONSTITUT RTIFICATE HOLDER.	EXTEN TEAC	D OR ALTE	ER THE CON BETWEEN T	ERAGE AFFOR	SURER(S)	, AU	THORIZED
IMPORTANT: If the certificate holder i If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	s an to th	ADDI e ter	TIONAL INSURED, the p ms and conditions of th	e polic	y, certain po	olicies may r	AL INSURED pr equire an endor	ovisions o sement.	orbe Asta	endorsed. itement on
PRODUCER	JUNO	COLU		CONTAC NAME:	T L. Dale Wa					
Waldorff Insurance & Bonding					Ext): 850-581			FAX (A/C, No): 85	0-581	-4930
45 Eglin Parkway NE Ste 202				E-MAIL	c. recention	ist@waldorffir	nsurance.com	(ree, no <u>)</u>		
Fort Walton Beach FL 32548				ADURES			DING COVERAGE			NAIC #
					RA: Amerisui					23396
INSURED			COSC-01		R B : Amerisui					19488
Cosco & Associates, Inc.				INSUREI						
215 James Lee Blvd., East				INSURE						
Crestview FL 32539				INSURE		<u>-</u>				
				INSURE			· · · · ·			
COVERAGES CER	TIFIC	ATE	NUMBER: 1802566749				REVISION NUM			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT	or other i S describei	DOCUMENT WITH	JECT TO	101	
INSR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER			(MM/DD/YYYY) 1/25/2021			4 000	
			GL20172681602		1/25/2020	1/20/2021	EACH OCCURRENC DAMAGE TO RENTE	D	1,000	
							PREMISES (Ea occur		5,000	
							MED EXP (Any one p PERSONAL & ADV II		1,000	
							GENERAL AGGREG		2,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP		2,000	
							PRODUCTS-COMP	10F AGG \$,000
B AUTOMOBILE LIABILITY			CA20955870501		1/25/2020	1/25/2021	COMBINED SINGLE		1,000	,000
			CA20955670501		112312020	(72072021	(Ea accident) BODILY INJURY (Pe			,
							BODILY INJURY (Pe			-
AUTOS ONLY AUTOS							PROPERTY DAMAG			
AUTOS ONLY X AUTOS ONLY							(Per accident)			
			CU20172671602		1/25/2020	1/25/2021	EACH OCCURRENC		4,000	
			0020172071002		1/20/2020		AGGREGATE		4.000	
	4						Additedrife		s	
A WORKERS COMPENSATION			WC201780217		1/25/2020	1/25/2021	X PER STATUTE		•	
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE				ļ			E.L. EACH ACCIDEN		1.000	.000
OFFICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA E			
(Mandatory In NH) If yee, describe under DESCRIPTION OF OPERATIONS below		ļ					E.L. DISEASE - POL		; 1,000	
A Leased/Rented Equip	 		CPP20177991702		1/25/2020	1/25/2021	Limit: \$200,000	†`	-	\$2,500
						O	aloosa Coun	ty BOC	<u>ن</u>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	0 101, Additional Remarks Schedu	ule, may b	CON DEW BSAI	ITRACT# EY COS BLOCK				
			·	CAN	ELLANON					
CERTIFICATE HOLDER Okaloosa County Board o 602-C North Pearl Street	f Cou	inty (Commissioners	SHC THE ACC	OULD ANY OF EXPIRATIO CORDANCE W	THE ABOVE (N DATE TH ITH THE POLIC	DESCRIBED POLIC EREOF, NOTICE CY PROVISIONS.	IES BE CAI WILL BE	NCELI E DE	Led Before Livered in
Crestview FL 32536					RIZED REPRESI	ENTATIVE				
				Lie	Ad Nel	hl				
					© 1	988-2015 AC	ORD CORPOR	ATION. A	ll rig	hts reserved.

The ACORD name and logo are registered marks of ACORD

AC	ORD	
	-	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2019

CER Belo Repi	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, A	IVELY	OR NEGATIVELY AMEND, CE DOES NOT CONSTITUTE E CERTIFICATE HOLDER.	EXTEND OR ALT	ER THE CO BETWEEN 1	VERAGE AFFORDED B HE ISSUING INSURER(E HOL Y THE S), AU	POLICIES THORIZED
If SU	ORTANT: If the certificate holder BROGATION IS WAIVED, subject certificate does not confer rights t	to the	terms and conditions of th	e policy, certain p	olicies may i	IAL INSURED provisions require an endorsement.	orbe Asta	endorsed. atement on
PRODUC		U tile t		CONTACT				
Waldo	orff Insurance & Bonding			NAME: L. Dale W		FAX (A/C, No): 8		
	lin Parkway NE Ste 202			PHONE (A/C, No, Ext); 850-58 E-MAIL			550-58	-4930
гоп и	Valton Beach FL 32548			ADDRESS: reception				
					<u>, , , , , , , , , , , , , , , , , , , </u>	DING COVERAGE		NAIC #
INSURE			COSC-01	INSURER A : Amerisu			_	23396
	& Associates, Inc.		0000-01	INSURER B : Amerisu	re Insurance			19488
_	ames Lee Blvd., East			INSURER C :		· · ·		
Crest	view FL 32539			INSURER D :				
				INSURER E :				
001/5				INSURER F :				
	RAGES CER IS TO CERTIFY THAT THE POLICIES		ATE NUMBER: 938984849			REVISION NUMBER:		
INDIC CERT EXCL	IS TO CERTIFICATION THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIRE PERTA POLICI	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT	т то у	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	VBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	}	
A X	+	Y	GL20172681502	1/25/2019	1/25/2020	EACH OCCURRENCE	\$1,000,	000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00
						MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,	000
GE	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,	000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000.	000
	OTHER:						\$	
A AL	TOMOBILE LIABILITY		CA20955870401	1/25/2019	1/25/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	.000 *
	ANY AUTO						\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
X	HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	1
							\$	 D
A X	UMBRELLA LIAB X OCCUR		CU20172671502	1/25/2019	1/25/2020	EACH OCCURRENCE	\$ 4,000,	
	EXCESS LIAB CLAIMS-MADE						\$ 4,000,	
	DED X RETENTION \$ 0					· · · · · · · · · · · · · · · · · · ·	\$ \$	
	RKERS COMPENSATION		WC201780217	1/25/2019	1/25/2020	X PER OTH-	<u> </u>	27
AN	DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE						\$ 1,000	000
OFI (Ma	FICER/MEMBEREXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE		
lf ye	es, describe under						\$ 1,000,	
	ased/Rented Equip		CPP20177991602	1/25/2019	1/25/2020	Limit: \$200,000		2,500
								-,
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 101, Additional Remarks Schedul	e, may be attached if more	e space is require			
Dewey	Cosgrove is an insured as owner with	th resp	ects to the General Liability					
Re: Ha	ngars -John Givens Road, Block 3, L	.ot 1, C	restview Airport, Crestview, F	L				
Certific	ate Holder is listed as Additional Insu	ired w	hen required by written contra	ct, as pertains to Co	noral Liphility			
001010		100, 11	nen required by written contra	or, as pertains to Ge	neral claunity			
			_					
CERTI	FICATE HOLDER		· • · · · · · · · · · · · · · · · · · ·	CANCELLATION				<u></u>
	· · · · ·				-		··· —	
	Okaloosa County Airport	1			DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL BI Y PROVISIONS.		
	1701 State Road Hwy 85, 1 Eglin AFB FL 32542-1413	N		AUTHORIZED REPRESE				
				1 Anti	1 51			
				L. Job Will	9NA) -			
					88-2015 AC	ORD CORPORATION. A	ll righ	ts reserved

The ACORD name and logo are registered marks of ACORD



ACORD 21 (2016/03)

CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

ACORL	,				CER		107	ALE OF /	AIR	CRAFI	INS	UKA		ICE			07/15/	2019
THIS CERTIFIC CERTIFICATE I BELOW. THIS REPRESENTAT)oe Cer Ive	is no Itific Or f	DT AFFIRM CATE OF 11 PRODUCER	ATI NSU , AN	VELY OF IRANCE ID THE C	R NE Doe Ert	IGAT IS N IFIC/	IVELY AMEND OT CONSTITU ATE HOLDER.	, EX Te a	TEND OR ALI	ier 1 Beti	FHE CO NEEN T	VE HE	RAGE ISSUI	AFF NG 1	orded Insure	BY THI R(S), Al	POLICIES
IMPORTANT: In If SUBROGATIC this certificate of)n I	s wa	VVED, subj	ect	to the te	rms	and	conditions of t	he po such	olicy, certain p endorsement(olici	DDITIOI es may	NA rec	L INSUF quire an	₹ED end	provisio lorseme	onsorb nt. As	e endorsed. atement on
PRODUCER	F	مالم							NAM	RTACT ME:								
Falcon Ins			15						PHC (A/C	XNE , No, Ext):					·	FAX (A/C, N	ok	
P.O. Box 7									E-M	AIL RESS:								
Addison, T	X	750	01							DUCER TOMERID#								
INSURED					· · · ·				(MSI	INSURE RERA: U.S. SPE		FORDING					% 100%	NAIC #
D. Cosgrove	e d	ba (cosco	Avi	ation S	Serv	rice			JRER B:							100%	
COSCO Bu										JRER C:								
		-					ч.			JRERD:								
Crestview, FL 32539 NSURER E: NSURER 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. N CERTIFICATE	IOTV MA` ANI	VITHS Y BE D COI	itanding an Issued or	NY F MA'	equiren Pertaii	IENT, N, TH	, ter Ie in: Limit	LISTED BELOW I M OR CONDITIO SURANCE AFFO S SHOWN MAY	N OF RDED HAVE	ANY CONTRAC BY THE POLICE BEEN REDUCE	ies d	OTHER	DC ED	DCUMEN HEREIN NS.	IS S	TH RESP UBJECT	PECT TO TO ALL	WHICH THIS
FOLICT INFOR			ICY TYPE				UEN	IFRAIL NUM	DER		L HN	EOFBUS		· ···		N NUM	BCK:	·
INDUSTRIAL AID	X	r	ASURE & BUS		COMN	IERCI	AL			HELICOPTER			-	1997 -		XCESS		OTA SHARE
NON-OWNED				<u>د</u>						X HULL & LIABI	LITY	HUL	LO	NLY				
AIRCRAFT IN			TION		ACORD	333		craft Schedule	atta	ched								
	ма ipei						PA-	a. 28-181			-	SERIAL		/DER		REGISTR N8037	ATION NUR	BER
TERRITORY: AIRCRAFT COV		AGE	c	·														
INSURER LETTER			UMBER				e	FECTIVE DATE	EX	PIRATION DATE	ADON	IONÁL INS	UR	ED? (Y/N)	SUBROG	ATION WA	VED? (Y/N)
	AC	300	8936-04					7/11/2019		7/11/2020		Y			ł		Ν	• •
COVERAGE					OPTIO	NS			LIMI	Т	APPL	JES TO		LIMIT			APPLIES	то
AIRCRAFT HULL	X	ALL F	RISK GROUND.	AND	Flight	\vdash			\$	65,000	AGR	EED VAL	UE	\$ \$		100 500	Ded Ni Ded In	x in motion motion
AIRCRAFT LIABILITY	X	LIABI	LITY			H			\$ \$	1,000,000 100,000	EA O EA P/			\$ \$			EA PER AGGR	
MÉDICAL PAYMENTS	X		UDING CREW			·			\$	5,000	EA P	ER		\$		20,000	EA OCC	·
COVERAGE										······							ļ	
CODE DESCRIPT					OPTION		··· · · ·		LIMIT \$	ſ	APPL	IES TO		LIMIT \$			APPLIES	TO
									\$					\$				
									5 5			. .		\$ \$				
									\$					\$				
ESCRIPTION OF				- M A		L 	D 40	Additional D	3	ika Sahadula j								
Certificate H										KS SCHEDUIE,	iiiay i	ue auac	16		e sp	ace is f	equireoj	<u> </u>
ERTIFICATE HO	CLD	ER							CAN	CELLATION								
Okaloosa C	oul	nty .	Airport		· · · · - ·				SHO	ULD ANY OF THE								
5749A Old I	3et	hei	Road						ACC	ORDANCE WITH	THE	POLICY						
Crestview, F	٦L	32	536						_	FT. 5 %	_	-	_					

The ACORD name and logo are registered marks of ACORD

© 2009, 2015 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY)

ACC	SRD			CER		ICATE OF A	AIR	CRAFII	NS	UKAN	ICE		07/15/	2019	
CERTIFI BELOW REPRES	CATE D THIS C Sentat	DOE CER	S NOT AFFIRM TIFICATE OF II OR PRODUCER	ATIVELY OF NSURANCE , AND THE C	r ne Doe Erti	NFORMATION ONL GATIVELY AMEND S NOT CONSTITU FICATE HOLDER.	, EX Te /	TEND OR ALT A CONTRACT	BETW	HE COVE	RAGE AI E ISSUINC	FORDED	BY THE R(S), AU	E POLICIES JTHORIZED	
If SUBR	OGATIO	N IS	S WAIVED, subj	ect to the te	rms :	NAL INSURED, the and conditions of t the holder in lieu of s	he p such	olicy, certain p endorsement(olicie						
PRODUCE								NTACT ME:				_			
	n Ins		anas					DNE C, No, Extit				FAX (A/C, N);		
	Box 7							nail Dress:							
Addis	ion, T	X	75001					ODUCER STOMERID#							
NSURED	.						-	INSURE URER A: U.S. SPE		ORDINGCO			%	NAIC #	
	earove	h c	ba COSCO /	Aviation S	Serv	ice	L	URER B:		TINSURA			100%		
	-		ng 215 E. Ja				L	URER C:							
			32539		Ditt	4.	<u> </u>	URER D:			<u> </u>				
							INS	URER F:							
indio Cert Excl	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.														
POLICY															
	TRIAL AID	X	POLICY TYPE PLEASURE & BUS	COM	WERCH			HELICOPTER		MIXED		EXCESS		OTA SHARE	
	OWNED	M	CLEAGUNE BLOG		WEILOP		Y	X HULL&LIABI	· •			EAUCOS		UTA SHAKE	
AIRC	RAFT IN		MATION	ACORE		Aircraft Schedule	atta	ched							
year 1967	8	MÀ				MODEL 95-855 (T42A)				SERIAL NU	MBER	REGISTR N5409	ATION NUM U	ABER	
TERRITOR		ED	AGER												
INSURERL			LCYNUMBER			EFFECTIVE DATE	ΓË	PRATION DATE	ADDIT	ONAL INSUE	ED?(Y/N)	SUBROG	ATION WA	VED? (Y/N)	
		AC	3008936-04			7/11/2019		7/11/2020		Y			Ν		
COMERAGE			······································	ÓPTIO	NS		LIM	IT	APPLI	ES TO	LIMIT		APPLIES	то	
AIRCRAFT	HULL	X	ALL RISK GROUND	AND FLIGHT		·	\$	150,000	L		\$		Ded N Ded In	ot in motion motion	
AIRCRAFT	LIABILITY	X			$\left - \right $		\$ \$	1,000,000 100,000	EA OC EA PA	-	\$ \$		ËA PER AGGR		
MEDICALP		X	INCLUDING CREW				\$	5,000	EA PE	R	\$	20,000	EA OCC		
	DESCRIPT	TON	······································	OPTIO	4 <u>5</u>		LIME	<u>T</u>	APPLI	ES TO			APPLIES	10	
					$\left - \right $		\$ \$.	\$ \$				
						·	\$				\$				
					┼╌┼		\$	·			<u>\$</u> \$				
	[<u> </u>			\$				15	<u></u>			
	-					D 101, Additional R		rks Schedule,	may b	e attache	d if more	space is r	equired)		
Certifi	cate H	lolo	der is includ	ied as an	n Ad	ditional Insure	eđ.								
CERTIFIC	ATEHO	DLD	ER				L	CELLATION							
			nty Airport				EXP	OULD ANY OF THE PIRATION DATE CORDANCE WITH	THE	REOF, NO	TICE WILL	IES BE CAN BE DELIN	CELLED	BEFORE THE	
5749A	Old E	3et	hel Road					ORDANCE NITH					<u>.</u>		
Crest	view, F	L	32536					1.50)。		. .				

ACORD 21 (2016/03)

© 2009, 2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY)

ĄCO)		CER		CA		OF	AIR	CRAFI	INS	UKAr	ICE		07/15	/2019
CERTIF BELOW REPRE	ICATE . THIS SENTA	DOE: CER TIVE	IS ISSUED AS A S NOT AFFIRMAT TIFICATE OF INSI OR PRODUCER, A	IVELY OF URANCE ND THE C	t NEG Does Ertif	NOT	FELY T CC TE H	AMEND DISTITU), EXT	END OR ALT	ier 1 Betv	THE COVE VEEN THI	RAGE A	G INSURE	BY THE R(S), A	e policies Uthorized
If SUBR this <u>cer</u>	tificate	ON IS	certificate holder s WAIVED, subject not confer rights t	to the ter	rms ai	nd co	ondit	ions of t	the pol such e	licy, certain p andorsement(olicie	DDITIONA es may rec	L INSUR quire an	ED provisi endorseme	onsorb ent. As	e endorsed. tatement on
PRODUCE									CONT NAM							
Falco			allas						PHON WC.1	NO, EXT				FAX (A/C, N	o):	
P.O.	Box	706							E-MA	4L						
Addis	son, ⁻	TX '	75001						PRO	DUCER OMERID#		FORDINGCO	XEDACE			NAIC #
INSURED	~ ~	····							INSUF	RER A: U.S. SPI				MPANY	100%	NAIC #
D. Co	sgro	ve di	ba COSCO Av	viation S	Servio	œ				RER B:						
COS	сōв	uildi	ng 215 E. Jam	es Lee	Blvd					RERD:					-	
			32539			•				RERE:						
	•					000								1001/2 200		
INDI	CATED.	NOTV E MAI	FY THAT THE POLIC VITHSTANDING ANY Y BE ISSUED OR MA CONDITIONS OF SI	REQUIREN	HENT, 1 N, THE CHES, LI	term Insu I <u>mits</u>	OR JRAN SHO	CONDITK CE AFFC WN MAY	on of . RDED Have	ANY CONTRAC BY THE POLIC	ot or Vies c	OTHER D	DCUMEN HEREIN MS.	IS SUBJECT	TO ALL	WHICH THIS
POLICY	INFO	RMAT				CERTI	IFIC/	ATE NUN	ABER:					SION NUM	BER:	
			POLICY TYPE PLEASURE & BUS		ERCIAL	<u> </u>	X A	RPLANE	— 	HÊLICOPTE		E OF BUSINE		DE EXCESS		
	STRIAL AII OWNED	אן י צ ן י	PLEASURE & BUS		AERGAU	· 4		ABILITY ON						EAUESS		IOTA SHARE
-	-	NFOF	RMATION	ACORD	333,	Aircra		icheduk								· · · · · · · · · · · · · · · · · · ·
year 1964		MA Cess	KE.		- ł	100EL 3101						SERIAL NU	MOËR	REGIST	ATION NUI B	WBER
TERRITOR							-						~			
AIRCR/						LECO	ECTR A	EDATE	EV0	RATIONDATE		TIONAL INSU		e ippor	ATIONIA	VVED? (Y / N)
			23008936-04					2019	1	7/11/2020		Y			N	
COVERAG	E			OPTIO	NS				LIMIT		APP	LIES TO			APPLIES	
AIRCRAFT	HULL	X		DFLIGHT					\$	55,000	<u> </u>	EED VALUE	\$	0	Ded Ir	let in motion
AIRCRAF		γ Χ			H				\$	1,000,000 100,000	EAC		\$		EA PER AGGR	
MEDICAL		rs X	INCLUDING CREW						\$	5,000	EAP	ER	\$	20,000	EA OCC	-
	DESCR	PTION		OPTION	NS				LIMIT		APPI	LIES TO	LIMIT		APPLIES	s to
				~	H				\$ \$		_		\$			
	1								\$ ¢		<u>}</u>		S S			······································
. <u> </u>	1						· · · ·		\$				<u> </u> \$			
	L								\$		<u> </u>		<u> \$</u>			
		• • • •	PERATIONS / REM der is include							ks Schedule,	may	be attach	ed if mor	e space is i	required)
CERTIFI	CATE	IOLD	ER	<u></u>	<u> </u>				CAN	CELLATION						
			nty Airport						EXPL	ILD ANY OF TH	E THE	REOF, NO	TICE WI	LL BE DELI		
5749/	A Old	Bel	hel Road							ORDANCE WITH			OVISION	3 .		. <u> </u>
			32536							-7. 5 - 2	~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. .			
						. <u> </u>		••••••••••••••••••••••••••••••••••••••		© 20	09, 2	015 ACOF	DCORF	ORATION.	All right	ts reserved.

The ACORD name and logo are registered marks of ACORD

ACORD 21 (2016/03)



DATE (MM/DD/YYYY) 07/05/0040

BELOW REPRES	ICATE . THIS SENTA	DOE CEF TIVE	S NOT AFFIRM	ATIVELY OF INSURANCE R, AND THE C	R NEGA DOES ERTIF#	ORMATION ON TIVELY AMENI NOT CONSTITU CATE HOLDER.	D,EX JTE	A CONTRACT	TER BET	THE COVE WEEN TH	ERAGE A E ISSUIN	FFORDED G INSURE	BY THE R(S), AU	LDER. THIS E POLICIES UTHORIZED
IMPORT If SUBR this cert	ANT: OGATI	f the ON I	certificate hole S WAIVED, sub	der is an ADE ject to the te	ITIONA	L INSURED, the conditions of older in lieu of	poli the r	policy, certain i	polici	DDITIONA es may rei	L INSURE quire an e	D provisi ndorseme	onsorb ent. Asi	e endorsed. latement on
PRODUCE		r						ONTACT AME:		•				
Falco	-	-					PH-	IONE C, No, Ext):				FAX (A/C, N		
P.O.	Box 7	<u>′06</u>					E-	MAIL				AU	or	·
Addis	son, T	Х	75001				PF	IDRESS: RODUCER				· · · · ·	· · · · —	
							<u>a</u>	ISTOMERID#	R(S) A	FORDINGCO	VERAGE		%	NAIC #
INSURED							N	SURERA: U.S. SPI				PANY	100%	
COSCO			es, Inc.					SURER B:						
COSCO 215 E. J		-	huri					SURER C:						
Crestvie								SURER E:	·					
	-				(BANG		N	SURER F:		••••••••••••••••••••••••••••••••••••••				
	IFICATE	E MA	YITHSTANDING A Y BE ISSUED OF CONDITIONS O	NY REQUIREN MAY PERTAII	IENT, TE N, THE II IES. LIM	E LISTED BELOW RM OR CONDITION NSURANCE AFFC ITS SHOWN MAY	ON O ORDE HAV	F ANY CONTRAC D BY THE POLIC E BEEN REDUCE	ot of Dies e	OTHER DO		WITH DECI	SECT TO	MULICU TURO
POLICY	INFOR	MAT	····		CE	RTIFICATE NUM	IBE	R:		w	REVIS	ION NUM	BER:	
AIDU IS	TRIAL AID	X	POLICY TYPE			×		· r · · · · · · · · · · · · · · · · · ·		E OF BUSINE				
	WNED	^	PLEASURE & BUS		ERCIAL		4 V			MIXED		EXCESS	00	OTA SHARE
		IFO	RMATION	ACORD	333 4	rcraft Schedule		A HOLE GEOD		HULLO				
year 1975		MA Beec				DEL.				SERIAL NÜR	ABER	REGISTR N249V	ATION NUM	BER
AIRCRA		<u>/ </u>				·····								
INSURER LI			HUGES LICY NUMBER			FFECTIVE DATE	τċ	XPIRATION DATE		TONAL INSUR	TRO AVAINT			
		1	00129465-18			7/11/2019		7/11/2020	~~~~	Y	EU?(T/N)	SUBRUG	N	VED? (Y / N)
COVERAGE		-		OPTIO	vs	<u></u>	LIM	HT	APPI	JES TO	LIMIT		APPLIES	то
ARCRAFT	-104.	X	ALL RISK GROUND	AND FLIGHT			\$	505,000		EED VALUE	\$	250 2,500	Ded No Ded In	notion
AIRCRAFT		X					\$ \$	1,000,000 100,000	EA O EA PA		\$ \$		EA PER AGGR	
MEDICAL P/		X	INCLUDING CREW	·			\$	5,000	EA P	ER	\$	35,000	EA OCC	
	ERAGE			OPTION	c			_						
	DECKS OF		· · · · · · · · · · · · · · · · · · ·				Lim!	IT	APPL	IES TO	LMIT \$		APPLIES	то
							\$				\$			
					{		\$				\$			
							\$ \$				\$ \$			
DESCRIPT	FION O	F OP	ERATIONS / RI	EMARKS (AC	ORD 1	01, Additional R	ema	rks Schedule.	mav I	e attache	d if more	space is re		
						ional Insure							<u></u>	
ERTIFIC	ATE HO	CLD	ER				CAN							
Okaloc	osa C	our	nty Airport;	Jack Alle	n		EXP	ULD ANY OF THE	THE	REOF, NOT	ICE WILL	ES BE CAN BE DELIV	CELLED E	SEFORE THE
5749A	Old I	3et	hel Road					CORDANCE WITH	THE	POLICY PRO	OVISIONS.			
			32536					KOREZED REPRESEN		E				
	D 24 /2						<u> </u>	Therein and the second s	 09, 20	15 ACOR	O CORPO	RATION.	All rights	reserved.

ACORD 21 (2016/03)

The ACORD name and logo are registered marks of ACORD

ACC															NSUR					07/18/2	
THIS CERT CERTIFICA BELOW. TH REPRESEN	ITE D IIS CI	oes no Ertific Ve or i	ot afi ate (prod	-iri DF II Uce	NATIN NSUR ER, AN	/ELY ANC ND TI	' or i Ce do He ce	NEGATIVI DES NOT (ERTIFICA)	ELY CON TE H	AMEI STITU IOLDI	ND, EXTE JTE A CO ER.	ND C NTR/	R A	LTE BET	R THE CO	OVER 1E IS:	age Aff Suing Ins	ORDE	ED BY T R(S), AL	'HE F JTH(POLICIES
IMPORTAN If SUBROG. this certific	ATIO	N IS WA	IVED,	sub	ject t h <u>ts tc</u>	o the the	term certif	s and cor icate bolc	nditio Ier ir	ons oi Lliqu	f the polic of such e	v. cei	tain	boli	icies mav	DNAL requi	INSURED	prov orsen	lsions o ient. A	or be state	endorsed. Iment on
PRODUCER Falcon Insur P.O. Box 706	5		of Dalla	s, in	1			EIV: 3 () 201		ΗŘ	NTACT \ME; HONE VC, No, Ext);					XX /C, No):					
Addison, TX,	, 7500	11				0 L (/ لس ر 7) (201	1.07		MAIL ADDRE										
INSURED			A. J. D.		B	r: .!		CH		 	ODUCER C				ORDING CO	/ERAG	E.	Г	%		NAIC No.
D. Cosgrove	apa	JUSCO	Avalio	n Se	ervice.					IN	ISURER A : U	.S. Sf	PEC	ALT	Y INSURAN	ICE C	OMPANY		100%		
COSCO Buil Crestview, Fl			imes L	ee E	Blvd.						ISURER B :										
01000101011,11	L, 020	1007									ISURER D ;							-+			
L08-	0	322	2-1	76	2						SURERE:										
THIS IS TO'CO INDICATED, N CERTIFICATE EXCLUSIONS POLICY INF	NOTWI E MAY S AND	ITHSTAN BE ISSU CONDIT	DING A IED OR	.NY I .MA'	requi Y per	IREMI TAIN	ENT, T THE I	ERM OR C NSURANC	iond Ie Afi Dwn	DW HA ITION FORDI MAY I	VE BEEN I OF ANY CO ED BY THE HAVE BEE	NTRA Poli NREC	ACT C CIES OUCE	or o i des	THER DOC SCRIBED HI Y PAID CLA	UMEN Erein NMS	IT WITH RE	SPEC T TO .	T TO WH	ICH 1	'HIQ
	ORIN		OLICYT	YPE							CATE NU	VIBEI		EOFE	REV BUSINESS SL		I NUMBEI E	रः			
INDUSTRIAL		P	E&B	Us		COMM	IERCIAL		ļ	LANE			.ICOP	-		NXED FLEET		EXCESS	3	QUOTA SHARE	
NON-OWNE													HUL	_L& [_I	IABILITY		IULL ONLY				
AIRCRAF YEAR		ORMA	TION			AC	ORD	333, Airo MODEL	raft	Sche	dule attac	hed		- ee	RIAL NUMBER	,	REGISTRA		il anno		
1975 TERRITORY:	F	PIPER						PA-28-1	81					Эсг			N8037				
AIRCRAFT	COVE	ERAGE	5																		
INSURER LETTE		POLICY AC300	NUMBE	•				EFFEC 07/1			EXPIR/ 07/	ATION I 1 1/20			ADDITIONA	LINSUI Y	RED? (Y / N)	SU	BROGAT	ION W N	AIVED? (Y / N)
COVERAGE							PTIONS			LIMIT	· · · · · · · · · · · · · · · · · · ·				APPLIES TO)	LIMIT				IES TO
AIRCRAFT HULL						SK GR		AND FLIGHT ONLY			65,00				AGREED V	ALUE	\$ 10 \$ 50			Ded.	 Not in motion In motion
AIRCRAFT LIABI	LITY			⊠		117			5			0,000			EA OCC		\$			EA PE AGGE	
				\boxtimes	INCLU	DING	CREW				100, 5,0			_	EA PASS		\$				
MEDICAL PAYM8		AGE					CREW						•		EA PER		\$	20,00	0	EA O	
CODE		DESCRIP	TION		OPTI	ONS				LIMIT					APPLIES TO)	LIMIT			APP	JES TO
												·									
ESCRIPTION		OPERA) P	EMAI		(ACC)RD 101	hhA	itiona	Remark	s Sch	adu		nay he at	acho	d if more a	inacc	ie rom	ire -	
Certificate Hol	lder is	include	d as ar	ı Ad	dition	al Ins	ured.							<u></u> 11	all	49116		Pace	is iequ	neu	
ERTIFICATE	EHO	LDER								i	CANCELI)N								
Okaloosa (5749A Old Crestview,	Coun Beth	ity Airp nel Roa									SHOULD AN EXPIRATION WITH THE P	IY OF DN D/ POLIC	THE TE Y PR		REOF, NO SIONS.	IBED DTICE	POLICIES B WILL BE	E CAN DELIV	CELLED	BEFO	DRE THE CORDANCE
	1	12.000										REPR	 	>	<u></u>	 ,				_	
ACORD 21	I (201	6/03)	1	"he	ACO	RD r	ame	and logo	are	regis	tered ma	rks o	© f A(2009 COR	9, 2015 A RD	CORI	CORPO	RATIO	DN, All r	ights	s reserved.

ACORD	

DATE (MM/DD/YYYY)

ACC)Ri	D"			(CEF	RLI	FICA	ΤE	OF	AIRC	RA	١FT	INSU	RAN	ICE		C	07/18/2018	
THIS CERT CERTIFICA BELOW. TI REPRESE	ATE D HIS CI NTATI	OES NOT / ERTIFICAT VE OR PRO	AFFI 'E OI ODU	rma F Ins Cer	ATIV SUR ζ AN	(ELY) ANCE (D TH	DRN DO E CE	IEGATIV ES NOT (RTIFICA)	ely Con: Te h	amen Stitu Olde	ND, EXTE ITE A CO IR.	ND C NTR/	NR AL ACT E	TER THE	COVER THE IS	RAGE AFF SUING INS	ORDE	D BY T R(S), Al	HE POI JTHORI	LICIES ZED
IMPORTAN	IT: If t	he certific:	ate h	olde	er is	an Al	DIT	ONAL IN	SUR	ED, th	te policy(ies) n	nusti	have ADDI	ΓΙΟΝΑ	LINSURED	provi	sions c	r be en	dorsed.
this certific	ate do	dis waive	nfer i	right	ts tp		ernis ertieli	s and con sateshalt	or to	ligur	of such e	y, cer ndors	tain seme	policies ma nt(s).	ay requ	iire an ende	orsem	ent. A	stateme	enton
PRODUCER						A. & A	and the	And B	w	NA	NTACT NIE:	•								
Falcon Insui P.O. Box 70		Agency of D	allas	, Inc.				3 0	2015	PH (AV	IONE (C, No, Ext):				FAX (A/C, No);				
Addison, TX		1			ł						AIL ADDRE	3S:			<u> </u>	<i>C</i>				
						BY:	Pu	RCF	ŧ	PRO		JSTOM	ERIDN	ka.					···	
INSURED D. Cosgrove	a dha (COSCO Avi	ation	Sen	ice.						1	INSUF	RER(S)	AFFORDING C	OVERA	GE		%	1	AIC No.
										INS	SURER A : U	.S. SF	PECIA	LTY INSUR	ANCE	COMPANY		100%		
COSCO Bu Crestview, F			sLee	e Blv	۲d.						SURER B :									
		00									SURER D :									
1.08	-0	322	-6	7t	2						SURER E :									· · · · · · · · · · · · · · · · · · ·
THIS IS TO C						INSU		FISTED	BELC		SURER F :	SSUE		THE INSURE						00
INDICATED, I	NOTWI	THSTANDIN	IG AN	IY RE	EQUII	REME	NT, TI	ERM OR C	OND	TION (OF ANY CO)NTR/	ACT O	R OTHER DO	DCUME	NT WITH RE	SPECT	TO WH	ICH THIS	3
CERTIFICAT	E MAY SAND	CONDITION		- SU	CH P	POLICI	HE II ES. L	IMITS SHO	ie afi DWN	-orde May F	AVE BEEI	POLI N REC	CIES I DUCEI	DESCRIBED D BY PAID C	HERE	N IS SUBJEC	T TO A	ALL THE	TERMS,	
POLICY IN		ATION									CATE NU		ર	RE	VISIO	N NUMBEI	रः			
		r	CYTY	PE					<u> </u>	r				OF BUSINESS		DE				
INDUSTRIA	l Ald	PLEA:	SURE	& BUS	۶ L		ОММ	ERCIAL	\boxtimes	AIRPI	LANE		HEL	COPTER		MIXED FLEET		EXCES	8	QUOTA
NON-OWN	IED									LIABI	LITY ONLY	\boxtimes	HULL	& LIABILITY		HULL ONLY				1
AIRCRAF	T INF	ORMATIO	N			ACC	RD	333, Airc	raft	Sched	dule attac	hed					J			·····
YEAR 1967		MAKE BEECH		I				MODEL	T404		·			SERIAL NUME	BER	REGISTRA	TON NU	MBER		
TERRITORY:								95-B55 (1428	y						N5409U				
AIRCRAFT																				
INSURER LETTE	24	POLICY NUN AC30089		3				EFFEC 07/1	8/201		EXPIR 07/	11/20		ADDITIO	NAL INSU Y	JRED? (Y / N)	su	BROGAT	ION WAIM N	ED? (Y / N)
COVERAGE							IONS			LIMIT	I			APPLIES	то	LIMIT			APPLIES	то
AIRCRAFT HULL				<u> </u>				ND FLIGHT	\$		150,0	00		AGREED		\$ 10			Ded N	ot in motion
				-	LL RIS	SK GRO		DNLY			1.00					- \$ 50)		Ded In	motion
AIRCRAFT LIAB	ILITY			× L	IAD L	117			\$,	0,000		EA OCC		\$			EA PER AGGR	
							201104	· · · ·	\$		100,			EA PASS		\$			AGGR	
MEDICAL PAYM	ENTS			~		ding Ci Jding C			5		5,0	00		EA PER		\$	20,00	0	EA OCC	
	COVER	AGE		╧┤╘			IZ													
CODE	r	DESCRIPTION		-	OPTIC					14.4177										
			-	<u> </u>		UNA				LIMIT				APPLIES	10				APPLIES	ТО
															<u> </u>	-			<u> </u>	
DESCRIPTIO	N OF	OPERATIO)NS	RE	MAR	RKS (ACO	RD 101	ihhA	tional	Remark	s Sch	edul	e mav he :	attach	ed if more s	inace	le rocu	(irad)	
Certificate Ho														-,				io requ		
CERTIFICAT	E HOI	DER								(c		ATIC								
Okaloosa			<u> </u>											ABOVE DESC		POLICIES B			BEFOR	= THF
5749A Old			•							E	EXPIRATION (CONTINUE)	DN DA	ате т	HEREOF, I	отіс	E WILL BE	DELIV	EREDI	N ACCO	RDANCE
Crestview,											VITH THE P							<u> </u>		
										ſ	5									
										k	$\underline{-}$	• 5)	······					
ACORD 2	1 (201	6/03)	Tł	ie A	COF	RD na	me	and logo	are	regis	tered ma	rks c	© 2 of AC	2009, 2015 ORD	ACOF	RD CORPO	RATIC	DN. All i	ights re	eserved.

ACOR	· · · · · · · · · · · · · · · · · · ·				FICA [.]												07/18/2	
THIS CERTIFIC CERTIFICATE I BELOW, THIS C REPRESENTAT	DOES NOT AF CERTIFICATE	FIRMA OF INSU DUCER, J	FIVELY JRANC AND TH	OR N E DOI IE CE	EGATIVI ES NOT (RTIFICA	ely / Con: Te h	amen Stitu Oldei	D, EXTEI FE A COI R.	ND O NTRA	R A	LTER BETW	THE CO EEN TI	DVER HE IS	AGE AFF SUING INS	ORDE	ED BY 1 R(S), Al	'HE F JTHC	OLICIES
IMPORTANT: If If SUBROGATIC this certificate of	ON IS WAIVED,	. subiec	t to the	terms	and cor	nditio	ins of f	the policy	/. cer	tain	n policie	ADDITI as may	requ	ire an endo	provi orsem	isions d ient. A	or be state	endorsed. ment on
Falcon Insurance P.O. Box 706	Agency of Dalk	1			Cr∎ V 3 0 20		PH(TACT 1E: DNE C, No, Ext):					AX √C,No)	:				
Addison, TX, 750	01			O	<u> </u>	,		AIL ADDRES						A				<u> </u>
INSURED			<u>BY:.</u>	<u></u>	<u> </u>	<u>t</u>	PRO	DUCER CL			No. S) AFFOR	DING CO	VERAG	E		%		NAIC No.
D. Cosgrove dba	COSCO Aviatio	on Servic	æ				INS							OMPANY		100%		NAIG NO,
COSCO Building		_ee Blvd.					INS	URER B ;										
Crestview, FL, 32	539							URER C :										
L08-0	222-	nρ						URER D :									+	·
THIS IS TO CERTI				PANO					2011-		<u></u>					In no.		
INDICATED. NOTV CERTIFICATE MA EXCLUSIONS ANI	VITHSTANDING A Y BE ISSUED OF D CONDITIONS	ANY REG R MAY PE	UIREME ERTAIN.	ENT, TE THE IN	RM OR C	ONDI E AFF DWN	TION O FORDEI MAY H	FANY CO DBY THE AVE BEEM	NTRA POLIC	CT C CIES	OR OTH	er doo Ribed H 'Aid Clu	EREIN AIMS.	NT WITH RE NIS SUBJEC	SPECT		існ т	HIG
POLICY INFOR	POLICY	TYPE				CE	RTIFIC	ATE NUI	MBEF		EOFBUS				र:			
INDUSTRIAL AID	PLEASUF			COMME	RCIAL	\boxtimes	AIRPL	ANE		HEL	LICOPTE	२		VIXED FLEET		EXCES	3	QUOTA SHARE
	FORMATION			000				TY ONLY		HUL	LL & LIABI		<u> </u>					
AIRCRAFT IN	MAKE		AC		333, Airc	rant :	sched	ule attac	hed		SERIAL	NUMBE	2	REGISTRA		MOED		
1964 TERRITORY:	CESSNA				3101								` <u> </u>	N77MB				
AIRCRAFT COV															· · -			
INSURER LETTER	POLICY NUMBE AC3008936				EFFECT 07/1	TVE D. 8/201		EXPIRA 07/1	TION E		A	DITIONA	<u>∈insu</u> Y	RED? (Y/N)	si	BROGAT	ION W. N	AVED? (Y / N)
COVERAGE			OP	TIONS		1	LIMIT				AF	PLIES TO	5				APPL	IES TO
AIRCRAFT HULL		23			ND FLIGHT	\$		55,00	0		40	REED V		\$			Ded.	- Not in motion
			RISK GRO		NLY			1.505					ALUE	\$				- In motion
AIRCRAFT LIABILITY						\$ \$		1,000 100,0			[OCC PASS		\$			EA PE	
MEDICAL PAYMENTS			LUDING (CLUDING ((3		5,00)0		EA	PER		\$	20,00	0	EA OC	:0
	RAGE																	
CODE	DESCRIPTION	OF	TIONS		<u> </u>	1	LIMIT					PLIES TO	.				APPL	IES TO
DESCRIPTION OF Certificate Holder i	OPERATION	S / REM	ARKS prai Insi	(ACO ured.	RD 101, .	Addi	tional	Remarks	s Sch	edu	lle, maj	y be at	tache	d if more s	space	is requ	ired)	
CERTIFICATE HO	LDER	_				······	c	ANCELL	ATIC	N								
Okaloosa Cou 5749A Old Bel Crestview, FL	nty Airport thel Road						SH EX W	OULD AN PIRATIC ITH THE P	IY OF ON DA OLICY REPRI	THE TE Y PR	THERE	OF, NO	RIBED	POLICIES B WILL BE	E CAN DELIV	CELLED ERED I	BEFC	RE THE CORDANCE
							<		5		<u>ے ر</u>		<u> </u>		B I B I			
ACORD 21 (20	16/03)	The AC	ORD n	ame a	ınd logo	are	reaist	ered ma	rks o	© fA0	2009, 2 CORD	2015 A	COR	DCORPO	RATIC	ON. All	rights	reserved.

The ACORD name and logo are registered marks of ACORD

ACC															NSUR					07/18/2	
THIS CERT CERTIFICA BELOW. TH REPRESEN	ITE D IIS CI	oes no Ertific Ve or i	ot afi ate (prod	-iri DF II Uce	NATIN NSUR ER, AN	/ELY ANC ND TI	' or i Ce do He ce	NEGATIVI DES NOT (ERTIFICA)	ELY CON TE H	AME STITU IOLD	ND, EXTE JTE A CO ER.	ND C NTR/	R A	LTE BET	R THE CO	OVER 1E IS:	age Aff Suing Ins	ORDE	ED BY T R(S), AL	'HE F JTH(POLICIES
IMPORTAN If SUBROG. this certific	ATIO	N IS WA	IVED,	sub	ject t h <u>ts tc</u>	o the the	term certif	s and cor icate bolc	nditio Ier ir	ons oi Lliqu	f the polic of such e	v. cei	tain	boli	icies mav	DNAL requi	INSURED	prov orsen	lsions o ient. A	or be state	endorsed. Iment on
PRODUCER Falcon Insur P.O. Box 706	5		of Dalla	s, in	1			EIV: 3 () 201		- H	NTACT \ME; HONE VC, No, Ext);					XX /C, No):					
Addison, TX,	, 7500	11				0 L (/ لس ر 7) (201	1.07		MAIL ADDRE										
INSURED			A. J. D.		B	r: .!		CH		 	ODUCER C				ORDING CO	/ERAG	E.	Г	%		NAIC No.
D. Cosgrove	apa	JUSCO	Avalio	n Se	ervice.					IN	ISURER A : U	.S. Sf	PEC	ALT	Y INSURAN	ICE C	OMPANY		100%		
COSCO Buil Crestview, Fl			imes L	ee E	Blvd.						ISURER B :										
01000101011,11	L, 020	1007									ISURER D ;							-+			
L08-	0	322	2-1	76	2						SURERE:										
THIS IS TO'C INDICATED. N CERTIFICATE EXCLUSIONS POLICY INF	NOTWI E MAY S AND	BE ISSU CONDIT	DING A IED OR	.NY I .MA'	requi Y per	IREMI TAIN	ENT, T THE I	ERM OR C NSURANC	iond Ie Afi Dwn	DW HA ITION FORDI MAY I	VE BEEN I OF ANY CC ED BY THE HAVE BEE	NTRA Poli NREC	ACT C CIES OUCE	or o i des	THER DOC SCRIBED HI Y PAID CLA	UMEN Erein NMS	IT WITH RE	SPEC T TO .	T TO WH	ICH 1	'HIQ
	ORIN		OLICYT	YPE							CATE NU	VIBEI		EOFE	REV BUSINESS SL		I NUMBEI E	रः			
INDUSTRIAL		P	E&B	Us		COMM	IERCIAL		ļ	LANE			.ICOP	-		NXED FLEET		EXCESS	3	QUOTA SHARE	
NON-OWNE													HUL	_L& [_I	IABILITY		IULL ONLY				
AIRCRAF YEAR		ORMA	TION			AC	ORD	333, Airo MODEL	raft	Sche	dule attac	hed		- er	RIAL NUMBER	,	REGISTRA		il anno		
1975 TERRITORY:	F	PIPER						PA-28-1	81					Эсг			N8037				
AIRCRAFT	COVE	ERAGE	5																		
INSURER LETTE		POLICY AC300	NUMBE	•				EFFEC 07/1			EXPIR/ 07/	ATION I 1 1/20			ADDITIONA	LINSUI Y	RED? (Y / N)	SU	BROGAT	ION W N	AIVED? (Y / N)
COVERAGE							PTIONS			LIMIT	· · · · · · · · · · · · · · · · · · ·				APPLIES TO)	LIMIT				IES TO
AIRCRAFT HULL						SK GR		AND FLIGHT ONLY	4		65,00				AGREED V	ALUE	\$ 10 \$ 50			Ded.	 Not in motion In motion
AIRCRAFT LIABI	LITY			⊠		117			5			0,000			EA OCC		\$			EA PE AGGE	
				\boxtimes	INCLU	DING	CREW				100, 5,0			_	EA PASS		\$				
MEDICAL PAYM8		AGE					CREW						•		EA PER		\$	20,00	0	EA O	
CODE		DESCRIP	TION		OPTI	ONS				LIMIT					APPLIES TO)	LIMIT			APP	JES TO
												·									
ESCRIPTION		OPERA) P	EMAI		(ACC)RD 101	hhA	itiona	Remark	s Sch	adu		nay he att	acho	d if more a	inacc	ie rom	ire -	
Certificate Hol	lder is	include	d as ar	ı Ad	dition	al Ins	ured.							<u></u> 11	all	49116		Pace	is iequ	neu	
ERTIFICATE	EHO	LDER								i	CANCELI)N								
Okaloosa (5749A Old Crestview,	Coun Beth	ity Airp nel Roa									SHOULD AN EXPIRATION WITH THE P	IY OF DN D/ POLIC	THE TE Y PR		REOF, NO SIONS.	IBED DTICE	POLICIES B WILL BE	E CAN DELIV	CELLED	BEFO	DRE THE CORDANCE
	1	12.000										REPR	 	>	<u></u>	 ,				_	
ACORD 21	I (201	6/03)	1	"he	ACO	RD r	ame	and logo	are	regis	tered ma	rks o	© f A(2009 COR	9, 2015 A RD	CORI	CORPO	RATIO	DN, All r	ights	s reserved.

ACORD	

DATE (MM/DD/YYYY)

ACC)Ri	D"			(CEF	RLI	FICA	ΤE	OF	AIRC	RA	١FT	INSU	RAN	ICE		C	07/18/2018	
THIS CERT CERTIFICA BELOW. TI REPRESE	ATE D HIS CI NTATI	OES NOT / ERTIFICAT VE OR PRO	AFFI 'E OI ODU	rma F Ins Cer	ATIV SUR ζ AN	(ELY) ANCE (D TH	DRN DO E CE	IEGATIV ES NOT (RTIFICA)	ely Con: Te h	amen Stitu Olde	ND, EXTE ITE A CO IR.	ND C NTR/	NR AL ACT E	TER THE	COVER THE IS	RAGE AFF SUING INS	ORDE	D BY T R(S), Al	HE POI JTHORI	LICIES ZED
IMPORTAN	IT: If t	he certific:	ate h	olde	er is	an Al	DIT	ONAL IN	SUR	ED, th	te policy(ies) n	nusti	have ADDI	ΓΙΟΝΑ	LINSURED	provi	sions c	r be en	dorsed.
this certific	ate do	dis waive	nfer i	right	ts tp		ernis ertieli	s and con sateshalt	or to	ligur	of such e	y, cer ndors	tain seme	policies ma nt(s).	ay requ	iire an ende	orsem	ent. A	stateme	enton
PRODUCER						A. & A	and the	And B	w	NA	NTACT NIE:	•								
Falcon Insui P.O. Box 70		Agency of D	allas	, Inc.				3 0	2015	PH (AV	IONE (C, No, Ext):				FAX (A/C, No);				
Addison, TX		1			ł						AIL ADDRE	3S:			<u> </u>	<i>C</i>				
						BY:	Pu	RCF	ŧ	PR		JSTOM	ERIDN	ka.					···	
INSURED D. Cosgrove	a dha (COSCO Avi	ation	Sen	ice.						1	INSUF	RER(S)	AFFORDING C	OVERA	GE		%	1	AIC No.
										INS	SURER A : U	.S. SF	PECIA	LTY INSUR	ANCE	COMPANY		100%		
COSCO Bu Crestview, F			sLee	e Blv	۲d.						SURER B :									
		00									SURER D :									
1.08	-0	322	-6	7t	2						SURER E :									· · · · · · · · · · · · · · · · · · ·
THIS IS TO C						INSU		FISTED	BELC		SURER F :	SSUE		THE INSURE						00
INDICATED, I	NOTWI	THSTANDIN	IG AN	IY RE	EQUII	REME	NT, TI	ERM OR C	OND	TION (OF ANY CO)NTR/	ACT O	R OTHER DO	DCUME	NT WITH RE	SPECT	TO WH	ICH THIS	3
CERTIFICAT	E MAY SAND	CONDITION		- SU	CH P	POLICI	HE II ES. L	IMITS SHO	E AF! DWN	-orde May F	AVE BEEI	POLI N REC	CIES I DUCEI	DESCRIBED D BY PAID C	HERE	N IS SUBJEC	T TO A	ALL THE	TERMS,	
POLICY IN		ATION									CATE NU		ર	RE	VISIO	N NUMBEI	रः			
		r	CYTY	PE					<u> </u>	r				OF BUSINESS		DE				
INDUSTRIA	ll Ald	PLEA:	SURE	& BUS	۶ L		ОММ	ERCIAL	\boxtimes	AIRPI	LANE		HEL	COPTER		MIXED FLEET		EXCES	8	QUOTA
NON-OWN	IED									LIABI	LITY ONLY	\boxtimes	HULL	& LIABILITY		HULL ONLY				1
AIRCRAF	T INF	ORMATIO	N			ACC	RD	333, Airc	raft	Sched	dule attac	hed				· · · · · · · · · · · · · · · · · · ·	J			·····
YEAR 1967		MAKE BEECH		I				MODEL	T404		·			SERIAL NUME	BER	REGISTRA	TON NU	MBER		
TERRITORY:								95-B55 (1428	9						N5409U				
AIRCRAFT																				
INSURER LETTE	24	POLICY NUN AC30089		3				EFFEC 07/1	8/201		EXPIR 07/	11/20		ADDITIO	NAL INSU Y	JRED? (Y / N)	su	BROGAT	ION WAIM N	ED? (Y / N)
COVERAGE							IONS			LIMIT	I			APPLIES	то	LIMIT			APPLIES	то
AIRCRAFT HULL				<u> </u>				ND FLIGHT	\$		150,0	00		AGREED		\$ 10			Ded N	ot in motion
				-	LL RIS	SK GRO					1.00					- \$ 50)		Ded In	motion
AIRCRAFT LIAB	ILITY			× L	IAD L	117			\$			0,000		EA OCC		\$			EA PER AGGR	
							201104	· · · ·	\$		100,			EA PASS		\$			AGGR	
MEDICAL PAYM	ENTS			~		ding Ci Jding C			5		5,0	00		EA PER		\$	20,00	0	EA OCC	
	COVER	AGE		╧┤╘			IZ													
CODE	r	DESCRIPTION		-	OPTIC					14.4177										
			-	<u> </u>		UNA				LIMIT				APPLIES	10				APPLIES	ТО
															<u> </u>	-				
DESCRIPTIO	N OF	OPERATIO)NS	RE	MAR	RKS (ACO	RD 101	ihhA	tional	Remark	s Sch	edul	e mav he :	attach	ed if more s	inace	le rocu	(irad)	
Certificate Ho														-,				io requ		
CERTIFICAT	E HOI	DER								(c		ATIC								
Okaloosa			<u> </u>											ABOVE DESC		POLICIES B			BEFOR	THE
5749A Old			•							E	EXPIRATION (CONTINUE)	DN DA	ате т	HEREOF, I	отіс	E WILL BE	DELIV	EREDI	N ACCO	RDANCE
Crestview,											VITH THE P							<u> </u>		
										ſ	5									
										k	$\underline{-}$	• 5)	······					
ACORD 2	1 (201	6/03)	Tł	ie A	COF	RD na	me	and logo	are	regis	tered ma	rks c	© 2 of AC	2009, 2015 ORD	ACOF	RD CORPO	RATIC	DN. All i	ights re	eserved.

ACOR	· · · · · · · · · · · · · · · · · · ·							AIRC									07/18/20	
THIS CERTIFIC CERTIFICATE I BELOW, THIS C REPRESENTAT	DOES NOT AF CERTIFICATE	FIRMA OF INSU UCER, J	FIVELY JRANC AND TH	OR N E DOI IE CE	EGATIVI ES NOT (RTIFICA	ely / Con: Te h	amen Stitu Oldei	D, EXTE TE A CO R.	ND O NTRA	R A	BETW	fhe Co Een Th	ie is:	AGE AFF(SUING INS	ORDE	D BY T R(S), Al	'HE P JTHO	OLICIES RIZED
IMPORTANT: If If SUBROGATIC this certificate of	ON IS WAIVED,	subject	t to the	terms	and cor	nditio	ins of f	the polic	v. cer	tain	i nolicie	ADDITIC Is may	requi	ire an endo	provi prsem	sions c ent. A	or be e state:	endorsed. ment on
Falcon Insurance P.O. Box 706	1	1				PH(ter of such endorsement(s). DDNTACT NAME: HONE FAX (VC, No, Ext): (A/C, No):											
Addison, TX, 750							E-MAIL ADDRESS:											
INSURED			<u>BY:.</u>	<u></u>	<u> </u>	<u>t</u>	PRO	DUCER CL				DING CO	/ERAG	E	<u> </u>	%		NAIC No.
D. Cosgrove dba	COSCO Aviatio	on Servic	vice					INSURER(S) AFFORDING COVERAGE								100%		NAIG NO,
COSCO Building		.ee Blvd.	d.				INS	INSURER B ;										
Crestview, FL, 32	539		F					INSURER C :										
LOR-A	L08-0322-AP						INSURER D : INSURER E :										· · · · ·	
THIS IS TO CERTI				PANO					00110		<u>,</u>					IC DC		
INDICATED. NOTV CERTIFICATE MA EXCLUSIONS ANI	VITHSTANDING A Y BE ISSUED OF D CONDITIONS	ANY REG R MAY PE	UIREME ERTAIN.	ENT, TE THE IN	RM OR C	ONDI E AFF DWN	TION O FORDEI MAY H	F ANY CO D BY THE AVE BEEM	NTRA POLIC	CT C CIES	OR OTH	er doc IBED He Aid Cla	UMEN EREIN MMS.	NT WITH RE LIS SUBJEC	SPECT	TO WH	існ ти	110
POLICY INFOR	POLICY	TYPE				CE	RTIFIC	ATE NUI	MBEF		EOFBUS			I NUMBER	रः			
INDUSTRIAL AID							AIRPL							IXED FLEET EXCES		EXCES	SS QUOTA SHARE	
		ACORD 333, Aircraft								LL & LIABI								
AIRCRAFT IN	MAKE		AC		MODEL	rant :	sched	ule attac	hed		SERIAL	NUMBER		REGISTRAT				· · · · · · · · · · · · · · · · · · ·
1964 TERRITORY:	CESSNA				3101									N77MB				
AIRCRAFT COV																		
INSURER LETTER	R -03	EFFECTIVE DA 07/18/2018									ADDITIONAL INSURED? (Y/N) Y			su	SUBROGATION WAIVED? (Y / N) N			
COVERAGE			OPTIONS				LIMIT	<u>I</u>			APPLIES TO				APPLIES TO		ES TO	
AIRCRAFT HULL		23			ND FLIGHT \$		\$ 55,000		0		10	AGREED VALUE		\$			Ded Not in motion	
AL			LL RISK GROUND ONLY					4 808 888				\$						in motion
			LIABILITY \$				1,000,000 100,000					EA OCC \$				EA PER AGGR		
MEDICAL PAYMENTS			CLUDING CREW 5 XCLUDING CREW					5,000			EA	PER		\$ 20,000		EAOCC		
	RAGE																	
CODE	DDE DESCRIPTION OF											APPLIES TO LIMIT			APPLIES TO		ESTO	
DESCRIPTION OF Certificate Holder i	OPERATION	S / REM n Additic	ARKS prai Insi	(ACO ured.	RD 101, .	Addi	tional	Remarks	s Sch	edu	lle, may	/ be att	ache	d if more s	space	is requ	ired)	
CERTIFICATE HO	LDER					······	c	ANCELL	ATIC	N								
Okaloosa County Airport 5749A Old Bethel Road Crestview, FL 32536							SHOULD ANY OF THE AB EXPIRATION DATE TH WITH THE POLICY PROV AUTHORIZED REPRESENTAT				THERE	OF, NO	IBED	POLICIES B WILL BE I	E CAN DELIV	CELLED ERED I	BEFO N ACC	RE THE ORDANCE
	·						<		5		<u>ے ر</u>		-					··········
ACORD 21 (20	16/03)	The AC	ORD n	ame a	Ind logo	are	reaist	ered ma	rks o	© fA0	2009, 2 CORD	1015 A	COR	D CORPO	RATIC	DN. All i	ights	reserved.

The ACORD name and logo are registered marks of ACORD

ACORD [®] CE	DATE (MM/DD/YYYY) 2/9/2018									
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIN BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN IMPORTANT: If the certificate holder is	/ELY OI JRANCE D THE C	R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTEN JTE A C	ID OR ALT ONTRACT	ER THE CO BETWEEN	VERAGE AFFORDED THE ISSUING INSURE	BY THE R(S), AU	POLICIES THORIZED		
If SUBROGATION IS WAIVED, subject t	o the te	erms and conditions of the	he policy	y, certain p	olicies may	require an endorseme	nt. A sta	itement on		
this certificate does not confer rights to PRODUCER Waldorff Insurance & Bonding	RE	CEIVED								
45 Eglin Parkway NE Ste 202	Ι	EB 1 4 2018	PHONE (AIC, No, Ext): 850-581-4925 E-MAIL E-MAIL							
Fort Walton Beach FL 32548	r	_	E-MAIL ADDRESS: receptionist@waldorffinsurance.com INSURER(S) AFFORDING COVERAGE							
	BY:	Purc H	INSUREE	A: Amerisu		NAIC # 23396				
INSURED C	090-01			ав: Amerisu		19488				
Cosco & Associates, Inc. 215 James Lee Blvd., East			INSURE	RC:						
Crestview FL 32539			INSURER							
		INSURER								
COVERAGES CERT	IFICATE	E NUMBER: 924581483	INSURER	(F:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES (INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PI EXCLUSIONS AND CONDITIONS OF SUCH PI	UIREME ERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY DED BY T	CONTRACT HE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPI D HEREIN IS SUBJECT	ECT TO W	VHICH THIS		
	DDL SUBR		(POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS			
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	GL20172681402		1/25/2018	1/25/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000			
	:	} - -	-			MED EXP (Any one person)	\$ 5,000			
	÷					PERSONAL & ADV INJURY	\$ 1,000,00	00		
GEN'L AGGREGATE LIMIT APPLIES PER:		•				GENERAL AGGREGATE	\$ 2,000,00	000		
			i			PRODUCTS - COMP/OP AGG		00		
A AUTOMOBILE LIABILITY		CA20955870302		1/25/2018	1/25/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$			
AUTOS ONLY AUTOS			į	-		BODILY INJURY (Per accident PROPERTY DAMAGE	dent) \$			
AUTOS ONLY AUTOS ONLY		•	ţ			(Per accident)				
A X UMBRELLA LIAB X OCCUR		CU20172671402	<u>+</u>	1/25/2018	1/25/2019	EACH OCCURRENCE	\$ 1,000,00			
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,00			
DED X RETENTION \$ 0							\$			
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		WC201780216		1/25/2018	1/25/2019	X PER OTH- STATUTE ER				
	IA			r		E.L. EACH ACCIDENT	\$ 500,000			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			1		-	E.L. DISEASE - EA EMPLOYE				
B Leased/Rented Equip		CPP20177991502		1/25/2018	1/25/2019	E.L. DISEASE - POLICY LIMIT Limit: \$200.000	\$ 500,000 Ded. \$2,			
								-		
	1		1							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES Dewey Cosgrove is an insured as owner with			le, may be a	ittached if more	i space is require	· _				
Re: Hangars -John Givens Road, Block 3, Lot	•	,	L			L08-032	D-A	9		
Certificate Holder is listed as Additional Insure		•		rtains to Car	aoral Liability	-	• •			
	su, when	requied by written conica	ici, as pe		ierai Liability	-				
CERTIFICATE HOLDER			CANCE							
			UANUE	LLA NON						
Okaloosa County			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE (REOF, NOTICE WILL Y PROVISIONS.				
5749 A Old Bethel Road Crestview FL 32536		ļ	AUTHORIZED REPRESENTATIVE							
GIESIVIEW FL 32330			Da	mont	Have					
			<u> </u>		And the Rest of Concession of Concession of Concession, Name	ORD CORPORATION.	All right			

								CGORMAN
ACORD	EVIDENCE C	OF PRO	PERTYI	NSU	RANCE			e (MM/DD/YYYY) 2/9/2018
THIS EVIDENCE OF PROPERTY ADDITIONAL INTEREST NAMED & COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHORIZED AGENCY (A/C, No, Ex Waldorff Insurance & Bonding Inc.	BELOW. THIS EVIDENCE POLICIES BELOW. TH	E DOES NOT IS EVIDENCE PRODUCER,	AFFIRMATIVE	ELY OR CE DOES ITIONAL	NEGATIVEL'	Y AMEND. EX	TEND OF	
45 Eglin Parkway NE Suite 202 Fort Walton Beach, FL 32548		f	P O Box 33478 Detroit, MI 4823					
FAX (A/C, No):(850) 581-4930 E-MAIL ADDRESS:rec	eptionist@waldorffinsurar SUB CODE:	nce.com						
AGENCY	License # L001729							
INSURED Cosco & Associates, Inc. 215 James Lee Blvd. East	•		LOAN NUMBER			POLICY NU		
Crestview, FL 32539	L					CPP2017	7991502	
			EFFECTIVE DA 1/25/2018		EXPIRATION 1/25/20			UNITIL D IF CHECKED
			THIS REPLACES PR	IOR EVIDEN	CE DATED:		, munitie	D I GREEKED
PROPERTY INFORMATION								······································
LOCATION/DESCRIPTION Loc # 2, Bidg # 1, 5551 John Givens Road	d, Crestview, FL 32539, Air	plane Hangar						
THE POLICIES OF INSURANCE LIST	ED BELOW HAVE BEEN	ISSUED TO	THE INSURED	NAMED	ABOVE FO	R THE POLICY	PERIOD	INDICATED.
NOTWITHSTANDING ANY REQUIREM EVIDENCE OF PROPERTY INSURAN SUBJECT TO ALL THE TERMS, EXCLU	ICE MAY BE ISSUED OR	MAY PERTAIN	L THE INSURAN	NCE AFEC	orded by ti	HE POLICIES D	ESCRIBE	
COVERAGE INFORMATION	PERILS INSURED			SPECIAL				
Loc # 2, Bidg # 1	COVERAGE / PERILS / FO	RMS				AMOUNT OF INSUE	RANCE	DEDUCTIBLE
Building, Special Building, Windstorm						\$2	200,000	1,000 5.0000%
Contents, Special Contents, Windstorm						4	\$40,000	1,000 5.0000%
	•							
REMARKS (Including Special Condit	ions)							
CANCELLATION	······································						<u> </u>	
SHOULD ANY OF THE ABOVE DELIVERED IN ACCORDANCE WITH	DESCRIBED POLICIES THE POLICY PROVISION	BE CANCEL	LED BEFORE	THE EX	PIRATION I	DATE THEREC	F, NOTIO	CE WILL BE
ADDITIONAL INTEREST								
NAME AND ADDRESS			ADDITIONAL INSU MORTGAGEE		LENDER'S LOS Owner	S PAYABLE	LOSS	PAYEE
		LO,	4N #					
Dewey Cosgrove				~	1			
Bob Sikes Airport, John Crestview, FL 32539	Givens		Dann	7 N	the			
ACORD 27 (2016/03)						ORPORATION	l. All right	nts reserved
· · ·	The ACORD name an	d logo are re					- ការអូរ	



DATE (MM/DD/YYYY)

06/22/2017

C																				
THIS CERTIFICAT	ICATE	EISI	SSUED A	SA	MAT	TER	OF IN	FORMAT	TION	ONL	ANDCO	NFE	RS N		JPON T	HE CERT	IFICA	TE HOL	DER. TH	IS
BELOW. TH	IS CEF	RTIFI	CATE OF	F IN:	SURA	ANCE	E DOE	S NOT C	ONS	TITU	TE A CON	NTRA	CTB	ETWEEN T	HEISS	UING INS	UREF	R(S), AL	THORIZ	ZED
REPRESEN	TATIV	EOR	PRODU	CEF	R, ANI	D TH			EHO	DLDE	R. e policy(i	es) m	ust h		IONAL	INSURED	provi	sions o	r be end	forsed
If SUBROGA	TION	IS W	AIVED, s	ubie	ect to	the	terms	and con	ditio	ns of	the policy	y, cert	ain p	olicies may	y requi	e an end	orsem	ent. A	stateme	nt on
this certifica	te doe	s no	t confer i	righ	ts to	the c	ertific	ate hold	er in	Lieu o	of such ei JTACT	ndors	emer	nt(s).						
PRODUCER				à						NA		_			FAX					
Falcon Insura P.O. Box 706		gency	of Dallas	, Inc						(AV	C, No, Ext):				(A/C, No):					
Addison, TX,										E-M	AIL ADDRES	SS:								
			1000							PRO	DDUCER CL									
INSURED	ssociat	es. In	C.									1. 19 Jan 19		AFFORDING CO				%	N	AIC No.
												.S. SP	ECIA	LTY INSURA	ANCE C	OMPANY		100%		
COSCO Build Crestview, FL				ee B	lvd.						SURER B :					and the second				
Orobinow, r i	-, 0200	0 20	•••								SURER D :									
											SURER E :		_		_					
THIS IS TO C	RTIFY	THA		ICIE	-S OF	INSI	RANCE	LISTED	BELC	WHA	SURER F :	SSUE	DTO	THE INSURE		D ABOVE	FOR T	HE POL	CY PERI	DC
INDICATED N	IOTWIT	HSTA	NDING AN	NYR	REQUI	REME	INT. TE	RMORC	ONDI	TION	OF ANY CO	ONTRA	CTO	R OTHER DC	DCUMEN	IT WITH RI	ESPEC	T TO WI	ICH THIS	5
CERTIFICATE	e may e S and (SE ISS	SUED OR I	MAY	JCH P	POLIC	THE IN	SURANC	E AFF	MAY H	AVE BEE	N RED	UCE	DESCRIBED	LAIMS.	12 SOBJE		ALL THE	TERMS,	k.
POLICY INF									CE	RTIFI	CATE NU	MBER	۲:	RE	VISION	NUMBE	R:			
			POLICY TY	YPE								11	LINE	OF BUSINESS		E		T		011071
INDUSTRIAL	AID	\boxtimes	PLEASURE	8 BL	JS		COMME	RCIAL	\boxtimes	AIRP	LANE		HELI	ICOPTER	Ν	IXED FLEET		EXCES	s	QUOTA SHARE
NON-OWNE	ED									LIABI	ILITY ONLY	\boxtimes	HULL	L & LIABILITY		HULL ONLY				
AIRCRAF	TINFO	ORM	ATION			AC			craft	Sche	dule atta	ched	-							
1975	B	EEC						MODEL E-90						SERIAL NUME	BER	REGISTR		UMBER		
TERRITORY:														L	08	-03	55	-A	P	
AIRCRAFT	COVE	RAG	ES																	
INSURER LETTE	R		CY NUMBER 00129465					EFFEC 07/1	TIVE C 1/20		and the second sec	ATION /11/20		ADDITIO	NAL INSU Y	RED? (Y/N)	S	UBROGA	TION WAIV N	ED? (Y / N)
COVERAGE						0	PTIONS			LIMIT				APPLIES	то	LIMIT			APPLIES	то
AIRCRAFT HULL				\boxtimes	ALL RI	ISK GF	ROUND A	ND FLIGHT	5	6	505,0	000		AGREED			50		Ded N	lot in motion
AIRCRAFT HULL	-					2002 A 100 00 00	ROUNDC	DNLY							JVALUE	\$ 2,	500			n motion
AIRCRAFT LIAB				\boxtimes	LIABIL	_ITY			07	6	1,00	00,000)	EA OCC		\$			EA PER	
		-							07	6	100	,000,		EA PASS		\$	_		AGGR	
MEDICAL PAYM	ENTS						CREW GCREW		071	6	5,0	000		EA PER		\$	35,0	00	EA OCC	
	COVER	AGE																		
CODE		DESC	RIPTION		OPT	TIONS				LIMIT				APPLIES	G TO	LIMIT			APPLIE	STO
																_				
	<u> </u>				ĻĹ															
DESCRIPTIO Certificate Ho								RD 101	, Add	lition	al Remar	ks Sc	hedu	ile, may be	attach	ed if more	spac	e is rec	uired)	
Certificate rit	JUELIS	Iniciti	ucu as al	I AC	Julion		suleu.													
CERTIFICAT	EHOL	DEF	2	-							CANCEL	LAT	ON							
Okaloosa C	ounty	Airp	ort						10-225		SHOULD	ANY O	FTHE	ABOVE DES						
Jack Alten	-													THEREOF, ROVISIONS.	NOTIC	E WILL B	E DELI	VERED	IN ACCO	ORDANCE
5749A Old											AUTHORIZE									
Crestview,	FL 32	330									E	7	-	>						
										-	\mathcal{C}	7.5	a. New Plan	2000 000			00.17		1.1.1.1	
ACORD	21 (201	6/03))	The	ACC	ORD	name	and log	o ar	e regi	istered m	narks		2009, 2015 CORD	ACO	KD CORP	URAI	ION. A	i rights i	eserved.



DATE (MM/DD/YYYY) 07/11/2017

	No. of Concession, Name	-																				
CERT BELC REPR	TFICA W. TH RESEN	TE DO IS CEI TATIV	ES N RTIF E OF	IOT AFF	IRM F IN JCEI	IATIN ISUR R, Aľ	VELY (RANCE ND TH	OR N DOI E CE	EGATIVI ES NOT (RTIFICA	ely Con Te h	amei Stitl Olde	ND, EXTE JTE A CO ER.	ND C NTR/	AC	ALTE	R THE C TWEEN 1	COVE	RAGE AF SSUING IN	Forde	ED BY TI R(S), AU	DER. THIS HE POLICIES THORIZED	
If SUE	BROGA	TION	IS W	AIVED, s	subj	ect t	o the t	erms	and cor	nditio	ons of lieu	the polic of such e	y, cei	rta	ain pol	licies ma	IONA y requ	L INSURE uire an en	D prov dorsem	isions o nent. A s	r be endorsed. statement on	
PRODU	CER											NTACT										
1		8	genc	of Dallas	s, Inc).					P	HONE VC, No, Ext):					FAX (A/C, No					
AL 102	30x 706 2n, TX,											MAIL ADDRES	ee.				(10, 10	<i>.</i>				
7 40 40 40	511, 173,	10001																				_
INSURE												ODUCER C	WARTS ALL YO	7.54	ABARYNCE I'I	ORDING C	OVERA	GE		%	NAIC No.	
COSC	CO Avia	ation Se	ervice	es, LLC							IN	SURER A: U				and the second second	ste excitate vide			100%	10110110.	
COSC	CO Buil	ding, 2'	15 E.	James Lo	ee B	lvd.						SURER B :								100 /4		
Crestv	view, FL	, 3253	9								IN	SURER C :										
												SURER D :		_								
											10000	SURER E :		-								
THIS IS	S TO CE	RTIFY	THA	T THE PO	LICIE	S OF	= INSUF	RANC	E LISTED	BELO	OW HA	VE BEEN I	SSUE	Ð	TO TH	E INSURE	DNAM	ED ABOV	E FOR T	HE POLIC	Y PERIOD	
CERTI	ATED. N	OTWIT MAY B	HST/	ANDING AI	NY R MAY	EQU PFR	TAIN 7	NT, TE Che in	ERM OR C		ITION FORDI	OF ANY CO ED BY THE		AC	TOR C	OTHER DC		NT WITH F	ESPEC		CH THIS	
EXCLU	JSIONS	AND C	ONE	ITIONS O	FSL	JCH	POLICI	ES. L	IMITS SHO	NWC	MAY I	HAVE BEE	N RED	DU	ICED B	Y PAID CI	LAIMS				TERMO,	
POLIC	CY INF	ORMA	TIO		(9)					CE	RTIF	CATE NU	MBE			RE' BUSINESS		N NUMB	ER:			
				POLICY TY	1.000.000								1	i T					1			
	USTRIAL	-		PLEASURE	E&BU	s		COMMI	ERCIAL			LANE		1	HELICO	PTER	25-16	MIXED FLEE		EXCESS	QUOTA SHARE	
NO	N-OWNE	D									LIAB	ILITY ONLY	\boxtimes	3	HULL & L	IABILITY		HULL ONLY				
AIR	CRAF	t info	RM	ATION			ACC	ORD	333, Airc	raft	Sche	dule attac	ched									
YEAF			MAKE						MODEL 95-B55 (T42	4)	9			SE	RIAL NUMB	ER	REGISTE N5409	ATION NU	JMBER		
TERRITO	Y								00 200 (,					10	8-	032		P		_
AIRCE	RAFT	COVE	RAG	ES													9	0 0 0	~			
INSUREF	RLETTER	- U		Y NUMBER					EFFEC 07/1				ATION 11/20			ADDITION	IAL INS Y	URED? (Y / N	S	JBROGATI	ON WAIVED? (Y / N) N	
COVERA	GE						OP	TIONS			LIMIT					APPLIES	го	LIMIT	-		APPLIES TO	
						ALL R	ISK GRC		ND FLIGHT	9	;	150,0	00						00		Ded Not in motio	on
AIRCRAF	-T HULL					ALL RI	ISK GRO	UND C	ONLY							AGREED	VALU	⁼ \$5	00		Ded In motion	
		200				LIABIL	_ITY			\$;	1,00	0,000)		EA OCC		\$			EA PER	
AIRCRA	FTLIABI	_ITY								9		100,	000		-	EA PASS		¢			AGGR	
MEDICAL	L PAYME	NTS		-			JDING C			\$		5,0	00			EA PER		\$	20,00	00	EA OCC	
		OVERA	GE							-								-	0.65		W2000-000-000-000-000-000-000-000-000-00	
COD		and sectors	0.771/24	IPTION		007																
	-		2001		-		IONS				LIMIT			-		APPLIES 1	10	LIMIT			APPLIES TO	_
					F	_												-		-		
DESCR	IPTION	OF O	PER	ATIONS	/R	EMA	RKS	ACO	RD 101.	Add	itiona	l Remark	s Sch	he	dule. I	mav be a	ttach	ed if more	space	is requ	red)	
				led as an																	,	
CERTIF	ICATE	HOLI	DER									CANCELI										
Okaloo 5749A Crestv	Old B	ethe R	load								E N	SHOULD AN EXPIRATION WITH THE IN AUTHORIZED		AT Y	PROVI	EREOF, N SIONS.) POLICIES E WILL BI	BE CAN DELIV	ICELLED	BEFORE THE I ACCORDANCE	
												<u> </u>	3	- 124- -	© 200	9 2015	ACO		ORATI		ights reserved.	
ACC	DRD 21	(2016	/03)	т	he /	ACO	RD na	ame a	and logo	are	regis	stered ma	nrks d	of	ACOF	RD	1001			on, All f	ignia reserved.	ł



DATE (MM/DD/YYYY)

06/22/2017

				_									30.00350						
THIS CERTIFICATE CERTIFICATE DO BELOW. THIS CE REPRESENTATIV	DES N	OT AFFI	IRMA F INS		ELY O	R NEGATIN	VELY /	AMEN STITU	D, EXTEN	DO	RAL	TER THE C	OVE	RAGE AFFC	RDE	DBY	THE	POL	ICIES
IMPORTANT: If the If SUBROGATION this certificate do	IS W.	AIVED, s	ubje	ct to	the te	rms and co	onditio	ns of	the policy	, cer	tain	policies may							
								CON	ITACT			1-1						1	
PRODUCER Falcon Insurance A	dency	of Dallas	Inc					NAM	ONE			F	AX						
P.O. Box 706	geney	or Duido	, 1110.						C, No, Ext):		-	(A/C, No	p):	_		-		
Addison, TX, 7500	1							E-M	AIL ADDRES	S:									
								PRO	DUCER CL	STOM		Jn.							
INSURED				-						100000000000000000000000000000000000000		AFFORDING CO	OVERA	GE		%		N	AIC No.
COSCO & Associa	ates, In	C.						INS		S SE	FCIA	ALTY INSURA	NCE	COMPANY	-	100%		-	
COSCO Building, 2	215 E	lamoe I a		d					SURER B :	0. 01	2011		ator	001111111		100 /6			
Crestview, FL, 325				vu.					SURER C :										
								1022	SURER D :										
								INS	SURER E :										
								INS	SURER F :										
THIS IS TO CERTIF INDICATED. NOTWI CERTIFICATE MAY EXCLUSIONS AND	THSTA BE ISS	NDING AN	NY RE	PERT	REMEN	T, TERM OR HE INSURAN	CONDI	ITION (OF ANY CO	NTR/	CIES	DR OTHER DO DESCRIBED	HERE	ENT WITH RE	SPEC	TTOW	HICH	THIS	
POLICY INFORM	ATIO	N			0		CE	RTIFIC	CATE NUI	NBE				N NUMBER	R :				
		POLICY TY	YPE								LINE	OF BUSINESS	SUBCC	DE					
INDUSTRIAL AID		PLEASURE	E& BUS	3		OMMERCIAL		AIRPI	LANE		HEL	ICOPTER		MIXED FLEET		EXCE	SS		QUOTA SHARE
NON-OWNED									LITY ONLY		HUL	L & LIABILITY		HULL ONLY					
AIRCRAFT INF					ACO	RD 333, Ai	and the second second	Schee	dule attac	hed	_								
YEAR 1967	BEECI					MODEL KING	AIR 90					SERIAL NUMB	ER	REGISTRAT		JMBER			
TERRITORY:												Ĺ	0	8-032	22	-A	P		
AIRCRAFT COVE	RAG	ES																	
INSURER LETTER	10000	YNUMBER	2	Co di st		EFFE	ECTIVE	DATE	EXPIR	TION	DATE	ADDITION	VAL INS	URED? (Y/N)	S	UBROG	ATION	WAIVE	ED? (Y/N)
	GA0	0129465	-16			07	7/11/20	17	07/	11/20	18		Y					N	
COVERAGE						IONS		LIMIT				APPLIES	ТО	LIMIT			AF	PLIES	ТО
AIRCRAFT HULL						JND AND FLIG JND ONLY	нт 9	5	240,0	00		AGREED	VALU	\$ 25 \$ 2,50					ot in motion motion
				LIABILI	ITY		9	5	1,00	0.000)	EA OCC		\$			EA	PER	
AIRCRAFT LIABILITY		ŀ										EA PASS					AG	GR	
				NCLU	DING CF	0514/		Þ	100,			CATAGO		\$			10.5		
MEDICAL PAYMENTS		-			JDING C		97 -	Þ	5,0	00		EA PER		\$	35,0	00	EA	000	
COVER	RAGE																		
CODE	DESCR	RIPTION		OPTI	ONS			LIMIT				APPLIES	ТО	LIMIT			AF	PLIES	ТО
				-										-			H		
DESCRIPTION OF Certificate Holder is							1, Add	litiona	al Remark	s Sc	hedu	ile, may be a	attacl	ned if more	space	e is re	quire	ed)	
Certificate Holder is	sinciu	ded as ar	n Add	lition	ai insu	red.													
CERTIFICATE HO	LDER	l.							CANCEL	LATI	ON								
Okaloosa County Jack Allen 5749A Old Bethe		ort							EXPIRATI WITH THE		ATE	ABOVE DES THEREOF, ROVISIONS.							
Crestview, FL 32	2536							ŕ	AUTHORIZE	REP	RESE	NTATIVE					-75		
									tin	.5		Jean	<u> </u>						
											-	2009. 2015	ACC	RD CORPC	RAT	ION /	Ilria	hte r	served

ACORD 21 (2016/03)



DATE (MM/DD/YYYY) 07/11/2017

BELOW. TH REPRESEN	TE DOES I IS CERTIF TATIVE OF	NOT AFF	IRN F IN ICE	ATIN SUR R, Al	VELY O RANCE ND THE	R NE	GATIVE S NOT C TIFICAT	LY AI ONST E HO	MEN TITU LDE	ID, EXTE TE A CC R.		AC	ALTE T BE1	R THE C	OVER THE IS	AGE AFF SUING IN	ORDE	ED BY T R(S), AL	HE POLICIES ITHORIZED	
IMPORTANT If SUBROGA this certifica	ATION IS W	VAIVED, s	ubj	ject t	to the te	rms a	and cond	lition	s of ieu o	the polic of such e	cy, cei	rtai	in pol	icies ma	IONAL y requ	INSURE) prov orsem	isions o ient. A	r be endorsed. statement on	
PRODUCER									CON	NTACT ME:										
Falcon Insura P.O. Box 706		y of Dallas	s, Ind	С.					PH (A/	IONE C, No, Ext):					FAX (A/C, No)	:				
Addison, TX,									E-M	IAIL ADDRE	SS:									
									PRC	DDUCER C	USTOM	/IER I	ID No.							
INSURED COSCO Avia	tion Service	es, LLC)						INSUF	RER	(S) AFF	ORDING C	OVERAG	θE		%	NAIC No.	
		lannaal		اس ال							J.S. SF	PEC	CIALT	Y INSURA	ANCE C	COMPANY		100%		
COSCO Build Crestview, FL		. James Le	æc	Siva.					104.3.50	SURER B :								-		-
									1000.000	SURER D :										
								+	DUAR/S	SURERE:		_								
THIS IS TO CE INDICATED. N CERTIFICATE EXCLUSIONS	OTWITHST/ MAY BE IS AND CONE	ANDING AN SUED OR I DITIONS O	VY F MAY	requ Y per	IREMEN	T, TEF	RM OR CC	NDITI AFFO WN M	V HAN ON C ORDE AY H	VE BEEN OF ANY CO D BY THE IAVE BEE	ONTRA E POLI EN REE		FOR C	other DC Scribed Y Paid C	OCUMEI HEREIN LAIMS.	NT WITH RE NIS SUBJE	ESPECT CT TO /	TO WH	ICH THIS	
POLICY INF	ORMATIO	POLICY TY	(DC					CER	TIFIC	CATE NU	MBE			RE' BUSINESS			R:			
INDUSTRIAL	AID 🛛	PLEASURE	0.031			OMMER		57	AIRPL			Ť					1		QUOTA	-
NON-OWNE		FLEASURE	α DL	,s [~					LANE		6	ELICOF	IABILITY		MIXED FLEET		EXCESS	SHARE	
AIRCRAF					1	22 00	22 Airor		ahad	lule atta		<u> </u>								-
YEAR	MAK				Aco		10DEL		uneu	uie alla	cneu		SE	RIAL NUMBI	ER	REGISTRA	TION NU	MBER		
1975	PIPER	2				P	PA-28-18	1								N8037				
TERRITORY:														LO	8-1	0323	2-6	P		
AIRCRAFT (
INSURER LETTER	100 Contests	CY NUMBER 8008936-0					EFFECTI 07/11			1115-11-11-11-11-11-11-11-11-11-11-11-11	ATION / /11/20		ΓE	ADDITION	IAL INSU Y	RED? (Y / N)	SL	IBROGATI	ON WAIVED? (Y / N) N	
COVERAGE					OPTI	5868207C			міт					APPLIES	го	LIMIT			APPLIES TO	
AIRCRAFT HULL					ISK GROU			\$		65,0	00			AGREED		\$ 10			Ded Not in motion	1
				LIABIL	ISK GROU	ND ON	LY	¢	_	1 00	0 000			EA OCC		\$ 50	0		Ded In motion	_
AIRCRAFT LIABIL	JTY							9		8	0,000	J		EAPASS		Þ			EA PER AGGR	
				INCLU	JDING CRI	W		Ф \$		5,0	,000			EA FASS		\$				
MEDICAL PAYME				EXCL	UDING CF	EW		-		5,0		_	_	EA PER		\$	20,00	0	EA OCC	
CODE	OVERAGE	RIPTION	-	127273																
CODE	DESCR				IONS			LIN	MIT					APPLIES 1	Ю	LIMIT			APPLIES TO	_
DESCRIPTION	I OF OPEF	RATIONS	/ R	EMA	RKS (/	COR	D 101, A	dditio	onal	Remark	s Sch	ned	lule, r	nay be a	ttache	d if more	space	is requ	ired)	
Certificate Hol	der is inclu	ded as an	Ad	dition	al Insur	ed.														
CERTIFICATE	HOLDER	l.								ANCEL										_
Okaloosa Co 5749A Old Bo Crestview, Fl	ethe Road								E	HOULD A XPIRATI /ITH THE UTHORIZE	ON DA	ATE Y P	E THE	REOF, N	RIBED OTICE	POLICIES E WILL BE	BE CAN	CELLED ERED IN	BEFORE THE NACCORDANCE	
ACORD 21	(2016/03)	т	he	ACO	RD nav	ne ar		are re		tered ma	· y	of /) © 200	9, 2015	ACOR	D CORPO	RATIC	DN. All r	ights reserved.	

ered marks of ACORD



DATE (MM/DD/YYYY)

07/11/2017

THIS CER CERTIFIC BELOW.	CATE DO	DES I	NOT AFF	firi Df I	MATIN	VELY OR RANCE D	NEGATIV	CON		ND, EXTE	ND C	RALT	ER THE	COVER	AGE AFF	ORDE	DBYT	HE POLIC	IES
IMPORTA If SUBRO this certifi	NT: If t	he ce I IS W	rtificate AIVED,	hol sub	der is pject t	an ADD	TIONAL IN	SUR	ED, th ns of lieu	ne policy the polic of such e	v. ce	tain po	olicies ma	FIONAL ay requ	INSUREE) provi lorsem	sions c ent. A	or be endo statement	rsed. on
PRODUCER										NTACT ME:									
Falcon Insi	urance A	genc	y of Dalla	is, Ir	IC.				PH	IONE				FAX					
P.O. Box 7 Addison. T										/C, No, Ext):	11.00.001			(A/C, No)	:	1			
Addison, T	7,7500	I							E-N	AIL ADDRE	SS:								
INSURED					_				PR	ODUCER C					R 10-1		1.4	-	
COSCO A	viation S	ervice	es, LLC							12	11101010	and the second second	FORDING C	a share which is subject	1999		%	NAI	C No.
COCCOR). ilelimen C		lesson 1						-		.S. SI	PECIAL	TY INSUR	ANCE C	COMPANY		100%		
COSCO B Crestview,			James L	_ee	Biva.				-	SURER B : SURER C :								-	
	,									SURER D :									
									IN	SURER E :									
THO 10 TO		<								SURER F :									
THIS IS TO INDICATED CERTIFICA EXCLUSIOI	TE MAY	THST/ BE ISS	ANDING A	MA	REQU Y PER	REMENT,	TERM OR (CONDI		OF ANY CO		ACT OR	OTHER DO		NT WITH RE	SPECT	TOWH	CH THIS	i i
POLICY IN	NFORM	ATIO	N			- CLICILO				CATE NU						R:			
			POLICY T	YPE								LINE O	F BUSINESS	SUBCOD	E				
	RIAL AID		PLEASUR	E&B	ius		IMERCIAL		AIRP	LANE		HELICO	OPTER		MIXED FLEET		EXCESS		UOTA HARE
NON-OW						Turre				LITY ONLY		HULL &	LIABILITY		HULL ONLY				
AIRCRA	AFTINF	000000000000000000000000000000000000000	0.4.6.4.7526.55			ACOR	D 333, Air	craft \$	Schee	dule atta	ched								
YEAR 1976	E	MAKE					MODEL V35B					s	ERIAL NUMB	BER	REGISTRA N9135S		MBER		
TERRITORY:													40	8-0	322	- A	P		
AIRCRAF	T COVE	RAG	ES																
INSURER LET	TER		Y NUMBER 008936-1					TIVE D/ 11/201			ATION 11/20		ADDITION	VAL INSU Y	RED? (Y / N)	SU	BROGAT	ON WAIVED? N	? (Y / N)
COVERAGE						OPTIO	VS	I	LIMIT				APPLIES	то	LIMIT			APPLIES TO)
					ALL R	SK GROUN	O AND FLIGHT	г \$		100,0	00				\$		-	Ded Not i	~
AIRCRAFT HU	JLL.				ALL RI	ISK GROUNI	ONLY						AGREED	VALUE	\$			Ded In m	otion
					LIABIL	_ITY		\$		1,00	0,000		EA OCC		\$			EA PER	
AIRCRAFT LIA	ABILITY							\$		100,	000		EA PASS		\$			AGGR	
MEDICAL PAY	MENTS					JDING CREV UDING CRE		\$		5,0	00		EA PER		\$	20,000	C	EA OCC	
	COVER	AGE																	
CODE		DESCF	IPTION		OPT	IONS		1					APPLIES	то	LIMIT			APPLIES TO	
	1														1				
DESCRIPTIO	ON OF C	OPER	ATIONS	S/R	EMA	RKS (AC	ORD 101	Addi	tiona	Remark	s Sch	edule	may be a	ottacho	d if more	enaco	ie roqu	irod)	
Certificate H	lolder is	includ	led as ar	n Ac	dition	al Insured	1.	, uu		rtemark		icuaic,	indy be t			space	is requ	ireu)	
CERTIFICA	TE HOL	DER							C	CANCEL		DN							
Okaloosa 5749A Old Crestview,	Bethe I	Road							E	HOULD AN XPIRATION WITH THE IN WITHORIZED	POLIC	Y PROV	EREOF, N VISIONS.	CRIBED	POLICIES B WILL BE	BE CANO	ERED II	BEFORE T	HE ANCE
					o contrato.					in	. 5	\sum	6-c						
												© 20	09, 2015	ACOR	D CORPO	RATIC	N. All r	iahts rese	rved.

ACORD 21 (2016/03)

AMENDMENT ONE TO HANGAR LEASE L08-0322-AP DEWEY COSGROVE HANGAR LEASE AT THE BOB SIKESAIRPORT

This First Amendment made and entered into this <u>J</u> day of <u>Hucle</u>, 2017, hereby approves this First Amendment for lease L08-0322-AP by Dewey Cosgrove ("Lessee"), and Okaloosa County, Florida through its Board of County Commissioners (hereinafter the "County").

WITNESSETH:

WHEREAS, on January 7, 2003, Lessee entered into an Assignment Lease Agreement, L08-0322-AP with the County for Hanger Space at the Bob Sikes Airport, which was subsequently renewed on December 5, 2014, with a current expiration date of January 1, 2035 (hereinafter the "Lease"); and

WHEREAS, the new language for storage of items in the hangar was approved by the Board of County Commissioners in open session on November 15, 2016; and

WHEREAS, Section 10 of the Lease, titled "Care of Leased Premises" will be changed to correspond to the new language which was approved by the Board.

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the executing parties consent to and agree as follows:

1. Section 10 titled "Care of Leased Premises" of L08-0322-AP is hereby replaced in its entirety with the following provision:

Lessee shall keep said hangar and premises neat, clean, and orderly at all times. Hangars located on airport property shall be used for aeronautical purposes. Lessee is permitted to store non-aeronautical items in the hangars provided the items do not interfere with the aeronautical use of the hangar and or impede the movement or access of the aircraft or other aeronautical contents of the hangar. All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

2. All other provisions of the Lease Agreement shall remain in full force and effect through the duration of the Lease term.

(The remainder of this page intentionally left blank)

Page 1 of 3 L08-0322-AP **IN WITNESS WHEREOF**, the parties hereto have executed this amendment as of the day and year first written.

OKALOOSA COUNTY, FLORIDA

NTY COMM SEAL BOA Carolyn N rman Date: 22 OSA COU

ATTEST:

eacock II. Cler



LESSEE

Dewey Cosgrove Date: <u>2-20-201</u>

ATTEST: U Witness 4

Witness

ACKNOWLEDGMENTS

STATE OF Florida COUNTY OF DRALDOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared DEWEY COSGROVE who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this dO day of d, 2017, AD. WINNINGE un unes Motary Mort Ary PUBLY he 5, My Commission Expires:



BOARD OF COUNTY COMMISSIONERS AGENDA REQUEST

DATE:	March 21, 2017
TO:	Honorable Chairman and Members of the Board
FROM:	Tracy Stage
SUBJECT:	Dewey Cosgrove Hangar Lease Amendment One
DEPARTMENT:	Airport
BCC DISTRICT:	1

STATEMENT OF ISSUE: The Airports Department requests approval by the Board of County Commissioners for Dewey Cosgrove's Hangar Lease Amendment One for Block 3 Lot 1 at the Bob Sikes Airport (#L08-0322-AP).

BACKGROUND: On January 7, 2003, Mr. Cosgrove entered into Lease Agreement for Hangar Space at the Bob Sikes Airport; and, on December 5, 2015, Mr. Cosgrove exercised his option to renew the lease for an additional twenty years. On November 15, 2016, the Board approved new language for the storage of items in the lessees hangars. Mr. Cosgrove requests this new Care of Premises language be added to his lease. Mr. Cosgrove's certificates of insurance are attached along with the contract and lease internal coordination sheet.

OPTIONS: Approve, Reject or Table.

RECOMMENDATIONS: It is Staff's recommendation that the Board approve Dewey Cosgrove's Hangar Lease Amendment One for Block 3 Lot 1 at the Bob Sikes Airport.

3/14/2017 ort Director

RECOMMENDED BY:

John Hofstad, County Administrator 3/14/2017

APPROVED BY:

John Hofstad, County Administrator

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number:	<u>Тгаскіng Number: 2119-17</u>
Contractor/Lessee Name: Dewey	Casgrove Grant Funded: YESNO_X
Purpose: Armant ore to the	
	,
Date/Term: 1-1-35	1. 🗌 GREATER THAN \$50,000
Amount: 95,000 analy plis	2. GREATER THAN \$25,000
Department:	3. 🔲 \$25,000 OR LESS
Dept. Monitor Name:	И
Document has been reviewed and inc	
	Purchasing Review
Procurement requirements are met:	
1 71	Date: 12-12-04
Purchasing Director or designee Zo	Date: <u>///2./2016</u> an Fedorak, Charles Powell, DeRita Mason
Risk	Management Review
Approved as written. Well ripd	ated_COI
Laurag. Souto	Date: 11/21/10
Risk Manager & designee Lc	iura Porter or Krystal King / ,
Co	unty Attorney Review See emil Zuket 11/22/2016
Approved as written:	Come "1 02/2016
	Date:
County Attorney Gregory 1	: Stewart, Lynn Hoshihara, Kerry Parsons or Designee
Following	Okaloosa County approval:
	Contract & Grant
Document has been received:	
	Date:
Contracts & Grants Manager	

Charles Powell

From:	Parsons, Kerry <kparsons@ngn-tally.com></kparsons@ngn-tally.com>
Sent:	Tuesday, November 22, 2016 3:51 PM
То:	Dave Miner
Cc:	Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara
Subject:	RE: Hangar Amendments L08-0322-AP

The First Amendment to LO8-0322-AP, Dewey Cosgrove Hangar lease is approved for legal sufficiency.

1

From: Dave Miner [mailto:dminer@co.okaloosa.fl.us]
Sent: Tuesday, November 22, 2016 4:31 PM
To: Parsons, Kerry
Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara
Subject: RE: Hangar Amendments

Ms. Parsons:

Corrections accepted and made.

Dave

From: Parsons, Kerry [mailto:KParsons@ngn-tally.com] Sent: Tuesday, November 22, 2016 2:36 PM To: Dave Miner Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara Subject: RE: Hangar Amendments

Hey Dave:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2017

,

.

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER,	TIVEL	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE POLICIES
IMPORTANT: If the certificate holde the terms and conditions of the polic certificate holder in lieu of such endo	y, cer	tain p	olicles may require an e					
PRODUCER				CONTAC	Danny I	lare	<u> </u>	
Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202				PHONE	Ext): 850-58	31-4925	FAX (A/G, No);	850-581-4930
Fort Walton Beach FL 32548				E-MAIL	ss reception	ist@waldor	finsurance.com	
			•		INS	URER(S) AFFOR	DING COVERAGE	NAIC #
				INSURE	RA:Amerisu	re Mutual		23396
INSURED	COS	C-01		INSURE	R8:	· · · · · · · · · · · · · · · · · · ·		
Cosco & Associates, Inc. 215 James Lee Blvd., East				INSURE	RC:		······································	
Crestview FL 32539				INSURE	RD:			
				INSURE	RE:	·· ·· ·· ·	······································	
				INSURE	RF:			
COVERAGES CE THIS IS TO CERTIFY THAT THE POLICIE	RTIFI		ENUMBER: 610996480				REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY I	REQUI	REME	NT ₁ TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO WHICH THIS I
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC								DALL THE TERMS,
INSR TYPE OF INSURANCE	ADDI	SUBR	······	DELIVI	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limit	
A X COMMERCIAL GENERAL LIABILITY		WVD	GL20172681302		<u>(MM/DD/YYYY)</u> 1/25/2017	(MM/DD/YYYY) 1/25/2018	EACH OCCURRENCE	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea goourrance)	\$1,000,000 \$100,000
	}	ĺ				-	MED EXP (Any one person)	\$5,000
······································	-						PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	1	1					GENERAL AGGREGATE	\$2,000,000
POLICY X PRO-	1	{			 		PRODUCTS - COMP/OP AGG	
OTHER:							THOUGHT COMPLET ADD	\$
A AUTOMOBILE LIABILITY	-	1	CA20965870202		1/25/2017	1/25/2018	COMBINED SINGLE LIMIT	\$1,000,000
ANY AUTO	ł			i			BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$
X HIRED AUTOS X AUTOS	1						PROPERTY DAMAGE (Per accident)	\$
		1						\$
A X UMBRELLA LIAB X OCCUR	Τ		CU20172671302		1/25/2017	1/25/2018	EACH OCCURRENCE	\$1,000,000
EXCESS LIAB CLAIMS-MAD	E						AGGREGATE	\$1,000,000
DED X RETENTION \$0-	<u> </u>	ļ	[\$
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/			WC201780215		1/25/2017	1/25/2018	X PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	Ń/A	ł					E.L. EACH ACCIDENT	\$500,000
(Mandatory in NH)	-	ł					E.L. DISEASE - EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	
A Leased/Rented Equip			CPP20177991402		1/25/2017	1/25/2018	Limit: \$50,000	Ded. \$2,500
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH		1	401 Additional Barrata Data	to ment	a stignhad it a			
Description of operations / Locations / Veh Dewey Cosgrove is an insured as ov						is space is redui	iou)	
, c			-	-		• •		
Re: Hangars -John Givens Road, Bl	ock 3,	Lot :	I, Crestview Airport, Cre	estview	i, FL			
Certificate Holder is listed as Additio	nal In	sured	I. when required by writ	ten cor	ntract, as pe	rtains to Ge	neral Liability.	
			,					
CERTIFICATE HOLDER				GAN	ELLATION			·
			·····		<u>/</u>			
Okaloosa County 5749 A Old Bethel Road Crestview FL 32536				THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.	
				AITTHO	RIZEO REPRESE			··
					1	1		
					anns	Har	<u> </u>	-
<u></u>				I	© 19	88-2014 AC	ORD CORPORATION.	All rights reserved.

A	co	RD	CE	R1	FIF		E OF	= Al	RC	R/	AFT IN	SUF	RANCE			1	ate (MMCDyyyy) 1/25/2016
CE BE RE	RTIFICAT	E DOES S CERTI ATIVE C	NOT AFF FICATE C	irm F In JCE	IATIVI ISUR/ R, AN	ELY OR NE ANCE DOE D THE CEF	EGATIV S NOT KTIFICA	CONS	IMEN	D, EX TEA (R	CONTRACTE	TER T SETWE	HE COVERA EN THE ISS	(GE AFI L'ING IN	FORDE	ED BY 11 R(S), AU	HE POLICIES ITHORIZED
the	PORTANT terms and rtificate ho	d conditi	ions of the	a pol	licy, c	ertain polk	onal Ios ma	insur y requ	lire an	ı əndo	plicy(les) mul prsement. A s	st be e tateme	ndorsød. Ir s int on this ce	rificate	GATIC does	not confi	AIVED, subject to er rights to the
PRC	DUCER								CON	MACT							
Fa	Icon Insurer	nce Agen	cy of Dalla	s, ind	2				PH	ONE C. No. E	541		FAX (A/C, No):				
), Box 706 dison, TX, 7	750011	·							AIL AD					·		
1.00	0.000 (j. 135.) A										R CUSTOMERION						
	URED			****									ING COVERAGE		<u> </u>	%	NAIC No
CC	9900 Aviat	ion Servi	ces, LLC						INS	SURER	A U.S. SPECI	ALTY IN	SURANCE CO	MPANY	-	100%	
	SCO Build		E. James 1	.ce E	štvd.					URER	The second s						
Cre	estview, FL,	, 32539								SURER							
									and the second s	SURER	in some state of the state of t	······			{		
										SURER							····
(NE	CATED, N	DTWITHS	TANDING A	NY F MAY	REQUI	REMENT, TE TAIN, THE IN	RM OR SURAN MITS SI	CONDI CE AFF IOWN I	TION O ORDE	of any Id by Iave e	EN ISSUED TO Y CONTRACT C THE POLICIES BEEN REDUCE	DR OTH	ER DOCUMEN IBED HEREIN	t with F	ESPEC	CT TO WH	ICH THIS
PC	DLICY INFO						CE	RTIFIC	ATE	NUM	BER:		REVISION	NUMB	ER:		
	NOUSTRIAL		POLICY TYPE			COMMERCIAL		AIRPU	ANE		HELICOPTER	:55 50ac	MOVED FLEET	<u>.</u>	EXCES	<u>e 1-</u>	
	AD		BUS	•		COMMERCIAL		MIRPO	PU 16		ACLICOPTER	1			EXCES	·>	QUOTA SHARE
	NON-OWNE			• 				LIABILI ONLY	ΠY 		HULL & LIABILITY		HULLONLY		<u></u>		
4	AIRCRAFT	INFOR	MATION			ACORD		rcraft (Sche	dule a	ittached						
	year 1967	BEE	KE CH				MODEL 95-855	i (T42A	•			SERIAL	NUMBER	REGISTI N5409		NUMBER	
TB	RITORY:																
All	RCRAFT	OVERA	GES														
INS	URERLETTER		LICY NUMBE														
CO			:3008936	01				CTIVE D /11/201		Ē	XPIRATION DATE 07/11/2017	A	OTTONAL INSU	ED7 (Y7N		SUBROGAT	N N
	VERAGE		23008936	-01 		OPTIONS	07	/11/201		Ē				ED? (Y7N		SUBROGAT	
AR	VERAGE CRAFT HULL	A(5	1	OPTIONS SK GROUND A SK GROUND C	07	/11/201	16 LIMIT			AF	Y	LIMIT \$	100	SUBROGAT	N
<u> </u>	CRAFT HULL	 _	23008936		1	SK GROUND A	07	/11/201	16 LIMIT	1	07/11/2017	AF	Y	LIMIT \$	100	SUBROGAT	N Ded Not in motion Ded In motion EA PER
<u> </u>		 _	3008936		ALL RI	SK GROUND A SK GROUND C ITY	07	/11/201 IT \$			07/11/2017 50,000 1,000,000 100,000	AF AG	Y PLIES TO REED VALUE	limit S	100	SUBROGAT	N APPLIES TO Ded Not in motion Ded In motion
AIR	CRAFT HULL CRAFT LIABI DICAL PAYME	YTL BTN			ALL RI	SK GROUND A	07	/11/201 1T §			07/11/2017 50,000 1,000,000	AF AG EA	Y PLIES TO REED VALUE	limit S	100 500	SUBROGAT	N Ded Not in motion Ded In motion EA PER
AIR	CRAFT HULL CRAFT LIABI DICAL PAYME	JTY NTS COVERAGE			ALL RI	SK GROUND A SK GROUND (IT Y JDING CREW	07	/11/201 IT \$			07/11/2017 50,000 1,000,000 100,000	AF AG EA	Y PLIES TO REED VALUE OCC PASS	LIMIT \$ \$ \$ \$	100 500		N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR
AIR	CRAFT HULL CRAFT LIABI DICAL PAYME	JTY NTS COVERAGE			ALL RI LIABIL INCLU EXCL	SK GROUND A SK GROUND (IT Y JDING CREW	07	/11/201			07/11/2017 50,000 1,000,000 100,000	AF AG EA EA	Y PLIES TO REED VALUE OCC PASS	LIMIT \$ \$ \$ \$	100 500		N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR
AIR	CRAFT HULL CRAFT LIABI DICAL PAYME	JTY NTS COVERAGE			ALL RI LIABIL INCLU EXCL	sk ground a sk ground c it y jding crew uding crew	07	/11/201			07/11/2017 50,000 1,000,000 100,000	AF AG EA EA	Y PLIES TO REED VALUE TOCC PASS PER	LIMIT \$ \$ \$ \$ \$	100 500		N APPLIES TO Ded Not In motion Ded In motion EA PER AGGR EA OCC
ME	CRAFT HULL CRAFT LIABR DICAL PAYME	JTY NTS COVERAGE OES	E		ALL RI LIABIL INCLU EXCL OPT	SK GROUND A SK GROUND C ITY JDING CREW JDING CREW JOING CREW	O7	лі 1/201 нт § \$ \$		1	07/11/2017 50,000 1,000,000 100,000 5,000	AF	Y PLIES TO REED VALUE FOCC PASS PER PLIES TO	LIMIT \$ \$ \$ \$ LIMIT	100 500 20,0	000	N APPLIES TO Ded Not In motion Ded In motion EA PER AGGR EA OCC
ME	CRAFT HULL CRAFT LIABR DICAL PAYME	UTY NTS COVERAGE DES	E			SK GROUND A SK GROUND C ITY JDING CREW JDING CREW JOING CREW	O7	лі 1/201 нт § \$ \$		1	07/11/2017 50,000 1,000,000 100,000	AF	Y PLIES TO REED VALUE FOCC PASS PER PLIES TO	LIMIT \$ \$ \$ \$ LIMIT	100 500 20,0	000	N APPLIES TO Ded Not In motion Ded In motion EA PER AGGR EA OCC
	CRAFT HULL CRAFT LIABR DICAL PAYME CODE	UTY NTS COVERAGE OES N OF OP	E CRIPTION ERATION Juded as a			SK GROUND A SK GROUND C ITY JDING CREW JDING CREW JOING CREW JOING CREW	O7	лі 1/201 нт § \$ \$	16 LIMIT	1	07/11/2017 50,000 1,000,000 100,000 5,000	AF	Y PLIES TO REED VALUE FOCC PASS PER PLIES TO	LIMIT \$ \$ \$ \$ LIMIT	100 500 20,0	000	N APPLIES TO Ded Not In motion Ded In motion EA PER AGGR EA OCC
	CRAFT HULL CRAFT LIABR DICAL PAYME CODE CODE	UTY NTS COVERAGE OES N OF OP Ider is Inc E HOLDI	ERATION Tuded as a			SK GROUND A SK GROUND C ITY JDING CREW JDING CREW JOING CREW JOING CREW	O7	лі 1/201 нт § \$ \$	16 LIMIT		07/11/2017 50,000 1,000,000 100,000 5,000 nal Remarks S	AF AC EP EA AF Schadu	Y PLIES TO REED VALUE OCC PASS .PER PLIES TO Ide, if more s	LIMIT \$ \$ \$ \$ LIMIT pace is	100 500 20,1	000 ed)	N APPLIES TO Ded Not In motion Ded In motion EA PER AGGR EA OCC APPLIES TO
AIR MEI DES Cel CEI	CRAFT HULL CRAFT LIABR DICAL PAYME CODE	UTY NTS COVERAGE CES N OF OP Ider is Inc E HOLDI Dumty Al Lethel Rc	ERATION ERATION Juded as a ER TPort pad			SK GROUND A SK GROUND C ITY JDING CREW JDING CREW JOING CREW JOING CREW	O7	лі 1/201 нт § \$ \$	IG	t i i i i i i i i i i i i i i i i i i i	07/11/2017 50,000 1,000,000 100,000 5,000 nal Remarks S CELLATION LD ANY OF THE		Y PLIES TO REED VALUE OCC PASS PER PLIES TO IDESCRIBED IDESCRIBED EOF, NOTICE NS.	LIMIT \$ \$ \$ \$ LIMIT pace is POLICE	100 500 20,1 requir	000 ed)	N APPLIES TO Ded Not In motion Ded In motion EA PER AGGR EA OCC
	CRAFT HULL CRAFT LIABR DICAL PAYME CODE SCRIPTION Nificate Hol RTIFICATI (aloosa Co 49A Old E	UTY NTS COVERAGE CES N OF OP Ider is Inc E HOLDI Dumty Al Lethel Rc	ERATION ERATION Juded as a ER TPort pad			SK GROUND A SK GROUND C ITY JDING CREW JDING CREW JOING CREW JOING CREW	O7	лі 1/201 нт § \$ \$	IG	t i i i i i i i i i i i i i i i i i i i	07/11/2017 50,000 1,000,000 100,000 5,000 100,000 5,000 100,000 5,000 100,000 100,000 5,000 100,000 100,000 100,000 100,000 100,000 100,000		Y PLIES TO REED VALUE OCC PASS PLIES TO PLIES TO PLIES TO REPLIES	LIMIT \$ \$ \$ \$ LIMIT pace is POLICE	100 500 20,1 requir	000 ed)	N APPLIES TO Ded Not In motion Ded In motion EA PER AGGR EA OCC APPLIES TO DBEFORE THE
	CRAFT HULL CRAFT LIABR DICAL PAYME CODE SCRIPTION Nificate Hol RTIFICATI (aloosa Co 49A Old E	UTY NTS COVERAGE CES N OF OP Ider is Inc E HOLDI Dumty Al Lethel Rc	ERATION ERATION Juded as a ER TPort pad			SK GROUND A SK GROUND C ITY JDING CREW JDING CREW JOING CREW JOING CREW	O7	лі 1/201 нт § \$ \$	IG	t i i i i i i i i i i i i i i i i i i i	07/11/2017 50,000 1,000,000 100,000 5,000 100,000 5,000 100,000 5,000 100,000 100,000 5,000 100,000 100,000 100,000 100,000 100,000 100,000		Y PLIES TO REED VALUE OCC PASS PER PLIES TO ING, If more s COF, NOTICE NS.	LIMIT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100 500 20,0 requir	000 ed) ANCELLE IVERED	N APPLIES TO Ded Not In motion Ded In motion EA PER AGGR EA OCC APPLIES TO DBEFORE THE

•

Ć

ACORD 21 (2009/12)

ACORI		EF	RTII	FICATE	EO	= Al	RC	RA	FT INS	UR				07/2	52016
IIS CERTIFICA ERTIFICATE D LOW. THIS CI EPRESENTATI	DES NOTA ERTIFICATE	SFFI	rmat • Insu Cer, /	IVELY OR NI RANCE DOE ND THE CEF	EGATIN IS NOT RTIFIC/	(ELY A CONS (TE HC	Meni Titut Ldef	D, EX1 TE A C २	TEND OR ALT CONTRACT EE	ER TH TWE	IE COVERA EN THE ISS	GE AFF(UING INS	URER(S),	(THE AUTI	Policies Iorized
PORTANT: If e terms and co rtificate holde	onditions of i	the	policy	, certain polk	ional Xes ma	INSUR y requi	RED, ti Irə an	he po endo	llcy(les) must rsement A sta	bə ən temər	dorsed. If S it on this ce	SUBROG rtificate c	ATION IS loes not c	WAI\ anfer	/ED, subject t rights to the
ODUCER												. <u></u> ,			
loon Insurance.	Agency of Da	lias	lnc.				PHO		*1		FAX (A/C, No):				<u> </u>
0, Box 706 Idison, TX, 7500	01 '7						_	AIL ADD							
									CUSTOMERIDNO.			·			
URED OSCO Avietion (Bondono IIC	~								FORD	NG COVERAGE		56		NAIC No
		-					INS	URER A	U.S. SPECIAL	TY INS	URANCE CO	OMPANY	100	*5	
DSCO Building, estview, FL, 32		sLe	æ Bívd	L				URER D	·····						
53.010077, FL, 325	200						-	URERC	the second s						·
							INS	URER E							
IS IS TO CERTI	EV THAT THE	ROL	ICIES (OF INSURANCI	ELISTE	D BELOI		URER F	N ISSUED TO T	HE INS	LIRED NAME	DABOVE	FOR THE P		PERIOD
DICATED. NOTW RTIFICATE MAY ICLUSIONS AND	VITHSTANDING Y BE ISSUED (D CONDITION	g an Dr i	IY REQ MAY PE	UIREMENT, TE RTAIN, THE IN	RM OR ISURAN MITS SI	CONDIT CE AFF	TION O ORDEI VIAY H/	FANY DBY T AVE B	CONTRACT OR HE POLICIES DI EEN REDUCED	othe Escrii	R DOCUMEN BED HEREIN ID CLAIMS.	T WITH RE	SPECT TO ST TO ALL T	WHICI	HTHIS
DLICY INFORM	POLICY T	YPE				at the	AICI		LINE OF BUSINESS	SUBCO	REVISION	NOMBE	Ri		······································
NOUSTRIAL AD NON-OWNED	PLEASU BUS			COMMERCIA		AIRPLA LIABILI			HELICOPTER HULL & LIABILITY	\Box	MUED FLEET		EXCESS		GUOTA SHARE
				1		ONLY									
AIRCRAFT IN		N		ACORD	333, AI	rcraft S	Sched	iule al		CTIAL I	10.070		5:01100000		
YEAR 1975	PIPER				PA-28-	181			ļ	SE HOWL	VUMBER	N8037	TION NUMBER	к	
RRITORY;								••••••	L				··		
IRCRAFT COV	VERAGES														
	VERAGES					CTIVE D/ /11/201			PRATION DATE 07/11/2017	AD	XTIONAL INSUR Y	ED?(Y7N)	SUBRO		N WAIVED? (Y/N) N
SURERLETTER	POLICY NUM		л 	OPTIONS	07	11/201			07/11/2017			ED?(Y/N)	SUBRO		N WAIVED? (Y/N) N VPLIES TO
SURERLETTER	POLICY NUM	36-0	л 🛛 🖽	OPTIONS RISK GROUND / RISK GROUND (WD FLIGI	11/201	16			APF	Y	LIMIT \$ 10	SUBRO 200 200	^ 0	N VPLIESTO
VERAGE	POLICY NUM	36-0		RISK GROUND A	WD FLIGI	11/201	ig Limit	6:	07/11/2017	APF	Y PLIES TO REED VALUE	LIMIT \$ 10	<u> </u>		N VPLIES TO led Not in moti led In motion A PER
URER LETTER VERAGE ICRAFT HULL	POLICY NUM	36-0		RISK GROUND / RISK GROUND (BILITY	WD FLIGI	711/201 11 11 \$		6:	07/11/2017 5,000	APF AGF EAT	Y PLIES TO REED VALUE	EIMIT \$ 10 \$ 50	<u> </u>		N VPLIES TO led Not in mot led In motion
URER LETTER VERAGE ICRAFT HULL ICRAFT LIABILITY	AC30089			RISK GROUND A	WD FLIGI	711/201		6: 1,	07/11/2017 5,000 ,000,000	AGI EAT	Y REED VALUE	EIMIT \$ 10 \$ 50	<u> </u>		N PPLIES TO led Not in mot led In motion A PER
URER LETTER VERAGE ICRAFT HULL ICRAFT LIABILITY IDICAL PAYMENTS COVE	POLICY NUM AC300893			RISK GROUND A RISK GROUND (BILITY CLUDING CREW CLUDING CREW	WD FLIGI	7/11/201		6: 1,	07/11/2017 5,000 ,000,000 ,00,000	AGF EAT EAT	Y REED VALUE DOCC DOCS DOCS DOCS	LIMIT \$ 14 \$ 50 \$ \$ \$	00	A C C C C C C C C C C C C C C C C C C C	N Peties TO Jed Not in motion A PER GGR A OCC
URER LETTER VERAGE ICRAFT KULL ICRAFT LIABILITY DICAL PAYMENTS				RISK GROUND / RISK GROUND (BILITY CLUDING CREW	WD FLIGI	7/11/201		6: 1,	07/11/2017 5,000 ,000,000 ,00,000	AGF EAT EAT	Y REED VALUE	LIMIT \$ 14 \$ 50 \$ \$	00	A C C C C C C C C C C C C C C C C C C C	N PPLIES TO Ned Not in mol Ned In molion A PER GGR
SURER LETTER WERAGE RCRAFT HULL RCRAFT LIABILITY EDICAL PAYMENTS COVE	POLICY NUM AC300893			RISK GROUND A RISK GROUND (BILITY CLUDING CREW CLUDING CREW	WD FLIGI	7/11/201		6: 1, 1	07/11/2017 5,000 ,000,000 ,00,000	AGF EAT EAT	Y REED VALUE DOCC DOCS DOCS DOCS	LIMIT \$ 14 \$ 50 \$ \$ \$	00	A C C C C C C C C C C C C C C C C C C C	N WPLIES TO Ied Not in motion A PER GGR A OCC
VERAGE CRAFT HULL CRAFT HULL COVE CODE SCRIPTION OI	POLICY NUM AC300893 ERAGE DESCRIPTION	36-C		RISK GROUND / RISK GROUND (BILITY STUDING CREW CLUDING CREW PTIONS	O7	711/201		6; 1, 1	07/11/2017 5,000 ,000,000 00,000 5,000	APF EAT EAT	Y REED VALUE DOCC DOCC DOCC DOCC DOCC DOCC DOCC DOC	EIMIT \$ 10 \$ 50 \$ \$ \$ LUMIT	20,000	A C C C C C C C C C C C C C C C C C C C	N WPLIES TO led Not in motion A PER GGR A OCC
VERAGE CRAFT HULL CRAFT HULL COVE CODE SCRIPTION OI	POLICY NUM AC300893 ERAGE DESCRIPTION	36-C		RISK GROUND / RISK GROUND (BILITY STUDING CREW CLUDING CREW PTIONS	O7	711/201		6; 1, 1	07/11/2017 5,000 ,000,000 00,000 5,000	APF EAT EAT	Y REED VALUE DOCC DOCC DOCC DOCC DOCC DOCC DOCC DOC	EIMIT \$ 10 \$ 50 \$ \$ \$ LUMIT	20,000	A C C C C C C C C C C C C C C C C C C C	N WPLIES TO led Not in motion A PER GGR A OCC
	POLICY NUM AC300893 5 ERAGE DESCRIPTION IF OPERATIO	36-C		RISK GROUND / RISK GROUND (BILITY STUDING CREW CLUDING CREW PTIONS	O7	711/201		6: 1. 1	07/11/2017 5,000 ,000,000 00,000 5,000	APF EAT EAT	Y REED VALUE DOCC DOCC DOCC DOCC DOCC DOCC DOCC DOC	EIMIT \$ 10 \$ 50 \$ \$ \$ LUMIT	20,000	A C C C C C C C C C C C C C C C C C C C	N WPLIES TO Ied Not in motion A PER GGR A OCC
SURER LETTER DVERAGE RCRAFT HULL RCRAFT LIABILITY EDICAL PAYMENTS CODE CODE SCRIPTION OU	POLICY NUM AC30089: 5 ERAGE DESCRIPTION IS Included as OLDER Ity Aliport let Road	36-C		RISK GROUND / RISK GROUND (BILITY STUDING CREW CLUDING CREW PTIONS	O7	711/201	16	6: 1, 1 CANC CANC CANC CANC	07/11/2017 5,000 ,000,000 00,000 5,000 al Remarks Sc	APF AGF EAT EAT APF EAT EAT EAT EAT EAT EAT EAT EAT EAT EAT	Y REED VALUE DCC PASS PER PLIES TO DESCRIBED OF, NOTICE	LIMIT \$ 10 \$ 50 \$ LIMIT pace is r	20,000 20,000 equired)		N PPLIES TO Ned In motion APER GGR A OCC APPLIES TO SEFORE THE
SURER LETTER DVERAGE RCRAFT HULL RCRAFT LIABILITY EDICAL PAYMENTS CODE CODE SCRIPTION OU Intificate Holder ERTIFICATE HO Vikaloosa Count 749A Old Beth	POLICY NUM AC30089: 5 ERAGE DESCRIPTION IS Included as OLDER Ity Aliport let Road	36-C		RISK GROUND / RISK GROUND (BILITY STUDING CREW CLUDING CREW PTIONS	O7	711/201	16	6: 1, 1 CANC CANC CANC CANC	07/11/2017 5,000 .000,000 .00,000 5,000 al Remarks Sc ELLATION D ANY OF THE <i>I</i> ATION DATE T HE POLICY PRO	AGF EAT EAT EAT EAT EAT EAT EAT EAT EAT EAT	Y REED VALUE DCC PASS PER PLIES TO DESCRIBED OF, NOTICE	LIMIT \$ 10 \$ 50 \$ LIMIT pace is r	20,000 20,000 equired)		N PPLIES TO Ned In motion A PER GGR A OCC APPLIES TO SEFORE THE

· ·

(

.

DATE (MM/DC/YYYY)

- Comercia							_	2									
CERTIFICA BELOW. TH REPRESEN	TE DO	DES RTIF VE O	NOT AFF ICATE C R PRODU	FIRN FIN JCE	iativi Isur/ R, An	ELY OR N ANCE DOI D THE CE	IEGA'I ES NC RTIFI	TIVELY	' AMEN ISTITU HOLDE	id, ex Téa (R.	CONFERSIN TEND OR AL	.TER TI BETWE	HE COVERA EN THE ISS	lge aff Uing ini	ORDED 1 SURER(S	BY THI), AUT	e policies Horized
IMPORTAN the terms a certificate	nd co	nditik	ans of the	a po	licy, c	ertain poli	rionA Icles n	L INSI nay rec	URED, quire ar	the pa n enda	olicy(les) mu prsement A s	st be e tateme	ndorsed. If S nt on this ce	SUBROC Intificate	ATION & does not	S WAI confe	VED, subject to rights to the
									CON	VIACT		·····		<u>. </u>			
PRODUCER Falcon Insu	ance A	\denc	vofDalia	s, ina	a				PH	IONE			FAX				
P.O. Box 70	6	-	•	•						C. No.E			[A/C, No]:				
Addison, TX	, 7500	1							<u>E-M</u>	iail adi	DRESS:						
									PRO	DUCE	R CUSTOMERIDA						
INSURED COSCO AV	iation S	èrvio	es LLC								INSURER(S)	AFFORD	ING COVERAGE	<u> </u>		<u>% </u>	NAIC No
000007.0									IN	SURER	A.U.S. SPECI	ALTY IN	SURANCE CO	OMPANY	10	90%	
COSCO Bu			, James L	.ee E	3lvd,				<u> </u>	SURER							
Crestview, F	L, 340	69								SURER							
										SURER				and the second		- <u></u>	
									IN	SURER	F		<u></u>				
											EN ISSUED TO						
INDICATED.	NOTWI F MAY	THST RF 19	ANDING A	INY I MA1	REQUI Y PERI	REMENT, T TAIN THE I	ERM C NSURA	NCE A	DITION	OF AN' FD BY '	CONTRACT C	DESCR	er dogumen Red Herein	T WITH R IS SHRIF	ESPECT TO ALL	J WHIC THF T	ih This Erms
EXCLUSION	S AND	CON	DITIONS (OF S	UCH P	OLICIES. L	IMITS	SHOW	N MAY H	IAVE	BEEN REDUCE	D BY P	AID CLAIMS.				
POLICY IN	FORM							ERTIF	ICATE	NUM			REVISION	NUMB	ER:		·····
		P	OLICY TYPE	-	······			~~~~			LINE OF BUSINE	SS SUBC		<u> </u>			
AD	4.	\boxtimes	PLEASURE BUS	4		COMMERCIA	י ו	X) ^{Airi}	PLANE		HELICOPTER	1	MIXED FLEET		EXCESS		QUOTA
NON-OW	€D			1	L		Ţ		91L TY .Y		HULL & LIABILIT	' 🗖	HULL ONLY			L	
AIRCRA	FT INF	ORN	ATION			ACORD	333.	Alicral	it Sche	dule a	ttached		·			······	
YEAR		MAH					MODE					SERIAL	NUMBER	REGISTR	ATION NUME	ER	
1976		BEEC	H				V35E	3				l		N9135	3		
TERRITORY:			g (7											L			
		20164		•			•										
AIRCRAFT			ICY NUMBE	R			- 	FECTIVE	DATE	TE	XPIRATION DATE		DITIONAL INSUL	ED2/Y/N	SI SI SI	OGATIC	N WAIVED? (Y/N)
			3008936		• •••••••••••••••••••••••••••••••••••••			07/11/2			07/11/2017		Y				N
COVERAGE						OPTION	-		LIMIT			AP	PLIES TO	LIMIT			APPLIES TO
AIRCRAFT HU	1		_	\boxtimes		SKGROUND		ight	\$	1	00,000	10	REED VALUE	\$			Ded Not in motion
	, 6 .					SKGROUND	ONLY							\$			Ded Iл motion
				Ø		<u>ч</u>			\$	1	,000,000	EA	000	\$			APER
AIRCRAFT LIA	BILL (Y				1				\$		100,000	EA	PASS	\$		1	\GGR
MEDICAL PAY	AENTS			Ø	1	DING CREW			6		5,000	EA	PER	\$	30,000		EA OCC
	COVE	RAGE		<u> </u>	†									┼			<u></u>
CODE			RIPTION			- Anda 100										- [
	+	00				CNS							PLIES TO	LIMIT		<u> </u>	APPLIES TO
	1					-			1					{			
	1				L									l <u></u>			
Certificate H	older i	OPE s incl	RATION Ided as a	s/F n Ai	ddition	al insured.	ICH AC	CRD.	101, Ad	Idition	ial Remarks I	Schedu	le, if more s	pace is i	reguired)		
CERTIFICA	TE HC	DE	R							CAN	ELLATION						
Okaloosa	Count	y Alij	port								DANY OF TH						
6749A Old Crestview,			ad							WITH	ATION DATE THE POLICY PI RIZED REPRESE	ROVIBIO	N8.	WILL B	E DELIVE	RED IN	I ACCORDANCE
											WARD HEPHESE	NIANYE					
i										کسب							

ACORD 21 (2009/12)

The ACORD name and logo are registered marks of ACORD

@ 2009 ACORD CORPORATION. All rights reserved.

ĄCOR	CE	RT	٦F		EC	of /	AIRC	R/	AFT IN	SUF	RANCE			1	ATE (MMDDYYYY) 7/25/2018
THIS CERTIFICA CERTIFICATE D BELOW, THIS CI REPRESENTATI	OES NOT AFF ERTIFICATE O NE OR PRODU	irm F In JCEi	ATIV SUR/ R, AN	ELY OR N ANCE DOI ID THE CE	IEGA ES NO IRTIFI	TIVEL) OT CO ICATE	(Amen Nstitu Holde	ID, EX TEA (R.	CONTRACT	JERT BETWE	HE COVERA EN THE ISS	ige af Uing in	FORD	ed by t Er(S), al	HE POLICIES JTHORIZED
IMPORTANT: If i the terms and co certificate holde	onditions of the) pol	icy, c	ertain pol	loion/	nay re	quice ar	endo	olicy(les) mu orsement. A s	st de e tatemo	ndorsed. If a int on this ce	subro	GATIC does	not con	AIVED, subject it fer rights to the
PRODUCER Falcon Insurance	AgencyoffDalla	e Inc	-				NA	ITACT ME IONE	·····		FAX				
P.O. Box 706		ay u te	-				<u>(A)</u>	<u>C, No, E</u>			(A/C, No):				
Addison, TX, 7500	01							AIL AC		<u></u>					
NSURED	······································							2DUCE	R CUSTOMERIDI INSURERIS		ING COVERAGE			%	NAIC No
COSCO & Associ	iates, Inc.							SURER	A U.S. SPECI					100%	
COSCO Building,		æ E	Slvd.				IN	SURER	8						
Crestview, FL, 325	539-2841						the second data	URER	and the second						
								SURER	and the second						
	<u></u>						IN	SURER	F						
THIS IS TO CERTIN INDICATED, NOTW CERTIFICATE MAY EXCLUSIONS AND	THSTANDING A	NY R MAY	EQUI	REMENT, T	ERM (NSUR .IMITS	OR COM	DITION (FFORDEN N MAY	DF AN D BY IAVE I	Y CONTRACT (THE POLICIES BEEN REDUCE	Dr oth	ER DOCUMEN IBED HEREIN AID <u>Claims</u> .	t with i Is subj	RESPE ECT TO	CT TO WH	ICH THIS
POLICY INFORM	POLICY TYPE					CERTI	FICATE	NUM	UNE OF BUSIN	<u></u>	REVISION	NUME	ER:		
INDUSTRIAL	POLICY TYPE	-		COMMERCIA	. –		PLANE		HELICOPTER	1	MIXED FLEET		EXCE	35	
AD NON-OWNED	BUS	1			<u> </u>		Bility Ly		HULL & LIABILIT	r 🗖	HULL ONLY			Ĺ	SHARE
AIRCRAFT IN	FORMATION		_	ACORD	333,	Aircra	ft Sche	dule a	attached	<u> </u>					
YEAR 1967	MAKE BEECH	t.			KIN	G AIR S	90			SERIAL	NUMBER	REGIST N577		NUMBER	
TERRITORY:												·			·
AIRCRAFT COV															- 4
NSURER LETTER	GA0012946					FFECTIV 07/11/	2016		07/11/2017		Y	RED?(Y/	<u> </u>	SUBROGA	N
COVERAGE	i		ALL D	OPTION ISK GROUND	-	I ICLIT			00.000	AF	PLIES TO	LIMIT	250		APPLIES TO
NRCRAFT HULL		Ø		ISK GROUND		0010	2	3	00,000	AG	REED VALUE	~	250		Ded Not in motio Ded In motion
			LIABI	LITY			\$	1	1,000,000		000	5		·····	EAPER
AIRCRAFTLIABILITY							\$		100,000	EA	PASS	S			AGGR
MEDICAL PAYMENTS				JOING CREW JOING CREW			S		5,000	EA	PER	\$	35	,000	EAOCC
······	RAGE]		-]
CODE	DESCRIPTION			TONS					·····	<u> AE</u>	PLIES TO				APPLIES TO
										⊢		·			
ESCRIPTION OF						CORD	101, Ad	ditior	oal Remarks	Schedu	lle, if more s	pace is	requi	red)	
										<u> </u>	·····-				••••••••••••••••••••••••••••••••••••••
ERTIFICATE HO		L							CELLATION			hant in	<u> </u>		
Okaloosa Count 5749A Old Beth Crestvlew, FL 32	el Road	k al	lev					expir With		THER! ROVISIO	EOF, NOTICE				D BEFORE THE IN ACCORDANCE
								A	7. 5	>-					
ACORD 21 (20	009/12)	The	ACC	ORD name	and	logo :	tre regi	stere	d marks of A	CORD	2009 ACOR	DCOR	PORA	TION, A	l rights reserved.

. **.**

		_@		_	in 2 Run (~~~				~ i~ ·	A 1999 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914	<i></i>	11 ⁰⁰ д	N07				
ACO	RI)	CE	KI		ICA II	= ()F #	1K	JK	4FT IN	SI	JKA	NCE	10 		07/2	92018
THIS CERTIFICAT CERTIFICAT BELOW, TH REPRESEN	IE DO IS CE TATIN	des RTIF /E oi	NOT AFF RCATE C R PRODL	irm Fin JCEF	ATTV SUR/ R, AN	ELY OR N ANCE DOE D THE CE	EGA' 13 NO RTIFI	TIVELY OT COL CATE!	'AME! NSTITL HOLDE	ND, E) JTEA IR,	(TEND OR A CONTRACT	LTE BET	ir the Iween	COVERA THE ISS	ige Affi Uing ins	ORDED By IURER(S),	'THE AUTI	Policies Iorized
IMPORTAN the terms ar certificate h	id ca	nditio	ons of the) pol	icy, c	ertain polk	(ONA clos (nay re	ureo, quire a	n end n end	olicy(les) mi orsement A	istati stati	e endo ement c	rsea. Ir a on this ce	subROG stillcate (loes not co	mfer	(ED, subject to rights to the
PRODUCER									NA	ME								
Falcon Insum P.O. Box 706		Gerk	y of Dalla:	s, inc	1				P	HONE /C. No. 5	54)			FAX (A/C, No):				
Addison, TX		1 1							E	MAIL AC	ORESS:							
NSURED							<u> </u>		PR	ODUCE	R CUSTOMERIC	_						·····
COSCO & A	ssocie	ntes, l	nc.								INSURER	<u>.</u>		COVERAGE		- %		NAIC No
COSCO Buik	ສັກດ. 3	215 E	. James í	ce B	sivd.					SURER			· BADOL			1005		
Crestview, FL									1×	SURER	C							······································
										ISURER	····						ł	
									, I	SURER	F							
INDICATED. N CERTIFICATE	MAY AND	THST BE IS CON	ANDING A	NY R	REQUI	REMENT, TI TAIN. THE IN	IRM (ISUR	DR CON	DITION	OF AN	EN ISSUED TO Y CONTRACT THE POLICIES BEEN REDUC	OR (S DE:	other d Scriber	OCUMEN	T WITH RE	SPECT TO !	AHICI	HTHIS
POLICY INF	ORM	ATIC	DN					CERTI					R	EVISION	NUMBE	R:		
T NOUSTRIAL	<u> </u>		OLICY TYPE	_		COMMERCIA	-+-		PLANE	-1-m	HELCOPTER	205		; XED FLEET	<u></u>	EXCESS	T	QUOTA
ALC NON-OVINE	iD (-	ĐUS	Ĺ					SILITY Y	Ø	HULL & LABEL	TY		たL ONLY			L_	SHARE
AIRCRAF	TINF	ORI	ATION			ACORD	333,	Alrcra	ft Sche	dule	attached							
YEAR 1975		BEEC					море Е-90					SI	ERIAL NUA	(BER	REGISTRA N249WI	TION NUMBER) 	
TERRITORY:	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								·····									
AIRCRAFT		POL	SES ICYNUMBE 10012946		· · · · · · · ·			FFECTIV		E	07/11/2017	E	ADDITIO	ONAL INSUF	ED? (YI N)	SUBRO	BATIÓ	NWAIVED? (Y / N)
OVERAGE		I		·		OPTIONS	ļ		LIMIT				APPLIE		LIMIT	<u> </u>		PPLIES TO
		*****			ALL R	SKGROUND	-	IGHT	5		05,000					50		ed Nat in motion
VRCRAFT HULL					ALL R	ISK GROUND (ONLY						AGREE	ED VALUE	\$ 2,5	500	D	ed, - in motion
NRCRAFTLIAE	uly				LIAB				5		1,000,000 100,000		EA OCO		5			A PER GGR
EDICAL PAYM	ENTS			Ø		IDING CREW			5		5,000		EAPER		\$	35,000	e	A 00¢
	COVE	RAGE							1									— <u>———</u> ————————————————————————————————
CODE		DES	CRIPTION		OPT	IONS			L'MU	-			APPLIE	<u>S TO</u>				VPPLIES TO
																	\uparrow	
ESCRIPTIO Certificate Ho								CORD	<u>101, A</u>	ddillo	nal Remarks	Sch	nedule,	ll more s	pace is r	equired)		
ERTIFICAT	EHO	LDE	R		-					CAN	CELLATION	-	·					
Okaloosa C 5749A Old I Crestview, I	ount	y Air i Ro	port; Jac	k Al	len					SHOU EXPII WITH	LD ANY OF TH	ie ar E th Prov	iereof /(Sions.	, NOTICE	Policies Will Be	BE CANCEL E DELIVERI	LED I D IN	ACCORDANCE
											Lang - gin	-		-				
									<u> </u>			لمبيد) (men 					ants reserved.

(· · · ·

ĺ

ACORD 21 (2009/12)

.

ч

The ACORD name and logo are registered marks of ACORD

.

٠

ACOR	D	CE	RI	1FI		0	F /	AIRC	CR/	AFT IN:	SUF	RANCE				NATE (MWDDYYYY) 17/25/2018
THIS CERTIFICA CERTIFICATE D BELOW, THIS C REPRESENTATI	OES ERTIF VE OI	NOT AFF TCATE O R PRODU	irm F IN ICEF	ATIVI SUR∕ ₹, AN	ELY OR NE ANCE DOE D THE CER	EGAT S NO LTIFIC	IVELY T COI	AMEN NSTITU HOLDE	ID, EX TEA R	TEND OR AL	TER T SETWE	HE COVERA EN THE ISS	ige aff Ling in	SURE	ed by t R(8), al	HE POLICIES JTHORIZED
MPORTANT: If the terms and co certificate holde	nditio	ons of the	i poli	lcy, o	ertain polic	ONA ies m	L INS ay re	quire ai	n endo	olicy(les) mu preement A s	st be e tateme	ndorsed. If s int on this ce	ntificate	does	not coni	AIVED, subject to fer rights to the
RODUCER Falcon Insurance		cyof Dallas	s, Inc					NA	VTACT ME IONE IC. No. E	xt)		FAX (A/C, No)				
P.O. Box 706 Addison, TX, 7500)1								IAIL AD	DRESS: R CUSTOMER IDI	lo.					
ISURED	ates.	ng										ING COVERAGE			%	NAIC No
COSCO Building, Crestview, FL, 32	215 E	. James L	ce B	ivd.				IN	SURER SURER		ALTY IN	SURANCE CO	DMPANY		100%	
								IN	SURER SURER SURER	Ε						
THIS IS TO CERTIF NDICATED. NOTW CERTIFICATE MAY EXCLUSIONS AND	ATHST	ANDING A	NY R MAY	EQUI	REMENT, TE IAIN. THE IN	RM OI SURA MITS :	R CON NCE A SHOW	LOW HA DITION FFORDI N MAY I	VE BE OF AN' ED BY HAVE I	EN ISSUED TO Y CONTRACT (THE POLICIES BEEN REDUCE	DR OTH	ER DOCUMEN IBED HEREIN AID CLAIMS.	T WITH R IS SUBJE	ESPEC CT TO	ST TO WA	IICH THIS
POLICY INFOR	_	ON OLICY TYPE				C	ERTI	ICATE	NUM	BER: LINE OF BUSING	SS SUB	REVISION	NUMB	ER;		
NOUSTRIAL AID NON-OWNED	X	REASURE			COMMERCIAL		<u> </u>	PLANE BILITY		HELICOPTER		MIXED FLEET		EXCES	S	QUOTA SHARE
AIRCRAFT IN	FORM	ATION			ACORD	333. /		ft Sche	dule :	i attached		L	<u>t</u>			
YEAR 1974	CES	۲E.	l		د	MODE 414					SERIAL	NUMBER	REGISTR N882B		NUMBER	
TERRITORY:					<u></u>		<u>-</u>		<u> </u>							
AIRCRAFT COV	POL	GES 107 5JM8E 1001 2946					FECTIV	edate 2016	Ē	2918A TION DATE 07/11/2017		DITIONAL INSUF	ह्रक्रासम		SUBROGA	TION WAIVEDT (Y7 N) N
OVERAGE					OPTIONS			LIMIT		· <u> </u>	AF	PLIES TO	LIMIT			APPLIES TO
NRCRAFT HULL			Ø	ALL RI	SK GROUND A		GHT	ş		25,000		REED VALUE		00 000		Ded Nat in matio Ded In malion
NRCRAFTLIABILITY			8	LIABL				\$ \$		1,000,000 100,000		NOCC	s s		<u>.</u>	EA PER AGGR
EDICAL PAYMENTS					IDING CREW UDING CREW			\$		5,000	E	.PER	\$	35,	000	EA OCC
CODE	DES	CRIPTION		0PT	IONS			LIWIT			A\$	PLIES TO	LIMIT			APPLIES TO
ESCRIPTION O	FOPE	RATION	S/F	EMA	RKS (Attac	h AC	ORD	 101. Ac	iditior	nal Remarks	Schedi	lie, if more s	pace is	recul	redi)	
Certificate Holder	is incl	uded as a														
ERTIFICATE H Okaloosa Coun 5749A Old Beth	ty Alr	port; Jac	k Al	en					SHOU	CELLATION	ABOV	E DESCRIBED	POLICE	S BE C E Dei		D BEFORE THE
5749A Old Bern Crestview, FL 3		67LÎ							WITH '	THE POLICY P		DNS.				
ACORD 21 (20	309/12	21	The	ACC)RD name	and I	000 :	lie reni		d marks of A	 ©	2009 ACOR	DCORF	ORA	TION. A	l rights reserved.

•

.

. ,

				_				_										
CERTIFICA BELOW. TH REPRESEN	TE DOES HIS CERT ITATIVE C	S NO	OT AFFI ATE OF PRODUC		/IATI\ ISUR R, AI	VELY OR RANCE DO ND THE C	NEG DES ERT	SATIV NOT (IFICA	ELY / CONS	AMEN STITU OLDE	ND, EX ITE A ER.	CONFERS N (TEND OR AL CONTRACT E	TER 1 BETWE	HE COVER	AGE AF SUING IN	FORD	ED BY TH ER(S), AU	HE POLICIES
the terms a certificate h	nd condit	ion	s of the	pc	licy, o	certain po	olicie	es may	/ requ	uire ar	n end	orsement A s	tatem	ent on this c	ertificate	does	not confe	er rights to the
PRODUCER	ance Ader	ncvic	of Dallas	In	c					NA	NTACT .ME: HONE			FAX			_	
P.O. Box 700	6	, .	n Dallac,	0.000	0.						C. No, E	Ext):		(A/C, No):				
Addison, TX,	, 75001									E-M	AIL AD	DRESS:						
INSURED				_						PRO	ODUCE	R CUSTOMER ID N			<u>111</u>		1227	20075-00
Dewey Coso		co	SCO Av	iati	ion					15.17		A: U.S. SPECIA	100 00000000			,	%	NAIC No.
Cosco & Ass COSCO Bui		F.1	amesle	eF	Rivd						SURER			ISURANCE C	OWPAN		100%	
Crestview, F				S/10-28	211 G.					1.122.54	SURER					- 14		
											SURER							
										110.20	SURER	113 A						
INDICATED. N CERTIFICATE	NOTWITHS E MAY BE I S AND COM	TAN SSU NDIT	DING AN ED OR N	IY F AA	REQU Y PER	IREMENT,	TERM	MORO JRANC TSSH	CONDI E AFF OWN	W HA	VE BE OF AN ED BY HAVE I	EN ISSUED TO Y CONTRACT O THE POLICIES E BEEN REDUCEE	R OTH	ER DOCUMEN IBED HEREIN	IT WITH F	RESPEC	CT TO WHI	CHTHIS
			CY TYPE								110111	LINE OF BUSINES	SS SUB		THOME	LI 11.		
INDUSTRIA AID		PLI	EASURE &			COMMERC	IAL		AIRPL	ANE		HELICOPTER		MIXED FLEET		EXCES	s	QUOTA
	39 - 56		0	ļ					LIABIL ONLY	ITY		HULL & LIABILITY		HULL ONLY				SHARE
AIRCRAF		MA.	TION			ACOR	D 33	3, Air	craft	Sche	dule a	attached						3
YEAR	MA						-	DDEL			S Warry		SERIAL	NUMBER	REGIST		UMBER	
1975	PIPE	R				develop 1	P	A-28-1	81				- 4月月		N8037	The	7	
TERRITORY:															and the second second second			
AIRCRAFT	COVERA	GE	S															
INSURER LETTE			NUMBER 129465-	14				EFFEC	TIVE D		E.	XPIRATION DATE 07/11/2016	AD	DITIONAL INSU	RED? (Y/N) 5	SUBROGATI	ON WAIVED? (Y / N) N
COVERAGE						OPTIO				LIMIT			AP	PLIES TO	LIMIT			APPLIES TO
AIRCRAFT HULL			-			ISK GROUN			\$	5	7	2,000	AG	REED VALUE	1.1	100 500		Ded Not in motion Ded In motion
		8	0	X	LIABI	LITY			\$	6	1	,000,000	EA	000	\$			EAPER
AIRCRAFT LIAB	ILITY								\$	5		100,000	EA	PASS	\$			AGGR
MEDICAL PAYM	ENTS					UDING CREV			\$			5,000	EA	PER	\$	20,0	000	EA OCC
Contraction of the later	COVERAGE		- 17.00 m															
CODE	DES	CRIF	TION	_	OPT	TIONS				LIMIT			AP	PLIES TO	LIMIT			APPLIES TO
					_												-	
DESCRIPTIO	N OF OPI	ERA	TIONS	/ R	EMA	RKS (Att	ach	ACOR	D 10	1. Ad	dition	al Remarks S	chedu	le, if more s	pace is	require	ed)	
Certificate Ho																		
CERTIFICAT	E HOLDE	R								(CANC	ELLATION						
Okaloosa Jack Allen 602C Nort Crestview,	h Pearl	Str	eet	1	Q	0	2 -	\sim	1	E	EXPIR WITH 1	D ANY OF THE A ATION DATE 1 THE POLICY PRO RIZED REPRESENT	HERE	OF, NOTICE				BEFORE THE N ACCORDANCE
9 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -			L	-	5	-0		XC	1 1	4	<	· · · · · · · · · · · · · · · · · · ·		2009 ACOP	DCOPP			ighte meanued
ACORD 2	1 (2009/12	2)	Т	he	ACC	RD nam	e an	d log	o are	regis	sterec	I marks of AC		2009 ACOR	DCORP	UKAI	ION. AII I	ights reserved.

DATE (MM/DD/YYYY) 06/17/2015

Ded. - Not in motion

Ded. - In motion

EAPER

AGGR

EA OCC

APPLIES TO

100

500

20,000

\$

\$

\$

\$

\$

LIMIT

AGREED VALUE

EA OCC

EA PASS

EA PER

APPLIES TO

THIS CERTIFICA CERTIFICATE D BELOW. THIS C	DOES	NOT AFFIR	MATIV	ELY OR NE	GATIN	ELY AME	ND, E	TEND OR AL	TER T	HE COVER	AGE AFFOR	DED BY TH	HE POLICIES
REPRESENTAT								CONTRACTE					HORIZED
								olicv(ies) mus	st be e	ndorsed. If	SUBROGAT	ION IS WA	IVED, subject to
the terms and c													
certificate holde													
PRODUCER							ONTACT AME:						
Falcon Insurance	Aden	cy of Dallas II					PHONE			FAX			
P.O. Box 706	Agen	cy of Dalias, ii	10.				A/C, No, E	Ext)		(A/C, No):			
Addison, TX, 750	01					E	MAIL AD	DRESS:					
						PI	RODUCE	R CUSTOMER ID N	0.				
INSURED Dewey Cosgrove			tion				-	INSURER(S)	AFFORD	ING COVERAGI	E	%	NAIC No.
Cosco & Associat						1	NSURER	A: U.S. SPECIA	LTY IN	SURANCE C	OMPANY	100%	
COSCO Building,	215 E	E. James Lee	Blvd.			1	NSURER	В:				3	
Crestview, FL, 32	539-2	341				1	NSURER	C:					
							NSURER	D:					
							NSURER	E					
							NSURER						
THIS IS TO CERTI INDICATED. NOTW CERTIFICATE MAY EXCLUSIONS ANI	VITHST Y BE IS D CON	ANDING ANY SUED OR MA DITIONS OF S	REQUI	REMENT, TEF	RM OR SURAN	CONDITION CEAFFORE HOWN MAY	OF AN DED BY HAVE	Y CONTRACT O THE POLICIES I BEEN REDUCEI	R OTHE	R DOCUMEN BED HEREIN AID CLAIMS.	IT WITH RESPI	ECT TO WHI	CHTHIS
POLICY INFORM	MATIC	N			CE	RTIFICATI	E NUM				NUMBER:		
	F	OLICY TYPE						LINE OF BUSINES	SS SUBC	ODE			
INDUSTRIAL AID	\boxtimes	PLEASURE & BUS		COMMERCIAL	\boxtimes	AIRPLANE		HELICOPTER		MIXED FLEET	EXCE	ESS	QUOTA SHARE
NON-OWNED						LIABILITY	\boxtimes	HULL & LIABILITY		HULL ONLY			
AIRCRAFT IN	FORM	ATION		ACORD 3	33, Ai	rcraft Sch	edule a	attached					
YEAR	MA	(E	<u> </u>		10DEL		-		SERIAL	NUMBER	REGISTRATION	NUMBER	
1975	PIPE	R		F	PA-28-	181		E TANKS			N8037		
TERRITORY:													
AIRCRAFT CO	ERA	GES											
INSURER LETTER		ICY NUMBER 00129465-14	4			CTIVE DATE /11/2015	E	XPIRATION DATE 07/11/2016	AD	DITIONAL INSUF	RED? (Y/N)	SUBROGATI	ON WAIVED? (Y / N) N
COVERAGE				OPTIONS		LIMIT	F ^a		APF	PLIES TO	LIMIT		APPLIES TO

72,000

1,000,000

100,000

5,000

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is included as an Additional Insured.

\$

\$

\$

\$

LIMIT

ALL RISK GROUND AND FLIGHT

ALL RISK GROUND ONLY

INCLUDING CREW

EXCLUDING CREW

OPTIONS

LIABILITY

 \boxtimes

 \boxtimes

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Airport Jack Allen	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
602C North Pearl Street Crestview, FL 32536	AUTHORIZED REPRESENTATIVE
	© 2009 ACORD CORPORATION. All rights reserved.

ACORD 21 (2009/12)

AIRCRAFT HULL

AIRCRAFT LIABILITY

MEDICAL PAYMENTS

CODE

COVERAGE

DESCRIPTION

DATE (MM/DD/YYYY)

06/17/2015

ACORD CERTIFICATE OF AIRCRAFT INSURANCE

Contraction of the local division of the loc														
THIS CERTIFICA CERTIFICATE D BELOW. THIS C REPRESENTAT	OES ERTII	NOT AFFIRM FICATE OF IN R PRODUCE	IATIV ISURA	ELY OR NE ANCE DOES D THE CER	GATIV SNOT TIFICA	ELY AM CONSTI TE HOL	END, E TUTE A DER.	CO	ND OR ALT	ERTI	HE COVERA EN THE ISSI	GE AFFO UING INSI	URER(S), AU	IE POLICIES IHORIZED
IMPORTANT: If the terms and co	the c	ertificate hol	der is	an ADDITI	ONAL		D, the pan end	polic	cy(ies) must ement. A sta	be ei teme	ndorsed. If S nt on this ce	SUBROG/	ATION IS WA oes not confe	IVED, subject to r rights to the
certificate holde		ons of the po	adorse	mont(s)	165 ma	yroquire	/ un one	1010	omonurrea					5
centificate noide		au or such er	luoise	menųs).			CONTACT							
PRODUCER							NAME:							
Falcon Insurance	Aden	vof Dallas, In	C.				PHONE	2373350			FAX			
P.O. Box 706	goin	-,,,					(A/C, No.	Ext):			(A/C, No):			
Addison, TX, 7500	D1					(200	E-MAIL A	DDRE	SS:					
						1	PRODUC	ER C	USTOMER ID No.					
INSURED			ion						INSURER(S) AF	FFORD	ING COVERAGE		%	NAIC No.
Dewey Cosgrove Cosco & Associat		CUSCO Aviai	011				INSURE	RA:	J.S. SPECIAL	TY IN	SURANCE CO	OMPANY	100%	
COSCO Building.		E. James Lee I	Blvd.				INSURE	RB:						
Crestview, FL, 32						1	INSURE	RC:						
							INSURE	RD:						
							INSURE	RE:						
							INSURE							
THIS IS TO CERTI	FY TH	AT THE POLIC	IES OF	INSURANCE	LISTE	BELOW	HAVE B	EEN	ISSUED TO T	HE INS	SURED NAME	D ABOVE F	OR THE POLIC	YPERIOD
INDICATED. NOTV	VITHS	ANDING ANY	REQUI	REMENT, TEI	RMOR	CONDITIC	ON OF AI	NYC	ONTRACT OR	OTHE	ER DOCUMEN			
CERTIFICATE MA	Y BE IS	SSUED OR MA	Y PER	FAIN, THE INS	SURAN	CE AFFOI	RDEDB			ESCRI		IS SUBJEC	TIUALLINE	IERINIS,
EXCLUSIONS AND			OCH F	ULICIES. LIN		RTIFICA			R.	DIF	REVISION	NUMBER	2:	
POLICY INFORI					UE	KIIFICA	I E NON		NE OF BUSINES	S SUBC		HUHE		
	F	POLICY TYPE									MIXED FLEET		XCESS	QUOTA
INDUSTRIAL AID	\boxtimes	PLEASURE & BUS		COMMERCIAL	\boxtimes	AIRPLAN] HL	ELICOPTER		MIXED FLEET		ACESS	SHARE
NON-OWNED		200				LIABILITY			ULL & LIABILITY		HULL ONLY			
NON-OWNED						ONLY		3						
AIRCRAFT IN	FOR	VIATION		ACORD 3	33. AI	rcraft Sc	hedule	atta	ached					
YEAR	MA	Ball Burgerstrongers		100 C	MODEL		- 10 - 1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1			SERIAL	NUMBER	REGISTRA	TION NUMBER	
1967	BEE				95-B55							N5409U		
TERRITORY:			10.000											
	/= D A	059												
AIRCRAFT CO					FEFE	CTIVE DAT	=	EXDI	RATION DATE		DITIONAL INSUR	ED?(Y/N)	SUBROGATI	ON WAIVED? (Y/N)
INSURER LETTER		ICY NUMBER	1			/11/2015			7/11/2016	100	Y			N

INSURER LETTER	GA0012946		07/11		07/11/2016	ADDITIONAL INSUR	REDRATIN	JUBROO	N
COVERAGE		OPTIONS		LIMIT		APPLIES TO	LIMIT		APPLIES TO
AIRCRAFT HULL		ALL RISK GROUND A ALL RISK GROUND C		\$	150,000	AGREED VALUE	\$ 100 \$ 500		Ded Not in motion Ded In motion
AIRCRAFT LIABILIT	(LIABILITY		\$ \$	1,000,000 100,000	EA OCC EA PASS	\$ \$		EA PER AGGR
MEDICAL PAYMENT	s	INCLUDING CREW		\$	5,000	EA PER	Ş	20,000	EA OCC
CO	/ERAGE								
CODE	DESCRIPTION	OPTIONS				APPLIES TO			APPLIES TO

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

tificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Airport Jack Allen	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
602C North Pearl Street	AUTHORIZED REPRESENTATIVE
Crestview, FL 32536 108-032	
	© 2009 ACORD CORPORATION. All rights reserved.

ACORD 21 (2009/12)

DATE (MM/DD/YYYY) 06/17/2015

THIS CERTIFIC													
BELOW. THIS C	DOES NOT AFF CERTIFICATE C TIVE OR PRODU	FIRMATI OF INSUI JCER, A	VELY OR N RANCE DO IND THE CE	IEGATIVELY ES NOT CON RTIFICATE H	AMEND, STITUTE OLDER.	ND CONFERS NO EXTEND OR ALTE A CONTRACT BE	R THE COVERA IWEEN THE ISS	AGE AFFOI SUING INSL	RDED BY ⁻ IRER(S), A	THE POLICIES UTHORIZED			
the terms and c	f the certificate conditions of the ler in lieu of suc	e policy,	certain pol	rional insu icies may req	RED, the uire an er	ndorsement. A stat	ement on this co	ertificate do	non is w bes not con	AIVED, subject to fer rights to the			
PRODUCER					CONTAC NAME:	T							
	e Agency of Dalla	s, Inc.			PHONE	E.4)	FAX (A/C, No):						
P.O. Box 706	~1												
Addison, TX, 750	301					E-MAIL ADDRESS:							
INSURED		-			PRODU	PRODUCER CUSTOWER IDNo. INSURER(S) AFFORDING COVERAGE % NAIC							
	e DBA COSCO A	viation			INCLIDE	ERA: U.S. SPECIALT			100%	14/10/140.			
Cosco & Associa	ates g, 215 E. James L	ee Rivd			INSURE	-522 10 - 5 - 1	T INSORANCE C		10070				
Crestview, FL, 32	and the second se				INSURE	and the second							
					INSURE	ER D :		V					
					INSURE								
THIS IS TO CERT	IFY THAT THE PC		FINSURANC	E LISTED BELO		ERF: BEEN ISSUED TO TH	E INSURED NAME	D ABOVE FO	OR THE POL				
INDICATED, NOT	WITHSTANDING A	NY REQI	UIREMENT, T	ERM OR COND	ITION OF A	ANY CONTRACT OR	OTHER DOCUMEN	T WITH RES	PECT TO WI	HICH THIS			
						Y THE POLICIES DE E BEEN REDUCED E		IS SUBJECT	TO ALL THE	= TERMS,			
POLICY INFOR	and the second				CATE NU	MBER:	REVISION	NUMBER					
	POLICY TYPE					LINE OF BUSINESS		1					
INDUSTRIAL AID	PLEASURE BUS	&	COMMERCIA		- ^{ANE} [MIXED FLEET	EX	CESS	QUOTA SHARE			
NON-OWNED							HULLONLY		L				
					0								
AIRCRAFT IN	NFORMATION		ACORD	333, Aircraft	Schedul	e attached							
YEAR	MAKE	and was		MODEL		SI	ERIAL NUMBER	REGISTRATI	ONNUMBER	b.			
TERRITORY:													
AIRCRAFT CO			AIRCRAFT COVERAGES INSURER LETTER POLICY NUMBER EFFECTIVE D/ GA00129465-14 07/11/201										
	POLICY NUMBE				C. C	EXPIRATION DATE 07/11/2016	ADDITIONAL INSUF	RED? (Y/N)	SUBROGA	TION WAIVED? (Y / N) N			
	POLICY NUMBE		OPTION	07/11/20	C. C		Y APPLIES TO	LIMIT		N APPLIES TO			
INSURER LETTER	POLICY NUMBE	5-14	RISK GROUND	07/11/20 S AND FLIGHT	015		Y APPLIES TO	LIMIT \$ 250		N APPLIES TO Ded Not in motion			
INSURER LETTER	POLICY NUMBE	5-14	RISK GROUND RISK GROUND	07/11/20 S AND FLIGHT ONLY	LIMIT	07/11/2016	APPLIES TO AGREED VALUE	LIMIT \$ 250 \$ 2,50		N APPLIES TO Ded Not in motion Ded In motion			
INSURER LETTER COVERAGE AIRCRAFT HULL	GA0012946	5-14	RISK GROUND	07/11/20 S AND FLIGHT ONLY	LIMIT	07/11/2016	Y APPLIES TO	LIMIT \$ 250		N APPLIES TO Ded Not in motion Ded In motion EA PER			
INSURER LETTER	GA0012946	5-14	RISK GROUND RISK GROUND	O7/11/20 S AND FLIGHT ONLY	LIMIT	07/11/2016	APPLIES TO AGREED VALUE	LIMIT \$ 250 \$ 2,50		N APPLIES TO Ded Not in motion Ded In motion			
INSURER LETTER COVERAGE AIRCRAFT HULL	GA0012946	5-14	RISK GROUND RISK GROUND	O7/11/20	LIMIT \$ \$	07/11/2016 225,000 1,000,000	Y APPLIES TO AGREED VALUE EA OCC EA PASS	LIMIT \$ 250 \$ 2,500 \$ \$		N APPLIES TO Ded Not in motion Ded In motion EA PER			
INSURER LETTER COVERAGE AIRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS	GA0012946	5-14	RISK GROUND RISK GROUND BILITY LUDING CREW	O7/11/20	LIMIT \$ \$ \$	07/11/2016 225,000 1,000,000 100,000	Y APPLIES TO AGREED VALUE EA OCC EA PASS	LIMIT \$ 250 \$ 2,500 \$ \$	D	N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR			
INSURER LETTER COVERAGE AIRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS	GA0012946	5-14 ALL ALL ALL ALL INC EXC	RISK GROUND RISK GROUND BILITY LUDING CREW	O7/11/20	LIMIT \$ \$ \$	07/11/2016 225,000 1,000,000 100,000	Y APPLIES TO AGREED VALUE EA OCC EA PASS	LIMIT \$ 250 \$ 2,500 \$ \$	D	N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR			
INSURER LETTER COVERAGE AIRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS COV	GA0012946	5-14 ALL ALL ALL ALL INC EXC	RISK GROUND RISK GROUND BILITY LUDING CREW CLUDING CREW	O7/11/20	M5 LIMIT \$ \$ \$ \$ \$	07/11/2016 225,000 1,000,000 100,000	Y APPLIES TO AGREED VALUE EA OCC EA PASS EA PER	LIMIT \$ 250 \$ 2,501 \$ \$ \$	D	N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR EA OCC			
INSURER LETTER COVERAGE AIRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS COV	GA0012946	5-14 ALL ALL ALL ALL INC EXC	RISK GROUND RISK GROUND BILITY LUDING CREW CLUDING CREW	O7/11/20	M5 LIMIT \$ \$ \$ \$ \$	07/11/2016 225,000 1,000,000 100,000	Y APPLIES TO AGREED VALUE EA OCC EA PASS EA PER	LIMIT \$ 250 \$ 2,501 \$ \$ \$	D	N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR EA OCC			
INSURER LETTER COVERAGE AIRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS COV CODE	GA0012946	5-14	RISK GROUND RISK GROUND BILITY LUDING CREW CLUDING CREW	O7/11/20	215	07/11/2016 225,000 1,000,000 100,000	Y APPLIES TO AGREED VALUE EA OCC EA PASS EA PER APPLIES TO	LIMIT \$ 250 \$ 2,500 \$ \$ \$ LIMIT	0 40,000	N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR EA OCC			
INSURER LETTER COVERAGE AIRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS COV CODE DESCRIPTION C	GA0012946	5-14	RISK GROUND RISK GROUND BILITY LUDING CREW CLUDING CREW PTIONS ARKS (Atta	ch ACORD 1	15 LIMIT \$ \$ \$ LIMIT 01, Additi	07/11/2016 225,000 1,000,000 100,000 5,000 5,000	Y APPLIES TO AGREED VALUE EA OCC EA PASS EA PER APPLIES TO	LIMIT \$ 250 \$ 2,500 \$ \$ \$ LIMIT	0 40,000	N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR EA OCC			
INSURER LETTER COVERAGE AIRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS COV CODE	POLICY NUMBE GA00129463 S /ERAGE DESCRIPTION DF OPERATION r is included as a	5-14	RISK GROUND RISK GROUND BILITY LUDING CREW CLUDING CREW PTIONS ARKS (Atta	ch ACORD 1	15 LIMIT \$ \$ \$ LIMIT 01, Additi	07/11/2016 225,000 1,000,000 100,000 5,000	Y APPLIES TO AGREED VALUE EA OCC EA PASS EA PER APPLIES TO	LIMIT \$ 250 \$ 2,500 \$ \$ \$ LIMIT	0 40,000	N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR EA OCC			
INSURER LETTER COVERAGE AIRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS COV CODE DESCRIPTION C Certificate Holder	POLICY NUMBE GA00129463 S //ERAGE DESCRIPTION DF OPERATION r is included as a IOLDER	5-14	RISK GROUND RISK GROUND BILITY LUDING CREW CLUDING CREW PTIONS ARKS (Atta	ch ACORD 1	115	07/11/2016 225,000 1,000,000 100,000 5,000 5,000	Y APPLIES TO AGREED VALUE EA OCC EA PASS EA PER APPLIES TO edule, if more s SOVE DESCRIBED EREOF, NOTICE	LIMIT \$ 250 \$ 2,500 \$ \$ LIMIT pace is req POLICIES BI	0 40,000 uired) E CANCELLE	N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR EA OCC APPLIES TO DBEFORE THE			
INSURER LETTER COVERAGE AIRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS COV CODE DESCRIPTION C Certificate Holder CERTIFICATE H Okaloosa Co	POLICY NUMBE GA00129463 S r/ERAGE DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION	5-14	RISK GROUND RISK GROUND BILITY LUDING CREW CLUDING CREW PTIONS ARKS (Atta	ch ACORD 1	115 LIMIT \$ \$ \$ LIMIT 01, Additi 01, Additi	07/11/2016 225,000 1,000,000 100,000 5,000 0nal Remarks Sch NCELLATION DULD ANY OF THE AB PIRATION DATE TH	Y APPLIES TO AGREED VALUE EA OCC EA PASS EA PER APPLIES TO edule, if more s SOVE DESCRIBED EREOF, NOTICE	LIMIT \$ 250 \$ 2,500 \$ \$ LIMIT pace is req POLICIES BI	0 40,000 uired) E CANCELLE	N APPLIES TO Ded Not in motion Ded In motion EA PER AGGR EA OCC APPLIES TO DBEFORE THE			

ACORD 21 (2009/12)

The ACORD name and logo are registered marks of ACORD

© 2009 ACORD CORPORATION. All rights reserved.

DATE (MM/DD/YYYY)

06/17/2015

ACO			UE	N				AI	NUN			ANG			0018	2013
CERTIFICA	TE DO IS CEI	ES RTII	NOT AFF	Firi	MATIV NSUR	ELY OR NE	EGATIV S NOT	ELY A	MEND, E TITUTE A	D CONFERS NO XTEND OR ALT CONTRACT BE	ER T	HE COVER	AGE AF	FORDED BY	THE	POLICIES
IMPORTAN the terms ar certificate h	nd con	diti	ons of the	e po	olicy, o	certain polic	ONAL ies may	NSUR / requi	ED, the p re an enc	oolicy(ies) must lorsement. A sta	be e teme	endorsed. If ent on this c	SUBRO	GATION IS does not co	WAIVI onfer r	ED, subject to ights to the
PRODUCER									CONTACT NAME:							
Falcon Insura	nœ Ag	geno	cy of Dalla	s, Ir	nc.			ŀ	PHONE FAX							
P.O. Box 706 Addison, TX,																
Audison, 17,	75001								E-MAIL ADDRESS:							
INSURED									PRODUCER CUSTOMER IDNo. INSURER(S) AFFORDING COVERAGE % NAIC						NAIC No.	
Dewey Cosg Cosco & Ass			COSCO A	Aviat	tion				INSURE	A U.S. SPECIAL					6	
COSCO Buik			E James L	æ	Blvd.				INSURE							
Crestview, FL	Crestview, FL, 32539-2841								INSURE	17.2584					_	
									INSURE							
									INSURE	RF:						
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. POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER: POLICY TYPE LINE OF BUSINESS SUBCODE								THIS								
INDUSTRIAL								AIRPLAN		HELICOPTER	T	MIXED FLEET		EXCESS	1	QUOTA
AID NON-OWNE	, A		BUS					LIABILIT		HULL & LIABILITY		HULL ONLY				SHARE
AIRCRAF			ATION	-		ACORD		ONLY		attached						
YEAR		MAH	(E		in the second second		MODEL	Real Property		A STORAGE AND A ST	SERIAL	NUMBER		ATION NUMBER		
1967	В	EEC	ж			in that the	KING A	IR 90		Ch Robinstein			N577D	C	7	
TERRITORY:																
AIRCRAFT												-				
INSURER LETTER	2		ICY NUMBEI 00129465		1			EFFECTIVE DATE 07/11/2015		EXPIRATION DATE 07/11/2016	ADDITIONAL INSU		RED? (Y/N) SUBF		ATION V	WAIVED? (Y / N) I
COVERAGE					24	OPTIONS		1.11.55	MIT	,		PLIES TO	LIMIT		APPLIES T	
AIRCRAFT HULL				\boxtimes		SK GROUND A		\$	4	100,000	AG	REED VALUE	800 833	000	8	
Variora a Prioce		_				SK GROUND O	NLY						\$ 5,	000		d In motion
AIRCRAFT LIABIL	LITY			\boxtimes	LIABIL	.11 Y		\$		1,000,000		000	\$		AGO	PER
								\$		100,000	EA	PASS	\$		AGO	
MEDICAL PAYME	NTS				100.000	JDING CREW UDING CREW		\$ -		5,000	EA	PER	\$	30,000	EA	occ
C	OVERA															
CODE		DESC	RIPTION		OPT	IONS		LI	MIT		AP	PLIES TO	LIMIT		API	PLIES TO
]			
DESCRIPTION Certificate Hol							h ACOF	RD 101,	, Additio	nal Remarks Sc	hedu	le, if more s	space is i	equired)		
CERTIFICATE	E HOL	DE	R	_					CAN	CELLATION						
Okaloosa (Jack Allen 602C North	n Pea	arl S	Street						EXPII WITH	LD ANY OF THE A RATION DATE TI THE POLICY PRO DRIZED REPRESENT/	HE R E VISIO	OF, NOTICE				
Crestview,	FL 3	325	36	1	08	-032	32-	-Af	2	1.5) =					
ACORD 21	1 (2009	9/12)	The	ACO	RD name a	and log	o are r	egistere	d marks of ACC		2009 ACOR	DCORP	ORATION. A	All righ	nts reserved.

Falcon Ins Agy of Dallas, Inc.

P. O. Box 706 Addison, TX, TX 75001 Phone: 972-250-0800 Fax: 972-250-2754

1	<u>M E M (</u>) (Page 1
ACCOUNT NO	e orene e	DATE	
COS002D	CD	07/16/2015	
	POLICY	NEORMATION	
OLICY#			
GA00129465-1	4		
YPF		EFFECTIVE.	- EXPIRATION
AIR1		07/11/2015	5 07/11/2016

Okaloosa County Airport Jack Allen 602C North Pearl St Crestview, FL 32536

Re: Cosco Aviation

The enclosed certificates of insurance name Okaloosa County Airport as Additional Insured under the reference aircraft policy.

Should you have any questions, please let us know.

Sincerely,

Charlotte Dykowski

DATE (MM/DD/YYYY)

06/17/2015

AGGR

EA OCC

APPLIES TO

ACORD CERTIFICATE OF AIRCRAFT INSURANCE

Contraction of the local division of the loc					-									
THIS CERTIFICA CERTIFICATE DO BELOW. THIS CE REPRESENTATI	DES NOT AFF ERTIFICATE C VE OR PRODU	FIRM, DF IN: JCEF	ATIV SUR/ R, AN	ELY OR NE ANCE DOE D THE CER	S NOT C	ELY AMEN CONSTITU FE HOLDE	D, E> TE A R.	(TEND OR ALT CONTRACT BE	TER T ETWE	HE COVER/ EN THE ISS	AGE AF Suing I	FFORDED BY NSURER(S), A	THE POLICIES UTHORIZED	
IMPORTANT: If t	he certificate	hold	ler is	an ADDITI	ONALI	NSURED,	the p	olicy(ies) must	t be e	ndorsed. If a	SUBRC	GATION IS W	AIVED, subject to	
the terms and co	nditions of the	e poli	icy, c	ertain polic	ies may	require ar	n ende	orsement. A sta	ateme	ent on this co	ertificat	e does not coi	nfer rights to the	
certificate holder														
PRODUCER	A356049 (001)					NAM	CONTACT NAME:							
Falcon Insurance A P.O. Box 706	Agency of Dalla	s, Inc	2			PH (A/	PHONE FAX (A/C, No, Ext): (A/C, No):							
Addison, TX, 7500	1					E-M	E-MAIL ADDRESS:							
INSURED							DUCE	R CUSTOMER ID No.	The second second					
Dewey Cosgrove I		wiatic	מר					INSURER(S) A	FFORD	ING COVERAGE		%	NAIC No.	
Cosco & Associates							SURER	A: U.S. SPECIAL	TY IN	SURANCE C	OMPAN	Y 100%		
COSCO Building, 215 E. James Lee Blvd.							SURER	B:						
Crestview, FL, 32539-2841							SURER	C:						
			INS	INSURER D :										
			INS	SURER	E:									
INSURER F :														
THIS IS TO CERTIF INDICATED. NOTWI CERTIFICATE MAY EXCLUSIONS AND	THSTANDING A BE ISSUED OR CONDITIONS (MAY MAY	PER	REMENT, TE AIN, THE IN	RM OR C SURANC MITS SHO	ONDITION O E AFFORDE DWN MAY H	DF AN D BY IAVE I	Y CONTRACT OR THE POLICIES D BEEN REDUCED	ESCR	ER DOCUMEN IBED HEREIN AID CLAIMS.	IT WITH IS SUBJ	RESPECT TO W IECT TO ALL TH	HICH THIS	
POLICY INFORM	IATION				CER	TIFICATE	NUMI		-	REVISION	NUME	BER:		
	POLICY TYPE	5				LINE OF BUSINESS SUBCODE								
INDUSTRIAL AID	PLEASURE BUS	&		COMMERCIAL		AIRPLANE		HELICOPTER		MIXED FLEET		EXCESS	QUOTA SHARE	
NON-OWNED						LIABILITY ONLY		HULL & LIABILITY		HULLONLY			16	
	OPMATION			ACORD	33 Aim	raft Sche	dule :	attached						
					MODEL	and contex	aure		CEDIAL	NUMBER	DECIST	RATION NUMBER		
YEAR 1967	MAKE BEECH				95-B55				SERIAL	NUMBER	N540			
TERRITORY:														
AIRCRAFT COV	ERAGES													
INSURER LETTER POLICY NUMBER GA00129465-14				222000000000000000000000000000000000000	TIVE DATE 1/2015	E	XPIRATION DATE 07/11/2016	AD	DITIONAL INSUE Y	RED? (Y7)	N) SUBROG	ATION WAIVED? (Y / N) N		
COVERAGE OPTIONS						LIMIT	LIMIT			PLIES TO	LIMIT		APPLIES TO	
		54	ALL RI	SK GROUND A	ND FLIGHT	s	1	50.000			\$ 100		Ded Not in motion	
AIRCRAFT HULL			F	14		AGREED VALUE \$ 500		10100000	Ded In motion					
				\$		1 000 000	EA	000	\$		EAPER			

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is included as an Additional Insured.

\$

\$

\$

LIMIT

LIABILITY

INCLUDING CREW

EXCLUDING CREW

OPTIONS

 \boxtimes

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Airport Jack Allen	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
602C North Pearl Street Crestview, FL 32536	AUTHORIZED REPRESENTATIVE
	© 2009 ACORD CORPORATION. All rights reserved.

1,000,000

100,000

5,000

\$

\$

\$

LIMIT

20,000

EA PASS

EA PER

APPLIES TO

ACORD 21 (2009/12)

AIRCRAFT LIABILITY

MEDICAL PAYMENTS

CODE

COVERAGE

DESCRIPTION

No. of Concession, Name															
CERTIFICA BELOW. TH REPRESEN	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 be endorsed. If SUBROGATION IS WAIVED, subject to														
	nd cond	itions of t	ne p	olicy, o	certain polic		require	an end	orsement. A st						
PRODUCER	•						N	ONTACT			1 50%				
Falcon Insur P.O. Box 706		ency of Dal	as, Ir	ης.				PHONE (A/C, No, I	Ext):		FAX (A/C, No):				
Addison, TX,	, 75001						E	E-MAIL ADDRESS:							
INSURED							P								
Dewey Cosg	Contraction of Supervisions	A COSCO	Avia	tion										NAIC No.	
Cosco & Ass COSCO Buil		E bmee		RVd			-	NSURER	A: U.S. SPECIAL	TY IN	SURANCE C	OMPAN	r	100%	
Crestview, Fl			Luc	Liva.				NSURER							
								NSURER	Set the				v		
								NSURER	111-0473-2						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BLOW 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. POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:															
POLICY TYPE									LINE OF BUSINES	SSUBC					
INDUSTRIAL AID		PLEASUR BUS	E&		COMMERCIAL		IRPLANE		HELICOPTER		MIXED FLEET		EXCES	s	QUOTA SHARE
NON-OWNE	NON-OWNED LIABI													A record to a sector	
AIRCRAF	T INFOF	RMATION			ACORD 3	Automatic customer structure	aft Sch	edule	attached						
YEAR 1974		AKE SSNA	1			MODEL 414				SERIAL	NUMBER	REGIST	RATION N BC	NUMBER	
TERRITORY:															
AIRCRAFT															
INSURER LETTE		A001294		4		EFFECTI 07/11	VE DATE /2015	E	07/11/2016	AD	DITIONAL INSUF Y	RED? (Y/N	1) 5	SUBROGATIO	N WAIVED? (Y7N)
COVERAGE					OPTIONS	D CLIQUIT	LIMIT			AP	PLIES TO	LIMIT			APPLIES TO
AIRCRAFT HULL					ISK GROUND AN		\$	2	25,000	AG	REED VALUE	\$ 250 \$ 2,500			Ded Not in motion Ded In motion
				LIABIL	LITY		\$		1,000,000	EA	000	\$		1	EA PER
AIRCRAFT LIABI	ILITY						\$		100,000	EA	PASS	s			AGGR
MEDICAL PAYME	ENTS				JDING CREW		\$		5,000	EA	PER	\$	40,0	000	EA OCC
(COVERAG	E													
CODE	DE	SCRIPTION		OPT	IONS		LIMIT	5 		API	PLIES TO	LIMIT			APPLIES TO
										-				-	
DESCRIPTIO	N OF OF	ERATION	IS/I	REMA	RKS (Attach	ACORD) 101. A	dditior	al Remarks Sc	hedu	le, if more si	pace is	require	ed)	
Certificate Ho														/	
CERTIFICAT	E HOLD	ER						CANC	CELLATION						
Okaloosa (Jack Allen		Airport						EXPIR	DANY OF THE A ATION DATE T THE POLICY PRO	HERE	OF, NOTICE				
602C Nort				Section 4					RIZED REPRESENT						
Crestview,	FL 32	536	_(28	-032	-66	AP	A	7.5) =					
							- 2			0	0000 4000	COPE	ODAT	ION AIL	ights reserved

ACORD 21 (2009/12)

DATE (MM/DD/YYYY)

06/17/2015

CERTIFICA BELOW. TH REPRESEN	TE DOE: IIS CERT	S NOT A TIFICATE OR PRO	FFIR OF DUC	MAT NSU ER, A	IVELY OR N RANCE DOB AND THE CE	EGATIVE ES NOT C RTIFICAT	LY AM ONSTI E HOLI	END, E TUTE A DER.	D CONFERS NO XTEND OR AL CONTRACT B	TER 1 ETWI	HE COVER EEN THE IS	AGE AFI SUING IN	SURER(S),	(THE P AUTHO	OLICIES RIZED
the terms ar certificate h	nd condi	tions of t	the p	olicy	, certain poli	cies may	require	an end	oolicy(ies) mus orsement. A st	atem	endorsed. If ent on this c	subroo	does not co	WAIVEI onfer rig	D, subject to hts to the
PRODUCER Falcon Insura	anœ Agei	ncy of Da	illas, li	nc.				CONTACT NAME: PHONE			FAX				
P.O. Box 706	5	-26						(A/C, No, E	Ext)		(A/C, No)				
Addison, TX,	/5001						E	E-MAIL ADDRESS:							
INSURED							F	PRODUCE							
Dewey Cosg Cosco & Ass		COSCO) Avia	tion			-							NAIC No.	
COSCO Build		E. James	s Lee	Blvd.				INSURER			SORANCE		1009	0	
Crestview, FL							-	INSURER					1944-1977		
								INSURER							
-								INSURER							
INDICATED. N CERTIFICATE EXCLUSIONS	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER;														
POLICY INF	CODE DA DE DE LA D	Contra D. T.				CERT	IFICAT	ENUM	BER: LINE OF BUSINES				R:		
INDUSTRIAL		POLICY TY			COMMERCIAL		IRPLANE		HELICOPTER		MIXED FLEET		EXCESS	Г – Г	QUOTA
AID NON-OVVNE		BUS							HULL & LIABILITY		HULL ONLY				SHARE
AIRCRAF		MATION	ľ	1	ACORD	100 M									
YEAR	Contract Contraction	NKE		Stears	ACORD	333, Aircr	an Sch	lequie a	and the second	SERIAL	NUMBER	PEGISTR	TIONNUMBER		
1967	BEE	ECH	La del g			KING AIR	90			COLLING AL	NOMEEN	N577D0			
TERRITORY:										- United		1			
AIRCRAFT	COVERA	GES													
INSURER LETTER		LICY NUME A001294		ļ		EFFECTI 07/11	VE DATE /2015	E.	XPIRATION DATE 07/11/2016	AD	DITIONAL INSUI Y	RED? (Y/N)	SUBROG	ATION WA	NVED? (Y/N)
COVERAGE			T		OPTIONS		LIMI	T	2		PLIES TO	LIMIT		APPLI	ES TO
AIRCRAFT HULL				ALL I	RISK GROUND A	ND FLIGHT	\$	40	00,000			\$ 1,0	000	Ded	Not in motion
ARCRAETHOLE				Leona Alian	RISK GROUND O	NLY	\$	1	,000,000	1.0*10.00	REED VALUE	\$5,0 \$	000	Ded	In motion
AIRCRAFT LIABIL	LITY						\$		100,000	EAI	PASS	e		AGGR	
MEDICAL PAYME	NTS			00.000	UDING CREW		\$		5,000	EA	PER	\$	30,000	EA OC	с
C	OVERAGE														
CODE	DES	CRIPTION		OP	TIONS		LIMI	Τ		APF	PLIES TO	LIMIT		APPLI	ES TO
		2110													
DESCRIPTION Certificate Hold	der is inc	ERATION luded as	NS/F an Ad	REM/	ARKS (Attac nal Insured.	h ACORD	101, A	ddition	al Remarks Sc	hedu	e, if more s	pace is re	equired)		
ERTIFICATE	HOLDE	R						CANC	ELLATION						
Jack Allen WITH T						D ANY OF THE A ATION DATE TI HE POLICY PRO RIZED REPRESENT/	HERE VISIOI ATIVE	OF, NOTICE NS.							
			U	\mathcal{I}		20-1	11	<	1.5	<u>ب (</u>		DCORPO	RATION. A	ll riahte	reserved
ACORD 21	(2009/12	2)	The	ACO	ORD name a	and logo a	are reg	istered	marks of ACC						

Falcon Ins Agy of Dallas, Inc.

P. O. Box 706 Addison, TX, TX 75001 Phone: 972-250-0800 Fax: 972-250-2754

	MEM(C	Page 1
COS002D	OP CD	07/16/2015	
ROHCY		NECOREMATING	
GA00129465-1	4		EXPIRATION
AIR1		07/11/201	5 07/11/2016

Okaloosa County Airport Jack Allen 602C North Pearl St Crestview, FL 32536

Re: Cosco Aviation

The enclosed certificates of insurance name Okaloosa County Airport as Additional Insured under the reference aircraft policy.

Should you have any questions, please let us know.

Sincerely,

Charlotte Dykowski

V 0322

DATE (MM/DD/YYYY)

01/15/2015

ACORD	CERTIFICATE	OF AVIATION	I JARII ITV	INSURANCE
ACCIL	OCK III IOAIL			MOONAHOL

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 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	NAME:								
Falcon Insurance Agency of Dallas, Inc. P.O. Box 706	PHONE (A/C, №, Ext)								
Addison, TX 75001	E-MAIL ADDRESS								
	RODUCER CUSTOMERID No	ž							
INSURED Dewey Cosgrove dba Cosco Aviation	INSURER(S)	%	NAIC No.						
Dewey Cosgrove upa Cosco Aviation	INSURER A: U.S. SPECIA	LTY INSURANCE COMPANY	100%						
Cosco Building	INSURER B								
215 E. James Lee Blvd.	INSURER C :								
Crestview, FL 32539-2841	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.

AIRPORT & FBO LIADILITT COVERAGES		CER	TIFICATEN	UNDER.	REVISION NUMBER.					
INSURER LETTER		NUMBER 147343-10)		TIVE DATE 1/2015	EXPIRATION DATE 01/11/2016	ADDITIONAL INSURED? (Y/N) Y) SUBROGATION WAIVED? (Y) N	
COVERAGE	ŀ		OP.	TIONS		LIMIT	APPLIES TO LIMIT			APPLIES TO
	224					\$ 100,000	BIEAPER	\$		PD
PREMISIS LIABILITY	Y					\$ 1,000,000	EA OCC	\$	2,000,000	AGGR
PREMISES MEDIC	AL PAYMENT	5	¥			\$	EA PER	\$		EA OCC
						\$	BIEAPER	\$		AGGR
PRODUCTS LIABILI	IIY		EXTENDED			\$	EA OCC			
COMPLETED						\$	BIEAPER	\$		AGGR
LIABILITY			EXTENDED			\$	EA OCC			
HANGERKEEPERS LEGAL LIABILITY		2	INCLUDING TAXI IN FLIGHT			\$	EA AIRCRAFT	\$		EA OCC
						\$				
						\$	EA OCC	\$		AGGR
						\$	EA OCC	\$		AGGR
			INCLUDED		EXCLUDED					
со	VERAGE				No					
CODE	DESCRI	TION	OPTIO	NS		LIMIT	APPLIES TO	LIMIT		APPLIES TO
						\$		\$		

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

BOB SIKES AIRPORT, CRESTVIEW, FL

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Airport 5551 John Given Rd. Crestview, FL 32539	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
LO8-0322-AP	trans acon
	© 2009 ACORD CORPORATION. All rights reserved.

ACORD 20 (2009/12)

0322

ACORD CI	ERTIF		E OF A	VIA.	TIO	N LIAB	ILITY INS	SUR/	NCE	LIATE (MM/00/11/1) 01/15/2015
THIS CERTIFICATE IS ISSUE CERTIFICATE DOES NOT A BELOW. THIS CERTIFICATE REPRESENTATIVE OR PRO	FFIRMATI	VELY OR NE	EGATIVELY	AMEND	EXTE	END OR ALTE	R THE COVERA	GE AFFO	RDED BY TH	IE POLICIES
MPORTANT: If the certification terms and conditions of	te holder l	s an ADDIT	IONAL INSU	RED, th	e polic	cy(les) must b ement. A state	e endorsed. If S ment on this ce	UBROGA tificate de	TION IS WA	IVED, subject to a rights to the
ertificate holder in lieu of s	uch endor	sement(s).		CONTA						
RODUCER falcon Insurance Agency of D	allas, Inc.				NAME PHONE FAX					
P.O. Box 706				101110000000000000000000000000000000000	(A/C, No, Ext) (A/C, No):					·
ddison, TX 75001								_		
SURED				RODU	CER CU	ISTOMER ID No INSURER(S) AFF	ORDING COVERAGE		%	NAIC NO.
Dewey Cosgrove dba Cosco Aviation				INSU	INSURER A U.S. SPECIALTY INSURANCE COMPANY 100%					
osco Buliding				INSU	RER B	- <u>.</u>				
5 E. James Lee BNd. estview, FL 32539-2841					RER C.					
105(VICW, FL 92997-2041				+	RER D:				s	
The second s		-		INSU	RERF					
IIS IS TO CERTIFY THAT THE DICATED NOTWITHSTANDING ERTIFICATE MAY BE ISSUED (CLUSIONS AND CONDITION	S ANY REQU OR MAY PER	JIREMENT, TE RTAIN, THE IN POLICIES, LI	RM OR COND SURANCE AFI MITS SHOWN	FORDED	ANY C BY THI VE BEE	ONTRACT OR O E POLICIES DES EN REDUCED B	CRIBED HEREIN I	WITH RES S SUBJECT	TO ALL THE	CHTHIS
RPORT & FBO LIABILITY		GES	EFFECTIVE			RATION DATE	REVISION ADDITIONAL INSUR			ON WAIVED? (Y/N)
UA001473			01/11/20		0.	1/11/2016	Y			N
OVERAGE		OPT	IONS		LIMIT \$	100.000	APPLIES TO BI EA PER	LIMIT		APPI IES 10
ÉMISIS LIABILITY					\$	1.000.000	EAOCC	\$	2,000,000	PD AGGR
EMISES MEDICAL PAYMENT					5	1,000,000	EAPER	\$		EA OCC.
ODUCTS LIADILITY	- FXT	ENDED			\$		BI LA PER	\$		AGOR
		ENDED			\$		BIEAPER	\$		AGGR
BILITY					\$		EA OCC			
NGFRKEEPERS CAL LIADILITY		LIGHT			\$		EA AIRCHAFT	\$	-	FAOCC
110					\$		EAOCC	5		
					\$		FAOCC	5		AGGR
	INCL	UDED	EX	CLUDED				-		AUGR
COVERAGE			ł[-	
CODE DESCRIPTION					LIMIT \$		APPLIES TO	LIMII \$		APPLIES TO
	··				<u> </u>	· · ·				
			<u> </u>		-					
SCRIPTION OF OPERATIO		ARKS (Atta	b ACORD 1	ni Add	Honal	Remarks Sch	adula lí more sr		nulred)	
OB SIKES AIRPORT, CREST ortificate Holder Is included as	VIEW, FL									
RTIFICATE HOLDER						NCELLATION				
Okaloosa County Airport 5551 John Given Rd. Crestview, FL 32539					ACC	IRATION DATI	E ABOVE DESCRI E THEREOF, NOT H THE POLICY PRO	ICE WILL	ES BE CANCE BE DELIVER	LLED BEFORE THE
L	.08-0	322 - A	P		-	17. 5	-			
ACORD 20 (2008/12)				e regist	ered n	narks of ACO	© 2009 ACORI RD	CORPO	RATION. All	rights reserved.
							01-16-	15P12	:56 RC\	/ D
							01-10-	121.12		





OP ID: KT

ACOND	EVIDENCE OF PROP	PERTY INSUR	ANCE		DATE (MM/DD/YYYY) 11/14/2014
ADDITIONAL INTEREST NAMED COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHORIZ	Y INSURANCE IS ISSUED AS A MAT D BELOW. THIS EVIDENCE DOES NO E POLICIES BELOW. THIS EVIDENCE ZED REPRESENTATIVE OR PRODUCE	T AFFIRMATIVELY OR I OF INSURANCE DOES I	NEGATIVELY AM	END, EXTEND	OR ALTER THE
AGENCY PHONE (A/C, No.) Waldorff Ins & Bonding - FWB 45 Eglin Parkway NE, Ste 202 Fort Walton Beach, FL 32548 Danny Hare FAX (A/C, No):850-581-4930	, _{Ext):} 850-581-4925	Amerisure Mutual P O Box 33478 Detroit, MI 48232-547	78		
CODE:	SUB CODE:				
AGENCY CUSTOMER ID #: COSC-01 INSURED		LOAN NUMBER		POLICY NUMBER	0
MOONED		LOAN NOMBER		CPP20177991	
Cosco & Associates	, Inc. &	EFFECTIVE DATE	EXPIRATION DATE		NUED UNTIL
Dewey Cosgrove		01/25/14 THIS REPLACES PRIOR EVIDE	01/25/15	TERMI	NATED IF CHECKED
215 James Lee Blvd. Crestview, FL 32539		THIS REPLACES PRIOR EVIDE	NGE DATED.		
PROPERTY INFORMATION					
John Givens Rd,Bob Sikes Airpo Crestview, FL 32539	o	Premises: Airport Ha	ngar-Blck 3, Lo	t 1	
NOTWITHSTANDING ANY REQUIR EVIDENCE OF PROPERTY INSURA SUBJECT TO ALL THE TERMS, EXC	ISTED BELOW HAVE BEEN ISSUED T REMENT, TERM OR CONDITION OF AN ANCE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH I	NY CONTRACT OR OTH	ER DOCUMENT V ORDED BY THE F	VITH RESPECT POLICIES DESC	TO WHICH THIS
COVERAGE INFORMATION	COVERAGE / PERILS / FORMS			UNT OF INSURANCE	
Premise 002 Building 001 HANGAR CONTENTS Loss Valuation: Replacement Cost Subject to 80% Coinsurance 5% Wind and Hail Deductible Special Form Causes of Loss				1500 200	000 1000
REMARKS (Including Special Con	ditions)				
CANCELLATION					
SHOULD ANY OF THE ABOVE	DESCRIBED POLICIES BE CANCEL	LED BEFORE THE EX	PIRATION DATE	THEREOF, NO	OTICE WILL BE
DELIVERED IN ACCORDANCE IN	TH THE POLICY PROVISIONS.				
ADDITIONAL INTEREST					
ADDITIONAL INTEREST NAME AND ADDRESS For Informational P Only	TH THE POLICY PROVISIONS.	AUTHORIZED REPRESENTATIV		ED	
ADDITIONAL INTEREST NAME AND ADDRESS For Informational P Only	TH THE POLICY PROVISIONS.	LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIVE Dammy Ha	E		

Contract/Lease Number: 108-0300-AP	Tracking Number: 1140 - 1 9
	Grant Funded: YES NO 🗡
Contractor/Lessee Name: Dever Congrave	······································
Purpose Pangar Fease Kener	val
0	
Date/Term: 1-1-35	1. GREATER THAN \$50,000
Amount: \$ 5,000 annually	2. 🔲 GREATER THAN \$25,000
Department: AP	3. 🔲 \$25,000 OR LESS
Dept. Monitor Name: Harman / Mine	
Document has been reviewed and includes any attachments or exhibits,	
Purchasing Review	
Procurement requirements are met:	
	Date: 10-9-14
Purchasing Director or Designee Joanne Kublik	Date: ////////////////////////////////////
Risk Management Review	V
Approved as written:	
Kuntal Ka	Date: 10-13-14
Risk Manager or designee Kay Godwin or Krystal Ki	
,	
County Attorney Review	
Approved as written:	
	Date: 10/14/14
County Attorney Gregory T. Stewart or Lynn He	
Following Okaloosa County as	pproval:
Contracts & Grants	a a na ann an Air an Air ann an Air an Air ann an Air a
Document has been received:	
bocument has been received.	

To Dove 10/15

LEASE FOR HANGAR SPACE RENEWAL

BETWEEN

BOARD OF COUNTY COMMISSIONERS OKALOOSA COUNTY, FLORIDA

AND

DEWEY COSGROVE

WITNESSETH:

COUNTY hereby lets to LESSEE and LESSEE hereby hires and takes from COUNTY at the Bob Sikes Airport in the County of Okaloosa, State of Florida (hereinafter referred to as "AIRPORT"), that certain location designated as Block 3 Lot 1 as shown on file in the office of the Airports Director, which is hereby incorporated herein by reference, and COUNTY hereby gives to LESSEE permission to occupy and maintain one (1) hangar for the storage of individually-owned/corporate-owned aircraft at the aforesaid location. Additional aircraft may be stored in the hangar with proper notice to the COUNTY provided that proof of required insurance coverage is provided to the COUNTY.

This Lease for Hangar Space (hereinafter called "LEASE") is subject to the following terms, covenants, conditions, and agreements to be kept, performed, and observed by the LESSEE.

SECTION 1: TERM

This LEASE shall be for a term of TWENTY (20) years and shall take effect on the 2nd day of January, 2015 and end on the 1st day of January 2035.

SECTION 2: AIRCRAFT OWNERSHIP

LESSEE shall provide written confirmation to the COUNTY of proof of ownership of individually-owned/corporate-owned aircraft to be stored pursuant to this LEASE. In the

1

LEASE # L08-0322-AP DEWEY COSGROVE BSAP BLOCK 3/LOT 1 EXPIRES: 01/01/2035

event LESSEE's aircraft is sold, LESSEE shall have one year to replace said aircraft; otherwise this lease may be voided at the COUNTY's discretion.

SECTION 3: IMPROVEMENTS TO COUNTY

Any and all improvements hereafter installed, erected, or placed within the Leased Premises, including alterations and repairs shall become, upon the termination of this LEASE for any cause, the absolute and sole property of COUNTY and shall not be removed from the Leased Premises. If on termination of this LEASE, LESSEE is not in default, LESSEE shall have the right to remove from the Leased Premises any equipment or trade fixtures that can be removed without damage to the Leased Premises (and if any damage does occur on any such removal, LESSEE shall promptly repair the same).

SECTION 4: BUILDING, ALTERATIONS, AND PERMITS

LESSEE shall at its expense apply for and obtain any and all building, construction, or other permits and licenses to build, repair, or maintain the improvements contemplated by this LEASE. COUNTY makes no representations or warranty relative to the availability of such licenses or permits, and LESSEE assumes full responsibility for securing same. No construction, modification, or alterations of improvements to include antennas or other devices are permitted without prior written approval by COUNTY. LESSEE shall furnish one (1) set of building drawings to COUNTY for approval.

SECTION 5: RENTALS

a. <u>GROUND LEASE</u>:

LESSEE shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted every year in accordance with Section 6. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to Okaloosa County, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1498. The lease includes FIVE THOUSAND (5,000) square feet at <u>ONE DOLLAR</u> (\$1.00) per square foot per year for a total annual cost of <u>FIVE</u> <u>THOUSAND DOLLARS</u> (\$5,000.00) plus state sales tax and County non-ad valorem taxes.

b. PAYMENT EFFECTIVE DATE:

LESSEE agrees to pay all sums due under this LEASE, plus applicable sales tax that COUNTY is required to collect with or without invoice no later than October 1st of each year of this LEASE.

c. <u>LATE CHARGES</u>:

If LESSEE fails to pay within THIRTY (30) days of October 1st or date of billing of invoices by COUNTY for applicable rents and charges as herein described, LESSEE shall then pay interest to the COUNTY at the maximum legal allowable rate authorized by the State of Florida. If any rental fee or other charge remains delinquent for a period of sixty days, LESSOR shall have the option to terminate this Agreement.

SECTION 6: ESCALATION CLAUSE:

The ground lease shall be increased annually to reflect the increase in the Consumer Price Index ("CPI") from the date of the original execution hereof by both parties. The "CPI" shall be the revised Consumer Price Index for All Urban Consumers for all items - U. S. City Average, published by the Bureau of Labor Statistics, U. S. Department of Labor, 1982-84 = 100 (CPI-U).

SECTION 7: UTILITIES

COUNTY does not assume any responsibility in providing utilities to the Leased Premises. LESSEE will pay all utility charges and costs of installation.

SECTION 8: RIGHTS OF LESSOR

a. It is understood and agreed that COUNTY may, in connection with the future development of said AIRPORT, require the space hereinabove for permanent buildings and/or other development. In such case, COUNTY shall give written notice to LESSEE. After THIRTY (30) days from said written notice, COUNTY shall have the right at COUNTY's expense, to remove said hangar and erect it at said AIRPORT as designated in writing by COUNTY, provided that said new location is reasonably, feasibility, accessible to the taxiways and runways.

b. COUNTY reserves itself, its successors, and assigns for the use and benefits of the public, a right of flight for the passage of aircraft in the airspace above the surface of the real property hereinafter described together with the right to cause in said airspace such noises as may be inherent in the operations of aircraft, now known or hereafter used for navigation of or flight in the said airspace, and for use of said airspace for landing on, taking off from, or operating on the AIRPORT.

c. LESSEE expressly agrees for itself, its successors, and assigns to prevent any use of the hereinafter-described real property, which would interfere with or adversely affect the operation or maintenance of the AIRPORT, or otherwise constitute an airport hazard.

d. LESSEE expressly agrees for itself, its successors, and assigns, to restrict the height of structures, objects, of natural growth, and other obstructions on the hereinafter described real property to such height so as to comply with the Federal Aviation Regulations, Part 77.

SECTION 9: COMPLIANCE WITH GOVERNMENTAL PROCEDURES

LESSEE shall conform to all the requirements of applicable State and Federal statutes and regulations and all County Ordinances and regulations, and shall secure such permits and licenses as may be duly required by any such laws, ordinances, or regulations as may be promulgated by COUNTY. In addition, Lessee shall comply with all policies, rules, regulations, or ordinances of the County, which are currently, or may be hereinafter adopted relating to County owned airport facilities.

SECTION 10: CARE OF LEASED PREMISES

LESSEE shall keep said hangar and premises neat, clean, and orderly at all times. LESSEE shall not store anything on the premises other than those items specifically required to maintain the owner's aircraft in accordance with Federal Aviation Regulations (FAR's). All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

SECTION 11: MAINTENANCE IN LEASED PREMISES

LESSEE shall insure that all aircraft maintenance performed in the leased premises is in accordance with Federal Aviation Regulations (FAR's).

SECTION 12: TAXES

LESSEE shall pay all taxes or other governmental charges of any nature or kind which may be imposed on rental or lease payments or assessed upon the hangar or improvements and upon any aircraft or other property kept therein promptly when due.

SECTION 13: ASSIGNMENT AND SUBLEASE

All subsequent transfers and assignments of any interest, including mortgages thereon, require written approval in advance by COUNTY and payment of an Approval Fee of ONE THOUSAND (\$1,000.00) dollars. During the initial 20 year term a new lease fee will be established upon assignment or transfer based on an independent appraisal conducted at the direction of the COUNTY. LESSEE shall have thirty (30) days from the furnishing of the copy of the appraisal to exercise a right of transfer or assign. Otherwise, the transfer or assignment shall not be approved and the ONE THOUSAND (\$1,000.00) DOLLAR approval fee shall be refunded. Following the initial 20 year term, rent will be based on the ground values by an independent appraisal.

Except as hereinabove set out, the Leased Premises may not be sublet, in whole or in part, and LESSEE shall not assign this LEASE or any portion of this LEASE at any given time without prior written consent of COUNTY.

SECTION 14: INSPECTION ON ASSIGNMENT

LESSEE agrees that upon assignment of this Lease by LESSEE, LESSOR shall have the right to inspect the leased premises and require that the hangar and property be repaired or restored to the condition that it existed upon execution hereof.

SECTION 15: RISK OF LOSS OR DAMAGE TO HANGAR

LESSEE assumes the risk of loss or damage to the hangar and its contents, whether from windstorm, fire, earthquake, or any other causes whatsoever.

SECTION 16: RIGHTS OF ENTRY RESERVED

COUNTY has the right to inspect the Leased Premises at any time upon reasonable notice.

SECTION 17: INSURANCE

a. <u>LIABILITY</u>:

LESSEE agrees that LESSEE, shall, during the entire term or any extension of this LEASE, keep in full force and effect, a policy or policies of aircraft liability and public liability insurance with respect to the Leased Premises. The limits of aircraft liability and public liability shall not be less than <u>ONE MILLION (\$1,000,000.00)</u> dollars Combined Single Limit (CSL) each. The COUNTY reserves the right to increase the minimal aircraft liability and public liability insurance requirements as circumstances may warrant.

b. PROPERTY:

The damage, destruction, or partial destruction of any permanent building or other improvement which is part of the Leased Premises shall not release LESSEE from any obligations hereunder nor shall it cause a rebate or an abatement in rent then due or thereafter becoming due under the terms hereof. In case of damage to or destruction of any such building or improvement, LESSEE shall at its own expense, promptly repair and restore the property to a condition as good or better than that existed prior to the damage or destruction.

For purposes of assuring compliance with the foregoing, LESSEE agrees to maintain property insurance on any permanent building or improvement constructed on the Leased Premises in an amount not less than full replacement value of such building and its improvements and agrees that the proceeds from such insurance shall be used promptly by LESSEE to satisfy LESSEE's repair and replacement obligation under this paragraph.

Okaloosa County shall be listed as a loss payee on all property insurance policies.

c. All aircraft liability and public liability coverage shall be endorsed to include Okaloosa County as Additional Insured. In addition, all insurance policies shall contain a

clause that the insurer will not cancel or change the insurance without first giving the COUNTY thirty (30) days prior written notice. Prior to occupying the Leased Premises and annually upon renewal, LESSEE shall furnish COUNTY a Certificate of Insurance evidencing all required insurance. The Certificate(s) of Insurance shall be delivered to the Contracts and Lease Coordinator, 602-C N. Pearl Street, Crestview, FL 32536 and a copy to Airports Administration. On request, LESSEE shall deliver an exact copy of the policy or policies including all endorsements.

SECTION 18: NOTICES

Any and all notices to be given under this LEASE may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the AIRPORT DIRECTOR is as follows: Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida 32542-1413. The address of the LESSEE is: Dewey Cosgrove, 215 E. James Lee Blvd., Crestview, Florida, 32539.

SECTION 19: HOLD HARMLESS

To the fullest extent permitted by law, LESSEE shall indemnify hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional, wrongful conduct of the LESSEE and other persons employed or utilized by the LESSEE in the performance of this lease.

SECTION 20: BINDING NATURE OF LEASE

This LEASE shall be binding on the assigns, transfers, heirs, executors, successors, and trustees of the parties hereto.

SECTION 21: PROHIBITED ACTIVITY

LESSEE shall not commit or suffer to be committed on said premises, any waste, nuisance, or unlawful act.

SECTION 22: COMMERCIAL ACTIVITY PROHIBITED

No commercial activity of any nature or kind is allowed on the Leased Premises.

SECTION 23: RESTRICTIONS ON MECHANIC'S LIENS

Nothing in this lease shall be deemed or construed in any way as constituting the consent or request of COUNTY, express or implied, by inference or otherwise, to any contractor, sub-contractor, laborer, or materialman for the performance of any labor or the furnishing of any materials for any specific improvement, alteration to, or repair of the demised premises or any part thereof, nor as giving LESSEE and right, power, or authority to contract for or permit the rendering of any services or the furnishing of any materials that would give rise to the filing of any lien against the demised premises or any part thereof. Such liens are hereby strictly prohibited

SECTION 24: TERMINATION BY LESSOR

If LESSEE breaches or violates any of the terms and provisions hereof, COUNTY shall have the right to terminate this LEASE forthwith by giving written notice to LESSEE, and if not corrected within THIRTY (30) days, this LEASE would be terminated and in such event of termination, the improvements thereon would become the property of COUNTY.

SECTION 25: NON-DISCRIMINATION

LESSEE, for its self, its personal representatives, successors, in interest, and assigns, as part of the consideration hereof, does hereby covenant and agree that (1) no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land and the furnishing of services thereon, no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, and (3) that LESSEE shall use the premises in compliance with all other requirements imposed by or pursuant to Title 49, Code of Federal Regulation, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally assisted programs of the Department of Transportation Effectuation of Title VI of the Civil Rights Act of 1964, and as said regulations may be amended.

That in the event of breach of any of the above nondiscrimination covenants, COUNTY shall have the right to terminate the LEASE and to reenter and repossess said land and the facilities thereon, and hold the same as if said LEASE had never been made or issued.

This provision shall not be effective until the procedures of Title 49, Code of Federal Regulations, Part 21, are followed and completed, including exercise or expiration of appeal rights.

SECTION 26: PLACE OF PAYMENTS

All payments and notices to COUNTY shall be given or mailed to the following address:

AIRPORTS DIRECTOR
OKALOOSA COUNTY AIRPORTS
1701 HIGHWAY 85 NORTH
EGLIN AFB, FLORIDA 32542-1498

SECTION 27: CONSTRUCTION AND APPLICATION OF TERMS

The section and paragraph headings in this LEASE are inserted only as a matter of convenience and for reference, and in no way define, limit, or describe the scope or intent of any portion hereof. The parties have participated jointly in the negotiation and drafting of this Lease. In the event an ambiguity or question of intent or interpretation arises, this Lease shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provisions of this Lease. Both parties have had an opportunity to have their respective legal counselors review this Lease.

SECTION 28: LEGAL DESCRIPTION

Block 3 Lot 1: Parcel contains 5,000 square feet.

SECTION 29: ENTIRE LEASE

This LEASE consists of the following: Sections 1 to 29. It constitutes the entire LEASE of the parties on the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE.

(The remainder of this page intentionally left blank)

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

BOARD OF COUNTY COMMISSIONERS OKALOOSA COUNTY, FLORIDA COM

CHARLES K. WINDES, JR

CHARLES K. WINDES, JR CHAIRMAN

ATTEST:



OKALOOSA COUNTY, FLORIDA

DEWEY COSGRO Date: 10-17-2014

WITNESS WITNES

ACKNOWLEDGMENTS

STATE OF FLORIDA COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared DEWEY COSGROVE who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 17 day of <u>Detober</u>, 2014, AD.

Pawasna & Walthall NOTARY

My Commission expires:



may 6, 2018

EXHIBIT B

CONTRACT & LEASE AGREEMENT CONTROL FORM

Date: 8/22/2008

Contract/Lease Control #: L08-0322-AP7-149

Bid #:N/AContract/Lease Type:REVENUE

Award to/Lessee: DEWEY COSGROVE

Lessor: OKALOOSA COUNTY

Effective Date: 8/20/2008

Amount: \$7903.00

Term/Expires: 1/1/2015 W/ONE 20 YEAR RENEWAL OPTION

Description of Contract/Lease: BSAP BLOCK 3/LOT 1

Department Manager: AIRPORT

Department Monitor: G. DONOVAN

Monitor's Telephone #: 651-7160

Monitor's Fax #: 651-7164

Date Closed:

GENERIC LEASE REPLACES #L309

ACORD[®] CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/23/2014

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 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 NAME:				
FALCON INSURANCE AGENCY OF DALLAS, INC.	PHONE	FAX			
P.O. BOX 706	(A/C, No, Ext);	(A/C, No):			
ADDISON, TX, 75001	E-MAIL ADDRESS				
INSURED	PRODUCER CUSTOMER IDNo				·/ ·····
Dewey Cosgrove DBA COSCO Aviation	INSURER(S) A	AFFORDING COVERAGE		%	NAIC No.
	INSURER A: U.S. SPECIAL	LTY INSURANCE CO	MPANY	100%	
COSCO Building, 215 E. James Lee Blvd.	INSURER B:			· · · · ·	
Crestview, FL, 32539-2841	INSURER C:				
	INSURER D:	· · · · · · · · · · · · · · · · ·	,		
	INSURER E:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELC	INSURER F:	HE INSURED NAME			
INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDI	TION OF ANY CONTRACT OF	ROTHER DOCUMENT	I WITH RESPEC	OT TO WHIC	HTHIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF	ORDED BY THE POLICIES D	ESCRIBED HEREIN	IS SUBJECT TO	ALL THE T	ERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN POLICY INFORMATION CERTIFIC	ATE NUMBER:	REVISION	NUMBER		
POLICY TYPE	LINE OF BUSINES		NUMBER.		
		MIXED FLEET	EXCES	2	QUOTA
AID INDUSTRIAL AID PLEASURE & COMMERCIAL AIRPL		in all the			SHARE
NON-OWNED				-	
AIRCRAFT INFORMATION ACORD 333, Aircraft	Schedule attached				
YEAR MAKE MODEL 1967 BEECH KING AIR 90		SERIAL NUMBER	REGISTRATION	NUMBER	
			N577DC		
TERRITORY:					
AIRCRAFT COVERAGES					
INSURER LETTER POLICY NUMBER EFFECTIVE D		ADDITIONAL INSUR	ED? (Y/N)	SUBROGATIC	N WAIVED? (Y/N)
GA00129465-13 07/11/20	4 07/11/2015	Y			N
COVERAGE OPTIONS	LIMIT	APPLIES TO	LIMIT		
All Risk Ground and \$	400,000		5 1,000		APPLIES TO Ded Not in motion
	400,000		•		
			\$ 5,000		≎ed In motion
	1,000,000	EA OCC	B	-	EA PER
\$	100,000	EAPASS	r.	P	GGR
	5,000	······································	þ		
MEDICAL PAYMENTS	-1-1-	EA PER	§ 30,0)00 [E	A OCC
COVERAGE					
CODE DESCRIPTION OPTIONS	.IMIT	APPLIES TO	LIMIT	/	APPLIES TO
·····					
DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 10	l, Additional Remarks Sc	hedule, if more sp	ace is requir	ed)	
Certificate Holder is included as an Additional Insured.					

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Alrport Jack Allen 602C North Pearl Street 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
	© 2009 ACORD CORPORATION. All rights reserved.

ACORD 21 (2009/12)

The ACORD name and logo are registered marks of ACORD

150

ACORD CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

1220

07/23/2014

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 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).

	ODUCER								NA		-							
	ALCON INSUF 0. BOX 706	RANC	EAGENC	YOF	- DALL	LAS, INC.			PH (A)	ONE C, No, E	ixt):		FAX (A/C, No):					
' '	0.0077700								E-M	AIL AD	DRESS							
AĽ	DDISON, TX, 7	/5001							PRO	DUCE	R CUSTOMER ID	No.						
	WRED Wey Cosgrove		00900	Wat	ion								ING COVERAGI	E		%	NAIC No.	
	swey cosgrove	FUDA		-viau					INS	URER	A: U.S. SPECI	ALTY IN	SURANCE C	OMPAN	Ý	100%		
	DSCO Building			_ee E	Blvd.				· INS	URER	B:							
Cr	estview, FL, 32	2539-2	2841						INS	URER	C:	:						
1										URER						<u> </u>		
										URER								
70	IS IS TO CERT	EVTU																
	CLUSIONS AN	MITHS Y BE I	TANDING A SSUED OR	\NY F : MA`	requi Y per	REMENT, T	ERM C NSUR	OR CON ANCE A	DITION C)F AN' D BY	Y CONTRACT (OR OTH	ER DOCUMEN IBED HEREIN	IT WITH I	RESPEC	CT TO WI	HICH THIS	
PC	DLICY INFOR	MATI	ON					CERTIF	ICATE	NUM	BER:		REVISION	I NUMB	ER:	-		
			POLICY TYPE								LINE OF BUSIN	ESS SUBC	CODE					
	INDUSTRIAL AID		PLEASURE BUS	&		COMMERCIA	L.		PLANE		HELICOPTER		MIXED FLEET		EXCES	s	QUOTA SHARE	
	NON-OWNED			•			1		BILITY .Y	\boxtimes	HULL & LIABILIT	Υ	HULL ONLY			L		
<u>ا</u> ا	AIRCRAFT IN	FOR	MATION			ACORD	333,	Aircra	ft Sched	lule a	attached		I			_		
	YEAR	MA					MODE					SERIAL	NUMBER		RATION	NUMBER		
	1975	PIPE	- R				PA-2	28-181						N8037				
TEF	RRITORY:																	
Al	RCRAFT CO	VERA	GES									_						
İNS	JRER LETTER		LICY NUMBE					FECTIVE		E.	XPIRATION DATE	AD	DITIONAL INSUR	RED? (Y/N	0	SUBROGA	TION WAIVED? (Y/N)	
		G/	0012946	5-13	i			07/11/2	014		07/11/2015		Y				N	Ì
CO	/ERAGE	-1				OPTIONS	 S		ыміт	L		AP	PLIES TO	LIMIT			APPLIES TO	
				⊠		sk Ground ar	nd		\$	7	2,000				100		Ded Not in moti	on
AR	CRAFT HULL				Flight							AG	REED VALUE	\$	500		Ded In motion	
				X	LIAB	LITY			\$	1	,000,000	EA	000	\$			EAPER	
AIR	CRAFT LIABILITY								¢		100.000	FA	PASS	ľ			AGGR	
				_	INCL	DING CREW			φ •		•			\$				
MED	DICAL PAYMENTS	;		×					ф -		5,000	EA	PER	\$	20,0	000	EA OCC	
					EXCL	UDING CREW						.						
		ERAGE																
	CODE	DES	CRIPTION		OPT	IONS			LIMIT			AP	PLIES TO	LIMIT			APPLIES TO	
	2																	
DES	CRIPTION O	F OPI	ERATION	S/R	REMA	RKS (Atta	ch AC	CORD	01. Add	lition	al Remarks S	Schedu	le. if more s	pace is	requir	ed)		
	tificate Holder													E 200 10	. separit			- 1

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Airport Jack Allen 602C North Pearl Street 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
	© 2009 ACORD CORPORATION. All rights reserved.

ACORD 21 (2009/12)

The ACORD name and logo are registered marks of ACORD

ACORD[®] CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY) 07/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE H	OLDER, 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 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).

							CONT. NAMI															
	ALCON INS	SURAN	NČE	AGENC	Y OF	- DAL	LAS, INC.				PHO)NE				FAX				••		
P.	O. BOX 70	6								-		<u>, No, E</u>	··· ·			(A/C, No):						
								E-MAIL ADDRESS:														
		<u> </u>									PRODUCER CUSTOMERIDNo.											
	sur≞u ∋wey Cosgi	rove D	BA		viat	ion					INSURER(S) AFFORDING COVERAGE							%		NAIC No). 	
			_, ,								INSURER A: U.S. SPECIALTY INSURANCE COMPANY							Y	1009	b		
	OSCO Buik				ee l	3lvd.					INSURER B:											
Cr	estview, FL	., 3253	39-20	341						_	NSU	JRER	C:									
												JRER							ļ			
										_		JRER									 .	
тн		BTIEV				IES ÕI		CELIS		BELOW			F: EN ISSUED TO				D ABOV	-			- 100	
IN	DICATED. N	OTWIT	гнэт	ANDING A	NY I	REQU	IREMENT.	TERM	OR CO	ONDITIC		F AN'	CONTRACT O	OR OTH		OCUMEN	TWITH	RESPE	CT TO V	VHICH	HIS	
CE	RTIFICATE	MAY E	BE IS	SUED OR	MA'	Y PER	TAIN, THÉ	INSUR	RANCE	E AFFOR	RDED	D BY '	THE POLICIES	DESCR	RIBE	HEREIN	IS SUBJ	ECT T	O ALL T	E TER	MS,	
	OLICY INF			DITIONS	OF S	UCH	POLICIES.			TIFICA			SEEN REDUCE	ED BY P			NUMBER					
		OKIW		DLICY TYPE					CER				LINE OF BUSINE	SS SUB		EVISION	NUME	SER:				
—	INDUSTRIAL						COMMERCI			AIRPLANE	=		HELICOPTER	.000000		XED FLEET		EXCE		1	QUOTA	
	AID			BUS	ď		COMMERCI		\boxtimes		-	$ \cup $	HELIGOPTER		141				33		SHARE	
	NON-OWNE	io				L				LIABILITY	F	\boxtimes	HULL & LIABILIT	Y L	i н	JLL ONLY						
										ONLY					'							
	AIRCRAF	T INFO	ORN	IATION			ACORE) 333,	Airc	raft Sc	hedu	ule a	ttached									
	YEAR		MAł	Æ			ACORI	MOD	EL	raft Sc	hedu	ule a	attached	SERIAL	L NUM	IBER	REGIST	RATION	NUMBER			
				Æ			ACORE		EL	raft Sc	hedu	ule a	attached	SERIAL	L NUM	IBER	REGIST		NUMBER			
	YEAR		MAł	Æ			ACORE	MOD	EL	raft Sc	hedu	ule a	attached	SERIAL	L NUM	IBER			NUMBER			
TE	YEAR 1967 RRITORY:	B	MAH	ке ЭН			ACORI	MOD	EL	raft Sc	hedu	ulea	attached	SERIAL	LNUM	IBER			NUMBER			
TEF	YEAR 1967 RRITORY: RCRAFT (B	MAP BEEC	GES			ACORI	95-E	EL B55								N5409	9U				
TEF	YEAR 1967 RRITORY:	B	MAP BEEC	GES				95-E	EL B55			Đ	XPIRATION DATE			DNAL INSUR	N5409	9U			/AIVED? (Y /	N}
TEF	YEAR 1967 RRITORY: RCRAFT (B	MAP BEEC	GES			ACORI	95-E	EL B55			Đ					N5409	9U		ATION V N	/AIVED? (Y/	N}
TEF All	YEAR 1967 RRITORY: RCRAFT (B	MAP BEEC	GES	5-13		OPTION	MOD 95-6	EL B55		Ξ	Đ	XPIRATION DATE	AL		DNAL INSUR Y	N5409	9U		N	/AIVED? (Y/	N}
	YEAR 1967 RRITORY: RCRAFT (URER LETTER VERAGE	B	MAP BEEC	GES	5-13	AIR	OPTION Sk Ground a	MOD 95-6	EL B55	TIVE DATE 1/2014	Ξ	E)	XPIRATION DATE	AL	DDITIC	DNAL INSUR Y STO	N5409 ED? (Y7)	9U		N APP	<u>`</u>	
	YEAR 1967 RRITORY: RCRAFT (URER LETTER	B	MAP BEEC	GES	5-13		OPTION Sk Ground a	MOD 95-6	EL B55	TIVE DATE 1/2014	Ξ	E)	XPIRATION DATE 07/11/2015	AL	DDITIC	DNAL INSUR Y	N5409 ED? (Y77 LIMIT \$	۹) ۱		N APP Ded	LIES TO	otion
	YEAR 1967 RRITORY: RCRAFT (URER LETTER VERAGE	B	MAP BEEC	GES	5- 1 3	All Ri Flight	OPTION Sk Ground a	MOD 95-6	EL B55	TIVE DATE 1/2014	Ξ	E) 	XPIRATION DATE 07/11/2015 50,000	AF AF	DDITIC	DNAL INSUR Y STO D VALUE	N5409 ED? (Y77 LIMIT \$	۹۷ ۱) 100		N APP Ded	LIES TO Not in m	otion
	YEAR 1967 RRITORY: RCRAFT (URER LETTER VERAGE		MAP BEEC	GES	5-13	All Ri Flight	OPTION isk Ground a	MOD 95-6	EL B55	TIVE DATE 1/2014	Ξ		XPIRATION DATE 07/11/2015 50,000 ,000,000	AL AF AG		DNAL INSUR Y STO D VALUE	N5409 ED? (Y77 LIMIT \$	۹۷ ۱) 100		N APP Ded Ded	LIES TO - Not in m - In motion	otion
	YEAR 1967 RRITORY: RCRAFT (URER LETTER VERAGE CRAFT HULL		MAP BEEC	GES	5-13	All Ri Flight LIAB	OPTION isk Ground a t BILITY	MOD 95-I	EL B55	TIVE DATE 1/2014	Ξ		XPIRATION DATE 07/11/2015 50,000 ,000,000 100,000	AL AF AG	DDITIC PPLIE: BREE	DNAL INSUR Y STO D VALUE	N5409 ED? (Y77 LIMIT \$	۹۷ ۱) 100		N APP Ded Ded EA P	LIES TO - Not in m - In motion	otion
AII INSI AIR	YEAR 1967 RRITORY: RCRAFT (URER LETTER VERAGE CRAFT HULL CRAFT LIABIL		MAP BEEC	GES	5-13	All Ri Flight LIAB	OPTION isk Ground a t BILITY UDING CREW	MOD 95-E	EL B55	TIVE DATE 1/2014	Ξ		XPIRATION DATE 07/11/2015 50,000 ,000,000	AL AF AG EA EA		DNAL INSUR Y STO D VALUE	N5409 ED?(Y// LIMIT \$ \$ \$ \$	۹) 100 500	SUBROG	N APP Ded Ded EA P AGG	LIES TO - Not in m - In motion ER R	otion
AII INSI AIR	YEAR 1967 RRITORY: RCRAFT (URER LETTER VERAGE CRAFT HULL		MAP BEEC	GES	5-13	All Ri Flight LIAB	OPTION isk Ground a t BILITY	MOD 95-E	EL B55	TIVE DATE 1/2014	Ξ		XPIRATION DATE 07/11/2015 50,000 ,000,000 100,000	AL AF AG EA EA		DNAL INSUR Y STO D VALUE	N5409 ED?(Y/) LIMIT \$ \$ \$	۹) 100 500		N APP Ded Ded EA P	LIES TO - Not in m - In motion ER R	otion
AII INSI AIR	YEAR 1967 RRITORY: RCRAFT (URER LETTER VERAGE CRAFT HULL CRAFT LIABIL DICAL PAYME		RAC POL GA	GES	5-13	All Ri Flight LIAB	OPTION isk Ground a t BILITY UDING CREW	MOD 95-E	EL B55	TIVE DATE 1/2014	Ξ		XPIRATION DATE 07/11/2015 50,000 ,000,000 100,000	AL AF AG EA EA		DNAL INSUR Y STO D VALUE	N5409 ED?(Y// LIMIT \$ \$ \$ \$	۹) 100 500	SUBROG	N APP Ded Ded EA P AGG	LIES TO - Not in m - In motion ER R	otion
AII AIR AIR AIR	YEAR 1967 RRITORY: RCRAFT (URER LETTER VERAGE CRAFT HULL CRAFT LIABIL DICAL PAYME			GES	5-13	All Ri Flight LIAE INCU EXCL	OPTION isk Ground a t BILITY UDING CREW	MOD 95-E	EL B55	TIVE DATE 1/2014	E		XPIRATION DATE 07/11/2015 50,000 ,000,000 100,000	AI AF AG EA EA		DNAL INSUR Y STO D VALUE	N5409 ED?(Y// LIMIT \$ \$ \$ \$	۹) 100 500	SUBROG	N Ded Ded EA P AGG	LIES TO - Not in m - In motion ER R	otion
AII AIR AIR AIR	YEAR 1967 RRITORY: RCRAFT (URER LETTER VERAGE CRAFT HULL CRAFT LIABII DICAL PAYME			(E)H 3ES ICY NUMBE 0012946:	5-13	All Ri Flight LIAE INCU EXCL	OPTION isk Ground a t BILITY UDING CREW	MOD 95-E	EL B55	TIVE DATE 1/2014 \$ \$ \$ \$ \$	E		XPIRATION DATE 07/11/2015 50,000 ,000,000 100,000	AI AF AG EA EA	DDITIC PPLIE GREE NOCC	DNAL INSUR Y STO D VALUE	N5409 ED?(Y/R LIMIT \$ \$ \$ \$ \$ \$	۹) 100 500	SUBROG	N Ded Ded EA P AGG	LIES TO - Not in ma - In mation ER R CC	otion

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Airport Jack Allen 602C North Pearl Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Crestview, FL 32536	AUTHORIZED REPRESENTATIVE
	2009 ACORD CORPORATION. All rights reserved.

ACORD 21 (2009/12)

The ACORD name and logo are registered marks of ACORD

0327

ACORD[®] CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/23/2014

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 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
portificate holder in lieu of such and moment(a)

ceruncate nora						ONTAOT						
PRODUCER						CONTACT NAME:						
FALCON INSUF P.O. BOX 706	RANCE AGENC	Y OF DA	ALLAS, INC.			PHONE (A/C, No, Ext):			FAX (A/C, No):			
					E	-MAIL ADDRE	SS:					
ADDISON, TX, 7	/5001				F	RODUCER	CUSTOMER ID No	J				
NSURED Dewey Cosqrove		Aviation					INSURER(S) A	AFFORD	ING COVERAGE	E	%	NAIC No.
201109 2039 201	000000	/-\\				INSURER A:	U.S. SPECIA	LTY IN:	SURANCE C	OMPANY	1009	6
COSCO Building		Lee Blvd	ł.			INSURER B:						
Drestview, FL, 32	2539-2841					INSURER C:						
						INSURER D :						
					·	INSURER E :						
THIS IS TO CERT	IFY THAT THE P	OLICIES	OF INSURANC	ELISTE			ISSUED TO T			DABOVE	FOR THE PC	
NDICATED, NOT CERTIFICATE MA	WITHSTANDING	ANY REC R MAY PE	QUIREMENT, T ERTAIN, THE II	ERM OR (CONDITIO	N OF ANY C DED BY THI	ONTRACT OF E POLICIES D	R OTHE DESCRI	R DOCUMEN BED HEREIN	T WITH RI	ESPECT TO V	MHICH THIS
POLICY INFOR	MATION			CE	RTIFICAT	ENUMBE			REVISION	NUMBE	R:	
	POLICY TYP	_	_,,				NE OF BUSINES	S SUBC				
		=&			AIRPLANE		ELICOPTER		MIXED FLEET		EXCESS	QUOTA SHARE
NON-OWNED					LIABILITY ONLY		JLL & LIABILITY		HULL ONLY			
AIRCRAFT IN	FORMATION		ACORD	333, Alr	craft Sch	nedule atta	ched					
YEAR 1974	MAKE CESSNA			MODEL 414				SERIALI	NUMBER	REGISTR/	TION NUMBER	
TERRITORY;												·
AIRCRAFT CO	VERAGES											
NSURER LETTER	POLICY NUMBE				CTIVE DATE		ATION DATE	1 4 57	TTIONAL INSUE	ED?(Y/N)	SUBRÖG	ATION WAIVED? (Y / N
	GA0012946	10-13		077	11/2014	07	/11/2015	ADI	Y			N
OVERAGE	GAU012946	 	OPTIONS		11/2014 ЦИМІ		/11/2015			LIMIT		N APPLIES TO
	GAU01294k	<u></u>	Risk Ground ar	<u> </u>				APP	Y PLIES TO	\$2	50	APPLIES TO Ded Not in moti
	GAU1294k	All Fig	Risk Ground ar	<u> </u>	LIMI	T 225,	000	APP	Y PLIES TO	\$2:	50	APPLIES TO
IRCRAFT HULL	GAU1294k	All Flig	Risk Ground ar ght	<u> </u>	LIMI \$ \$	T 225, 1,00	000	APP AGF EA 0		\$2		APPLIES TO Ded Not in mot Ded In motion
IRCRAFT HULL	GAU1294k	All Filg	Risk Ground ar ght	<u> </u>	LIMI \$ \$ \$	T 225, 1,00 100	000 00,000 0,000	APP AGF EA 0	Y PLIES TO REED VALUE	\$2		APPLIES TO Ded Not in mot Ded In motion EA PER
RCRAFT HULL		All Fig D	Risk Ground ar ght ABILITY CLUDING CREW	9 9 nd	LIMI \$ \$	T 225, 1,00 100	000	APP AGF EA 0	Y PLIES TO REED VALUE DCC PASS	\$2		APPLIES TO Ded Not in mot Ded In motion EA PER
IRCRAFT HULL	5	All Fig D	Risk Ground ar ght ABILITY	9 9 nd	LIMI \$ \$ \$	T 225, 1,00 100	000 00,000 0,000	APP AGF EA C EA F	Y PLIES TO REED VALUE DCC PASS	\$2;5 \$2,5 \$ \$	500	APPLIES TO Ded Not in mot Ded In motion EA PER AGGR
JRCRAFT HULL		All Filg III III EX	Risk Ground ar ght ABILITY CLUDING CREW	9 9 nd	LIMI \$ \$ \$	T 225, 1,00 100 5,	000 00,000 0,000	APP AGF EAC EAF	Y PLIES TO REED VALUE DCC PASS	\$2;5 \$2,5 \$ \$	500	APPLIES TO Ded Not in mot Ded In motion EA PER AGGR
NRCRAFT HULL AIRCRAFT LIABILITY MEDICAL PAYMENTS	; ERAGE	All Filg III III EX	Risk Ground ar ght ABILITY CLUDING CREW	9 9 nd	LIMI \$ \$ \$ -	T 225, 1,00 100 5,	000 00,000 0,000	APP AGF EAC EAF	Y PLIES TO REED VALUE DCC PASS PER	\$2: \$2,5 \$ \$ \$	500	APPLIES TO Ded Not in motion EA PER AGGR EA OCC
	; ERAGE	All Filg III III EX	Risk Ground ar ght ABILITY CLUDING CREW	9 9 nd	LIMI \$ \$ \$ -	T 225, 1,00 100 5,	000 00,000 0,000	APP AGF EAC EAF	Y PLIES TO REED VALUE DCC PASS PER	\$2: \$2,5 \$ \$ \$	500	APPLIES TO Ded Not in mot Ded In motion EA PER AGGR EA OCC

CERTIFICATE HOLDER	CANCELLATION
Okatoosa County Airport Jack Allen 602C North Pearl Street 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
ACORD 21 (2009/12)	© 2009 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD

0322

LEASE FOR HANGAR SPACE OPTION

BETWEEN

BOARD OF COUNTY COMMISSIONERS OKALOOSA COUNTY, FLORIDA

AND

DEWEY COSGROVE

This LEASE FOR HANGAR SPACE fully executed this <u>AOT</u> day of <u>AUDUST</u>, 2008, by and between the COUNTY OF OKALOOSA, a political subdivision of the State of Florida, acting by and through its BOARD OF COUNTY COMMISSIONERS (hereinafter called "COUNTY") and DEWEY COSGROVE (hereinafter called "LESSEE").

WITNESSETH:

COUNTY hereby lets to LESSEE and LESSEE hereby hires and takes from COUNTY at the Bob Sikes Airport in the County of Okaloosa, State of Florida (hereinafter referred to as "AIRPORT"), that certain location designated as Block 3 Lot 1 as shown on file in the office of the Airports Director, which is hereby incorporated herein by reference, and COUNTY hereby gives to LESSEE permission to occupy and maintain one (1) hangar for the storage of individually-owned/corporate-owned aircraft at the aforesaid location. Additional aircraft may be stored in the hangar with proper notice to the COUNTY provided that proof of required insurance coverage is provided to the COUNTY.

This Lease for Hangar Space (hereinafter called "LEASE") is subject to the following terms, covenants, conditions, and agreements to be kept, performed, and observed by the LESSEE.

SECTION 1: TERM

This LEASE shall have an expiration date of January 1, 2015.

SECTION 2: AIRCRAFT OWNERSHIP

LESSEE shall provide written confirmation to the COUNTY of proof of ownership of individually-owned/corporate-owned aircraft to be stored pursuant to this LEASE. In the

1

L08-0322-AP7-149 LESSEE: DEWEY COSGROVE BSAP BLOCK 3/LOT 1 EXPIRES: 1/1/2015 event LESSEE's aircraft is sold, LESSEE shall have one year to replace said aircraft; otherwise this lease shall be voided at the COUNTY's discretion.

SECTION 3: IMPROVEMENTS TO COUNTY

Any and all improvements hereafter installed, erected, or placed within the Leased Premises, including alterations and repairs shall become, upon the termination of this LEASE for any cause, the absolute and sole property of COUNTY and shall not be removed from the Leased Premises. If on termination of this LEASE, LESSEE is not in default, LESSEE shall have the right to remove from the Leased Premises any equipment or trade fixtures that can be removed without damage to the Leased Premises (and if any damage does occur on any such removal, LESSEE shall promptly repair the same).

SECTION 4: CONSTRUCTION OF HANGAR

If a new hangar is to be constructed under this lease said hangar must be constructed within ONE (1) year of execution of this LEASE. Failure to comply with this requirement may result in automatic termination of this LEASE without prior written notice by COUNTY. LESSEE shall furnish ONE (1) set of building drawings to COUNTY upon completion of hangar.

SECTION 5: BUILDING, ALTERATIONS, AND PERMITS

LESSEE shall at its expense apply for and obtain any and all building, construction, or other permits and licenses to build, repair, or maintain the improvements contemplated by this LEASE. COUNTY makes no representations or warranty relative to the availability of such licenses or permits, and LESSEE assumes full responsibility for securing same. No construction, modification, or alterations of improvements to include antennas or other devices are permitted without prior written approval by COUNTY.

SECTION 6: RENTALS

a. <u>GROUND LEASE</u>:

LESSEE shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted in accordance with Section 7. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to the Airports Director, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1498. The lease includes FIVE THOUSAND (5,000) square feet at <u>TWENTY THREE (\$.23)</u> cents per square foot per year for a total annual cost of <u>ONE</u> <u>THOUSAND ONE HUNDRED TWENTY NINE DOLLARS AND NINETY TWO</u> CENTS (\$1,129.92) plus tax.

b. LATE CHARGES:

If LESSEE fails to pay within THIRTY (30) days of date of billing of invoices by COUNTY for applicable rents and charges as herein described, LESSEE shall then pay interest to the COUNTY at the maximum legal allowable rate authorized by the State of Florida. If any rental fee or other charge remains delinquent for a period of sixty days, LESSOR shall have the option to terminate this Agreement.

SECTION 7: ESCALATION CLAUSE:

The ground lease shall be increased annually to reflect the increase in the Consumer Price Index ("CPI") from the date of the original execution hereof by both parties. The "CPI" shall be the revised Consumer Price Index for all Urban Consumers for all items – U.S. City Average, published by the Bureau of Labor Statistics, U. S. Department of Labor, 1982-84=100 (CPI-U).

SECTION 8: UTILITIES

COUNTY does not assume any responsibility in providing utilities to the Leased Premises. LESSEE will pay all utility charges and costs of installation.

SECTION 9: RIGHTS OF LESSOR

a. It is understood and agreed that COUNTY may, in connection with the future development of said AIRPORT, require the space hereinabove for permanent buildings and/or other development. In such case, COUNTY shall give written notice to LESSEE. After THIRTY (30) days from said written notice, COUNTY shall have the right at COUNTY's expense, to remove said hangar and erect it at said AIRPORT as designated in writing by COUNTY, provided that said new location is reasonably, feasibility, accessible to the taxiways and runways.

b. COUNTY reserves itself, its successors, and assigns for the use and benefits of the public, a right of flight for the passage of aircraft in the airspace above the surface of the real property hereinafter described together with the right to cause in said airspace such noises as may be inherent in the operations of aircraft, now known or hereafter used for navigation of or flight in the said airspace, and for use of said airspace for landing on, taking off from, or operating on the AIRPORT.

c. LESSEE expressly agrees for itself, its successors, and assigns to prevent any use of the hereinafter-described real property, which would interfere with or adversely affect the operation or maintenance of the AIRPORT, or otherwise constitute an airport hazard.

d. LESSEE expressly agrees for itself, its successors, and assigns, to restrict the height of structures, objects, of natural growth, and other obstructions on the hereinafter described real property to such height so as to comply with the Federal Aviation Regulations, Part 77.

SECTION 10: COMPLIANCE WITH GOVERNMENTAL PROCEDURES

LESSEE shall conform to all the requirements of applicable State and Federal statutes and regulations and all County Ordinances and regulations, and shall secure such permits and licenses as may be duly required by any such laws, ordinances, or regulations as may be promulgated by COUNTY. In addition, Lessee shall comply with all policies, rules, regulations, or ordinances of the County, which are currently, or may be hereinafter adopted relating to County owned airport facilities.

SECTION 11: CARE OF LEASED PREMISES

LESSEE shall keep said hangar and premises neat, clean, and orderly at all times. LESSEE shall not store anything on the premises other than those items specifically required to maintain the owner's aircraft in accordance with Federal Aviation Regulations (FAR's). All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

SECTION 12: MAINTENANCE IN LEASED PREMISES

LESSEE shall insure that all aircraft maintenance performed in the leased premises is in accordance with Federal Aviation Regulations (FAR's).

SECTION 13: TAXES

LESSEE shall pay all taxes or other governmental charges of any nature or kind which may be imposed on rental or lease payments or assessed upon the hangar or improvements and upon any aircraft or other property kept therein promptly when due.

SECTION 14: ASSIGNMENT AND SUBLEASE

All subsequent transfers and assignments of any interest, including mortgages thereon, require written approval in advance by COUNTY and payment of an Approval Fee of ONE THOUSAND (\$1,000.00) dollars. During the initial 20 year term a new lease fee will be established upon assignment or transfer based on an independent appraisal conducted at the direction of the COUNTY. LESSEE shall have thirty (30) days from the furnishing of the copy of the appraisal to exercise a right of transfer or assign. Otherwise, the transfer or assignment shall not be approved and the ONE THOUSAND (\$1,000.00) DOLLAR approval fee shall be refunded. Following the initial 20 year term, rent will be based on the ground values by an independent appraisal.

Except as hereinabove set out, the Leased Premises may not be sublet, in whole or in part, and LESSEE shall not assign this LEASE or any portion of this LEASE at any given time without prior written consent of COUNTY.

SECTION 15: INSPECTION ON ASSIGNMENT

LESSEE agrees that upon assignment of this Lease by LESSEE, LESSOR shall have the right to inspect the leased premises and require that the hangar and property be repaired or restored to the condition that it existed upon execution hereof.

SECTION 16: RISK OF LOSS OR DAMAGE TO HANGAR

LESSEE assumes the risk of loss or damage to the hangar and its contents, whether from windstorm, fire, earthquake, or any other causes whatsoever.

SECTION 17: RIGHTS OF ENTRY RESERVED

COUNTY has the right to inspect the Leased Premises at any time upon reasonable notice.

SECTION 18: INSURANCE

a. <u>LIABILITY</u>:

LESSEE agrees that LESSEE, shall, during the entire term or any extension of this LEASE, keep in full force and effect, a policy or policies of aircraft liability and public liability insurance with respect to the Leased Premises. The limits of aircraft liability and public liability shall not be less than <u>ONE MILLION (\$1,000,000.00</u>) dollars Combined Single Limit (CSL) each. The COUNTY reserves the right to increase the minimal aircraft liability and public liability insurance requirements as circumstances may warrant.

b. PROPERTY:

The damage, destruction, or partial destruction of any permanent building or other improvement which is part of the Leased Premises shall not release LESSEE from any obligations hereunder nor shall it cause a rebate or an abatement in rent then due or thereafter becoming due under the terms hereof. In case of damage to or destruction of any such building or improvement, LESSEE shall at its own expense, promptly repair and restore the property to a condition as good or better than that existed prior to the damage or destruction.

For purposes of assuring compliance with the foregoing, LESSEE agrees to maintain property insurance on any permanent building or improvement constructed on the Leased Premises in an amount not less than full replacement value of such building and its improvements and agrees that the proceeds from such insurance shall be used promptly by LESSEE to satisfy LESSEE's repair and replacement obligation under this paragraph.

Okaloosa County shall be listed as a loss payee on all property insurance policies.

c. All aircraft liability and public liability coverage shall be endorsed to include Okaloosa County as Additional Insured. In addition, all insurance policies shall contain a

clause that the insurer will not cancel or change the insurance without first giving the COUNTY thirty (30) days prior written notice. Prior to occupying the Leased Premises and annually upon renewal, LESSEE shall furnish COUNTY a Certificate of Insurance evidencing all required insurance. The Certificate(s) of Insurance shall be delivered to the Contracts and Lease Coordinator, 602-C N. Pearl Street, Crestview, FL 32536. On request, LESSEE shall deliver an exact copy of the policy or policies including all endorsements.

SECTION 19: NOTICES

Any and all notices to be given under this LEASE may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the AIRPORT DIRECTOR is as follows: Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida 32542-1413. The address of the LESSEE is: Dewey Cosgrove, 215 Hwy 90 East, Crestview, FL 32539.

SECTION 20: HOLD HARMLESS

To the fullest extent permitted by law, LESSEE shall indemnify hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional, wrongful conduct of the LESSEE and other persons employed or utilized by the LESSEE in the performance of this lease.

SECTION 21: BINDING NATURE OF LEASE

This LEASE shall be binding on the assigns, transfers, heirs, executors, successors, and trustees of the parties hereto.

SECTION 22: PROHIBITED ACTIVITY

LESSEE shall not commit or suffer to be committed on said premises, any waste, nuisance, or unlawful act.

SECTION 23: COMMERCIAL ACTIVITY PROHIBITED

No commercial activity of any nature or kind is allowed on the Leased Premises.

SECTION 24: RESTRICTIONS ON MECHANIC'S LIENS

Nothing in this lease shall be deemed or construed in any way as constituting the consent or request of COUNTY, express or implied, by inference or otherwise, to any contractor, sub-contractor, laborer, or materialman for the performance of any labor or the furnishing of any materials for any specific improvement, alteration to, or repair of the demised premises or any part thereof, nor as giving LESSEE and right, power, or authority to contract for or permit the rendering of any services or the furnishing of any materials that would give rise to the filing of any lien against the demised premises or any part thereof. Such liens are hereby strictly prohibited

SECTION 25: TERMINATION BY LESSOR

If LESSEE breaches or violates any of the terms and provisions hereof, COUNTY shall have the right to terminate this LEASE forthwith by giving written notice to LESSEE, and if not corrected within THIRTY (30) days, this LEASE would be terminated and in such event of termination, the improvements thereon would become the property of COUNTY.

SECTION 26: NON-DISCRIMINATION

LESSEE, for its self, its personal representatives, successors, in interest, and assigns, as part of the consideration hereof, does hereby covenant and agree that (1) no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land and the furnishing of services thereon, no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, and (3) that LESSEE shall use the premises in compliance with all other requirements imposed by or pursuant to Title 49, Code of Federal Regulation, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally assisted programs of the Department of Transportation Effectuation of Title VI of the Civil Rights Act of 1964, and as said regulations may be amended.

That in the event of breach of any of the above nondiscrimination covenants, COUNTY shall have the right to terminate the LEASE and to reenter and repossess said land and the facilities thereon, and hold the same as if said LEASE had never been made or issued.

This provision shall not be effective until the procedures of Title 49, Code of Federal Regulations, Part 21, are followed and completed, including exercise or expiration of appeal rights.

SECTION 27: PLACE OF PAYMENTS

All payments and notices to COUNTY shall be given or mailed to the following address:

AIRPORTS DIRECTOR
OKALOOSA COUNTY AIRPORTS
1701 HIGHWAY 85 NORTH
EGLIN AFB, FLORIDA 32542-1498

SECTION 28: CONSTRUCTION AND APPLICATION OF TERMS

The section and paragraph headings in this LEASE are inserted only as a matter of convenience and for reference, and in no way define, limit, or describe the scope or intent of any portion hereof. The parties have participated jointly in the negotiation and drafting of this Lease. In the event an ambiguity or question of intent or interpretation arises, this Lease shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provisions of this Lease. Both parties have had an opportunity to have their respective legal counselors review this Lease.

SECTION 29: LEGAL DESCRIPTION

Contains 5,000 square feet more or less.

SECTION 30: RENEWAL OF LEASE

At the end of this initial lease period, all improvements to the property shall become the sole possession of OKALOOSA COUNTY.

a. <u>OPTION TERM</u>:

Provide LESSEE is in compliance with all terms and conditions of this Agreement, LESSEE shall have an option to renew this Agreement with all the same terms and conditions except for rent for additional term of twenty (20) years.

b. <u>RENT</u>:

Rent for the additional term shall be established by an independent appraisal conducted by the COUNTY. If LESSEE does not agree with the rental fee established as a result of the independent appraisal, the option to renew shall be null and void and this lease shall terminate. Adjustments will be based upon the provisions of SECTION 7: ESCALATION.

c. <u>NOTICE</u>:

LESSEE shall give COUNTY at least one hundred twenty (120) days written notice prior to the termination of this lease of its intent to exercise the option to renew.

SECTION 31: ENTIRE LEASE

This LEASE consists of the following: Sections 1 to 31. It constitutes the entire LEASE of the parties on the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE.

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

> BOARD OF COUNTY COMMISSIONERS OKALOOSA COUNTY, FLORIDA

JAMES CAMPBELL CHAIRMAN

ATTEST:

•

GARY J. STANFORD

DEPUTY CLERK OF CIRCUIT COURT OKALOOSA COUNTY, FLORIDA



DEWEY COSGR

SS ferred Zfeller Zl.Z WITNESS

WITNESS

ACKNOWLEDGMENTS

STATE OF FLORIDA COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared DEWEY COSGROVE who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 12th day of <u>Uugus</u>, 2008, AD.

My Commission expires:

NOTARY PUBLIC-STATE OF FLORIDA Joy G. Powell Commission # DD536188 Expires: MAY 07, 2010 Bonded Thru Atlantic Bonding Co., Inc.



.

OP ID: KT

ACORD	EVIDENCE OF PROPERTY INSURANCE			Γ	DATE (MM/DD/YYYY) 11/14/2014
ADDITIONAL INTEREST NAMED COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHORIZ	INSURANCE IS ISSUED AS A MATT BELOW. THIS EVIDENCE DOES NOT POLICIES BELOW. THIS EVIDENCE CED REPRESENTATIVE OR PRODUCER	AFFIRMATIVELY OR OF INSURANCE DOES	NEGATIVELY AME NOT CONSTITUTE	END, EXTEND	GHTS UPON THE OR ALTER THE
AGENCY PHONE	Ext): 850-581-4925	COMPANY			
Waldorff Ins & Bonding - FWNB 45 Eglin Parkway NE, Ste 202 Fort Walton Beach, FL 32548 Danny Hare		Amerisure Mutual P O Box 33478 Detroit, MI 48232-54	178		
FAX (A/C, No):850-581-4930 E-MAIL ADDRESS:		-			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID #: COSC-01					
INSURED		LOAN NUMBER POLICY NUMBER CPP2017799110014			
Cosco & Associatos	Inc. 8	EFFECTIVE DATE	EXPIRATION DATE	CON	TINUED UNTIL
Cosco & Associates, Inc. & Dewey Cosgrove		01/25/14	01/25/15		MINATED IF CHECKED
215 James Lee Blvd., East Crestview, FL 32539		THIS REPLACES PRIOR EVID	DENCE DATED:	11 11 11	
PROPERTY INFORMATION					
LOCATION/DESCRIPTION John Givens Rd,Bob Sikes Airpo Premises: Airport Hangar-Blck 3, Lot 1 Crestview, FL 32539					
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 EVIDENCE OF PROPERTY INSURANCE 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.					
COVERAGE INFORMATION	COVERAGE / PERILS / FORMS				_
Premise 002 Building 001 HANGAR CONTENTS Loss Valuation: Replacement Cost					E DEDUCTIBLE 1000 100 1000 100
Subject to 80% Coinsurance 5% Wind and Hail Deductible Special Form Causes of Loss					
REMARKS (Including Special Conditions)					
CANCELLATION	and the second se				
SHOULD ANY OF THE ABOVE DELIVERED IN ACCORDANCE WI	DESCRIBED POLICIES BE CANCEL TH THE POLICY PROVISIONS.	LED BEFORE THE E	XPIRATION DATE	THEREOF, N	NOTICE WILL BE
ADDITIONAL INTEREST					
NAME AND ADDRESS	MORTGAGEE ADDITIONAL INSURED LOSS PAYEE				
LOAN #					
For Informational Purposes					
Only	AUTHORIZED REPRESENTATI	VE			
L.C	322 - AP	Dammy Ha	n		
ACORD 27 (2009/12)	Jun IVE	© 1993-200	9 ACORD CORPO	RATION A	rights reserved
	The ACORD name and logo are				ngino reserveu.