

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: 1/1/2035 W/ONE 20 YEAR RENEWAL OPTION

No Renewals jk

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

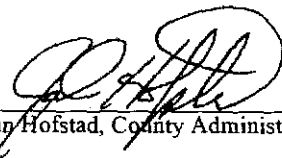
OPTIONS: Approve, Deny or Postpone.

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

RECOMMENDED BY:


Tracy Stage, Airport Director 3/1/2023

APPROVED BY:


John Hofstad, County Administrator 3/8/2023

**CONSENT TO ASSIGNMENT OF LEASE L08-0322-AP
DEWEY COSGROVE AT THE
BOB SIKES AIRPORT**

This Consent to Assignment of Lease, made and entered into this 14th day of March, 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:

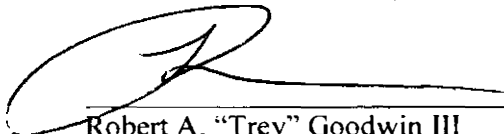
CONSENT TO ASSIGNMENT

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



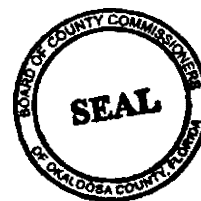
Robert A. "Trey" Goodwin III
Chairman, Board of County Commissioners

Date: 3/14/2023

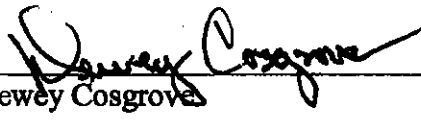
ATTEST



J.D. Peacock II
Clerk of Circuit Court

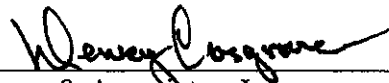


LESSEE


Dewey Cosgrove

Date: 1-26-2023

ASSIGNEE


Cosco & Associates, Inc.
Dewey Cosgrove, Director

Date: 1-24-2023

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

| | | | |
|---|--|--|--|
| Procurement/Contract/Lease Number: <u>LO8-0322-AP</u> | | Tracking Number: <u>483223</u> | |
| Procurement/Contractor/Lessee Name: <u>Dewey Cosgrove</u> | | Grant Funded: YES ___ NO <u>X</u> | |
| Purpose: <u>Assignment to COSCO Associates</u> | | | |
| Date/Term: <u>1-1-2035</u> | | 1. <input type="checkbox"/> GREATER THAN \$100,000 | |
| Department #: <u>NA</u> | | 2. <input type="checkbox"/> GREATER THAN \$50,000 | |
| Account #: <u>NA</u> | | 3. <input type="checkbox"/> \$50,000 OR LESS | |
| Amount: _____ | | Dept. Monitor Name: <u>Hoje</u> | |
| Department: <u>Airport</u> | | | |

| | |
|--|------------------------|
| Purchasing Review | |
| Procurement or Contract/Lease requirements are met: <u>[Signature]</u> | |
| Purchasing Manager or designee: _____ | Date: <u>1-30-2023</u> |
| DeRita Mason, Erin Poole, Amber Hammonds | |

| | |
|---|-------------------|
| 2CFR Compliance Review (if required) | |
| Approved as written: <u>no federal bid</u> | Grant Name: _____ |
| Grants Coordinator: _____ | Date: _____ |
| Suzanne Ulloa | |

| | |
|--|----------------------|
| Risk Management Review | |
| Approved as written: <u>see email attached</u> | Date: <u>1-30-23</u> |
| Risk Manager or designee: _____ | _____ |
| Lydia Garcia | |

| | |
|--|---------------------|
| County Attorney Review | |
| Approved as written: <u>see email attached</u> | Date: <u>2-2-23</u> |
| County Attorney: _____ | _____ |
| Lynn Hoshihara, Kerry Parsons or Designee | |

| | |
|----------------------------------|-------------|
| Department Funding Review | |
| Approved as written: _____ | Date: _____ |

| | |
|----------------------------------|-------------|
| IT Review (if applicable) | |
| Approved as written: _____ | Date: _____ |

DeRita Mason

From: Karen Donaldson
Sent: Monday, January 30, 2023 9:12 AM
To: DeRita Mason
Subject: RE: I08-0322-AP Dewey Cosgrove Assignment of Lease

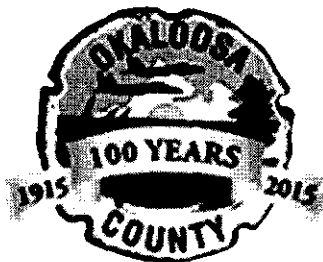
This is approved by risk management.

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
Purchasing Manager
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@myokaloosa.com



MAY 11-12, 2023

Panama City, FL at Gulf Coast State College

"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
To: DeRita Mason; 'Parsons, Kerry'
Cc: Karen Donaldson
Subject: Re: I08-0322-AP Dewey Cosgrove Assignment of Lease
Attachments: Dewey Cosgrove AOL I08-0322-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, CFPB, NIGP-CPP
Purchasing Manager
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@myokaloosa.com

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MMDD/YYYY)

09/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Falcon Insurance Agency Of Dallas
PO Box 706
Addison, TX 75001

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

PRODUCER

CUSTOMERID#

INSURED

COSCO & Associates, Inc.
COSCO Building
215 E. James Lee Blvd.
Crestview, FL 32539-2841

INSURER(S) AFFORDING COVERAGE

%

NAIC

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|------------|------------|----------|---------------|---------------------|
| YEAR | MAKE | MODEL | SERIAL NUMBER | REGISTRATION NUMBER |
| 1974 | Mitsubishi | MU-2B-26 | | N143JA |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|--------------------|--|----------------|-----------------|---------------------------|---------------------------|
| | GA00129465-21 | 9/26/2022 | 7/11/2023 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 525,000 | AGREED VALUE | \$ 500 | Ded. - Not in motion |
| | | | | \$ 5,000 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 45,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Board of County Commissioners
5749A Old Bethel Road
Crestview, FL 32536

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

09/29/2022

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| | | | |
|--|--|---|--|
| PRODUCER Falcon Insurance Agency Of Dallas PO Box 706 Addison, TX 75001 | | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMERID# | |
| INSURED COSCO & Associates, Inc. COSCO Building 215 E. James Lee Blvd. Crestview, FL 32539-2841 | | INSURER(S) AFFORDING COVERAGE INSURER A: U.S. SPECIALTY INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

| | | | |
|-----------------------------|----------------|--|---|
| AIRCRAFT INFORMATION | | ACORD 333, Aircraft Schedule attached | |
| YEAR 1977 | MAKE Cessna | MODEL 501SP | SERIAL NUMBER REGISTRATION NUMBER N565V |
| TERRITORY: | | | |

| | | | | | |
|---------------------------|---|-----------------------------|------------------------------|--------------------------------|--------------------------------|
| AIRCRAFT COVERAGES | | | | | |
| INSURER LETTER | POLICY NUMBER GA00129465-21 | EFFECTIVE DATE 9/26/2022 | EXPIRATION DATE 7/11/2023 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 480,000 | AGREED VALUE | \$ 0 | Ded. - Not in motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ 0 | Ded. - In motion |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PASS | \$ | EA PER AGGR |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |

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

Certificate Holder is included as an Additional Insured.

| | |
|--|--|
| CERTIFICATE HOLDER Okaloosa County Board of County Commissioners 5749A Old Bethel Road Crestview, FL 32536 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|--|

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE(MM/DD/YYYY)

09/28/2022

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| | |
|--|---|
| PRODUCER | CONTACT NAME: |
| Falcon Insurance Agency Of Dallas | PHONE (A/C, No, Ext): |
| PO Box 706 | FAX (A/C, No): |
| Addison, TX 75001 | E-MAIL ADDRESS: |
| | PRODUCER CUSTOMER ID#: |
| | INSURER(S) AFFORDING COVERAGE |
| | % |
| | NAIC # |
| INSURED | INSURER A: U.S. SPECIALTY INSURANCE COMPANY |
| D. Cosgrove dba COSCO Aviation Service | INSURER B: |
| COSCO Building 215 E. James Lee Blvd. | INSURER C: |
| Crestview, FL 32539 | 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.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|------------|--------|-------|---------------|---------------------|
| YEAR | MAKE | MODEL | SERIAL NUMBER | REGISTRATION NUMBER |
| 1964 | Cessna | 310I | | N77MB |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|---|----------------|-----------------|---------------------------|---------------------------|
| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
| | AC3023762-00 | 9/28/2022 | 8/15/2023 | Y | N |
| COVERAGE | OPTIONS | | LIMIT | APPLIES TO | LIMIT |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND ONLY | | \$ 55,000 | AGREED VALUE | \$ 250 |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY EXcluding Passenger | | \$ 1,000,000 | EA OCC | \$ |
| MEDICAL PAYMENTS | INCLUDING CREW | | \$ | EA PER | \$ |
| | EXCLUDING CREW | | \$ | EA PER | \$ |
| COVERAGE | OPTIONS | | LIMIT | APPLIES TO | LIMIT |
| CODE | DESCRIPTION | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |

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

Certificate Holder is included as an Additional Insured.


CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County Board of County Commissioners
5749A Old Bethel Road
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

CONTRACT: L08-0322-AP
DEWEY COSGROVE
BSAP BLOCK 3/LOT 1
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 OWNER

| | |
|------|------------------------|
| Name | COSCO & ASSOCIATES INC |
|------|------------------------|

| | | | |
|---------|----------------------|----------|------------|
| Street | 215 E JAMES LEE BLVD | | |
| City | CRESTVIEW | State | FLORIDA |
| County | OKEECHOBEE | Zip Code | 32539-2841 |
| Country | UNITED STATES | | |

AIRWORTHINESS

| | | | |
|------------------|------------|------------------|----------|
| Type Certificate | None | Type Certificate | None |
| Data Sheet | | Holder | |
| Engine | P&W CANADA | Classification | Standard |
| Manufacturer | | | |
| Engine Model | JT15D-1A | Category | Normal |
| A/W Date | 09/06/1989 | 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

Deregistered Aircraft 1 of 1**Aircraft Description**

| | | | |
|-------------------------|------------|-----------------------------|------------|
| Serial Number | 15 | Certificate Issue Date | 12/01/1938 |
| Manufacturer Name | AERONCA | Mode S Code (base 8 / oct) | 51635530 |
| Model | C-2 | Mode S Code (base 16 / hex) | A73B58 |
| Year | None | Cancel Date | 12/01/1939 |
| Manufacturer | | | |
| Reason For Cancellation | Cancelled | Export To | None |
| Type | Individual | | |
| Registration | | | |

Aircraft Registration Prior to Deregistration

| | |
|--------|-----------------------------|
| Name | HETRICK KENNETH LINWORTH |
| Street | 281 STATE STREET |

City OAKDALE

State PENNSYLVANIA

Zip Code 15071

Country UNITED STATES

Deregistered Airworthiness

Engine
Manufacturer None

Classification Unknown

Engine
Model None

Category

A/W

Exception
Code No

Date

Deregistered Other Owner Names

None

 United States Department of Transportation[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 |
|------|------------------------|

| | | | |
|---------|----------------------|----------|------------|
| Street | 215 E JAMES LEE BLVD | | |
| City | CRESTVIEW | State | FLORIDA |
| County | OKEECHOBEE | Zip Code | 32539-2841 |
| Country | UNITED STATES | | |

AIRWORTHINESS

| | | | |
|------------------|---------------|------------------|----------|
| Type Certificate | None | Type Certificate | None |
| Data Sheet | | Holder | |
| Engine | CONT MOTOR | Classification | Standard |
| Manufacturer | | | |
| Engine Model | I0-470 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

None



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/1/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER M.E. Wilson Company LLC Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548 | CONTACT NAME: L. Dale Waldorff |
| | PHONE (A/C No. Ext): 850-581-4925 FAX (A/C No.): 850-581-4930 |
| | E-MAIL ADDRESS: receptionist@waldorffinsurance.com |
| | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Amerisure Mutual NAIC # 23396 |
| | INSURER B: Amerisure Insurance NAIC # 19488 |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |

| | | |
|---|--------------------------------------|-------------------------|
| COVERAGES | CERTIFICATE NUMBER: 434765332 | REVISION NUMBER: |
| 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. | | |

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | GL20172681802 | 1/25/2023 | 1/25/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CA20955870801 | 1/25/2023 | 1/25/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | CU20172671902 | 1/25/2023 | 1/25/2024 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | Y | WC20178022102 | 1/25/2023 | 1/25/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Lease/Rented Equipment | | | CPP20177992002 | 1/25/2023 | 1/25/2024 | Limit: \$200,000 Ded: \$2,500 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if necessary)
Dewey Cosgrove is an insured as owner with respects to the General Liability Re: Certificate Holder is listed as Additional Insured, when required by written contract Waiver of Subrogation applies when required by written contract in favor of the Ce

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

, FL

| | |
|---|--|
| CERTIFICATE HOLDER Okaloosa County Board of County Commissioner's 1701 State Road Hwy 85, N Eglin AFB FL 32542-1413 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|--|

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L08-0322-AP



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER M.E. Wilson Company LLC Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548 | | CONTACT NAME: L. Dale Waldorff PHONE (A/C No. Ext): 850-581-4925 FAX (A/C No.): 850-581-4930 E-MAIL: receptionist@waldorffinsurance.com ADDRESS: | | | | | | | | | | | | | | | |
|---|--------|--|--|---------|--------|------------------------------|-------|---------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|
| INSURED Cosco & Associates, Inc. 215 James Lee Blvd., East Crestview FL 32539 | | INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Amerisure Mutual</td> <td>23396</td> </tr> <tr> <td>INSURER B : Amerisure Insurance</td> <td>19488</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | | INSURER | NAIC # | INSURER A : Amerisure Mutual | 23396 | INSURER B : Amerisure Insurance | 19488 | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER | NAIC # | | | | | | | | | | | | | | | | |
| INSURER A : Amerisure Mutual | 23396 | | | | | | | | | | | | | | | | |
| INSURER B : Amerisure Insurance | 19488 | | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 2146116988

REVISION NUMBER:

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | GL20172681702 | 1/25/2022 | 1/25/2023 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CA20955870601 | 1/25/2022 | 1/25/2023 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | CU20172871702 | 1/25/2022 | 1/25/2023 | EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC20178021902 | 1/25/2022 | 1/25/2023 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| A | Lease/Rented Equipment | | | CPP20177991802 | 1/25/2022 | 1/25/2023 | Limit Ded \$200,000 \$2,500 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Hangars - John Givens Road, Block 3, Lot 1, Crestview Airport, Crestview, FL

Dewey Cosgrove is an insured as owner with respects to the General Liability

Certificate Holder is listed as Additional Insured, when required by written contract, as Cancellation except 10 days for non-payment of premium as respects to General Liabi

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

CERTIFICATE HOLDER

CAN

Okaloosa County Board of County Commissioners
 5749 A Old Bethel Road
 Crestview FL 32536

SH-THL

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/28/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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| | |
|---|--|
| PRODUCER Falcon Insurance Agency Of Dallas 400 Westgrove Dr. Suite220 Addison, TX 75001 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID# |
| INSURED D. Cosgrove dba COSCO Aviation Service COSCO Building 215 E. James Lee Blvd. Crestview, FL 32539 | INSURER(S) AFFORDING COVERAGE INSURER A: U.S. SPECIALTY INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

%

NAIC #

100%

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 | | | |
| INDUSTRIAL AID | <input checked="" type="checkbox"/> | PLEASURE & BUS | <input type="checkbox"/> | COMMERCIAL | <input checked="" type="checkbox"/> | AIRPLANE | <input type="checkbox"/> |
| NON-OWNED | <input type="checkbox"/> | | <input type="checkbox"/> | | | LIABILITY ONLY | <input checked="" type="checkbox"/> |
| | | | | | | HELICOPTER | <input type="checkbox"/> |
| | | | | | | HULL & LIABILITY | <input type="checkbox"/> |
| | | | | | | MIXED FLEET | <input type="checkbox"/> |
| | | | | | | HULL ONLY | <input type="checkbox"/> |
| | | | | | | EXCESS | <input type="checkbox"/> |
| | | | | | | QUOTA SHARE | <input type="checkbox"/> |

AIRCRAFT INFORMATION**ACORD 333, Aircraft Schedule attached**

| | | | | |
|--------------|----------------|---------------|---------------|------------------------------|
| YEAR 1964 | MAKE Cessna | MODEL 310I | SERIAL NUMBER | REGISTRATION NUMBER N77MB |
|--------------|----------------|---------------|---------------|------------------------------|

TERRITORY:

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|---|-----------------------------|------------------------------|--------------------------------|--------------------------------|
| INSURER LETTER | POLICY NUMBER AC3008936-06 | EFFECTIVE DATE 7/11/2021 | EXPIRATION DATE 7/11/2022 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND ONLY | \$ 55,000 | AGREED VALUE | \$ 250 | Ded. - Not in motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY Excluding Passenger | \$ 1,000,000 | EA OCC | \$ | Ded. - In motion |
| | | | EA PASS | \$ | EA PER |
| MEDICAL PAYMENTS | INCLUDING CREW | \$ | EA PER | \$ | AGGR |
| | EXCLUDING CREW | | | | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County Airport
5749A Old Bethel Road
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 (2016/03)

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CONTRACT#: L08-0322-AP
DEWEY COSGROVE
BSAP BLOCK 3/LOT 1
EXPIRES: 01/20/2035



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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| | | | | | |
|--|--|---|--|-----------------------|---------------|
| PRODUCER Falcon Ins - Dallas P.O. Box 706 Addison, TX 75001 | | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID#: | | FAX (A/C, No): | |
| INSURED D. Cosgrove dba COSCO Aviation Service COSCO Building 215 E. James Lee Blvd. Crestview, FL 32539 | | INSURER(S) AFFORDING COVERAGE | | % | NAIC # |
| | | INSURER A: U.S. SPECIALTY INSURANCE COMPANY | | 100% | |
| | | INSURER B: | | | |
| | | INSURER C: | | | |
| | | INSURER D: | | | |
| | | INSURER E: | | | |
| | | INSURER F: | | | |

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| | | | | | |
|--|--|-------------------------------------|--|--|--------------------------------------|
| POLICY INFORMATION | | CERTIFICATE NUMBER: | | REVISION NUMBER: | |
| POLICY TYPE | | LINE OF BUSINESS SUBCODE | | | |
| <input type="checkbox"/> INDUSTRIAL AD | <input checked="" type="checkbox"/> PLEASURE & BUS | <input type="checkbox"/> COMMERCIAL | <input checked="" type="checkbox"/> AIRPLANE | <input type="checkbox"/> HELICOPTER | <input type="checkbox"/> MIXED FLEET |
| <input type="checkbox"/> NON-OWNED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LIABILITY ONLY | <input checked="" type="checkbox"/> HULL & LIABILITY | <input type="checkbox"/> HULL ONLY |
| | | | | <input type="checkbox"/> EXCESS | <input type="checkbox"/> QUOTA SHARE |

AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached

| | | | | |
|---------------------|-----------------------|----------------------|----------------------|-------------------------------------|
| YEAR 1964 | MAKE Cessna | MODEL 310I | SERIAL NUMBER | REGISTRATION NUMBER N77MB |
|---------------------|-----------------------|----------------------|----------------------|-------------------------------------|

TERRITORY:

AIRCRAFT COVERAGES

| | | | | | |
|-----------------------|---|------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|
| INSURER LETTER | POLICY NUMBER AC3008936-05 | EFFECTIVE DATE 7/11/2020 | EXPIRATION DATE 7/11/2021 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND ONLY | \$ 55,000 | AGREED VALUE | \$ 250 | Ded. - Not in motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY EXcluding Passenger | \$ 1,000,000 | EA OCC EA PASS | \$ | EA PER AGGR |
| MEDICAL PAYMENTS | INCLUDING CREW EXCLUDING CREW | \$ | EA PER | \$ | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDEROkaloosa County Airport
5749A Old Bethel Road
Crestview, FL 32536**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 21 (2016/03)

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



CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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| | |
|--|--|
| PRODUCER Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548 | CONTACT NAME: L. Dale Waldorff |
| | PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 |
| | E-MAIL ADDRESS: receptionist@waldorffinsurance.com |
| | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Amerisure Mutual NAIC # 23396 |
| | INSURER B: Amerisure Insurance NAIC # 19488 |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |

COVERAGES

CERTIFICATE NUMBER: 1802566749

REVISION NUMBER:

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | GL20172681602 | 1/25/2020 | 1/25/2021 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CA20955870501 | 1/25/2020 | 1/25/2021 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | CU20172671602 | 1/25/2020 | 1/25/2021 | EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC201780217 | 1/25/2020 | 1/25/2021 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| A | Leased/Rented Equip | | | CPP20177991702 | 1/25/2020 | 1/25/2021 | Limit: \$200,000 Ded. \$2,500 |

Okaloosa County BOCC

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

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

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County Board of County Commissioners
602-C 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

L. Dale Waldorff

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CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|--|---------------|
| PRODUCER Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548 | CONTACT NAME: L. Dale Waldorff | |
| | PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 | |
| INSURED Cosco & Associates, Inc. 215 James Lee Blvd., East Crestview FL 32539 | E-MAIL ADDRESS: receptionist@waldorffinsurance.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: Amerisure Mutual | 23396 |
| | INSURER B: Amerisure Insurance | 19488 |
| | INSURER C: | |
| | INSURER D: | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** 938984849 **REVISION NUMBER:**

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | GL20172681502 | 1/25/2019 | 1/25/2020 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CA20955870401 | 1/25/2019 | 1/25/2020 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 0 | | | CU20172671502 | 1/25/2019 | 1/25/2020 | EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ |
| A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC201780217 | 1/25/2019 | 1/25/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| B | Leased/Rented Equip | | | CPP20177991602 | 1/25/2019 | 1/25/2020 | Limit: \$200,000 Ded. \$2,500 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Dewey Cosgrove is an insured as owner with respects to the General Liability

Re: Hangars -John Givens Road, Block 3, Lot 1, Crestview Airport, Crestview, FL

Certificate Holder is listed as Additional Insured, when required by written contract, as pertains to General Liability.

CERTIFICATE HOLDER

| | |
|---|---|
| Okaloosa County Airport 1701 State Road Hwy 85, N Eglin AFB FL 32542-1413 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | |
|---|---|----------------|------|--------|
| PRODUCER Falcon Ins - Dallas P.O. Box 706 Addison, TX 75001 | CONTACT NAME: | | | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): | | |
| | E-MAIL ADDRESS: | | | |
| | PRODUCER CUSTOMER ID#: | | | |
| INSURED D. Cosgrove dba COSCO Aviation Service COSCO Building 215 E. James Lee Blvd. Crestview, FL 32539 | INSURER(S) AFFORDING COVERAGE | | % | NAIC # |
| | INSURER A: U.S. SPECIALTY INSURANCE COMPANY | | 100% | |
| | INSURER B: | | | |
| | INSURER C: | | | |
| | INSURER D: | | | |
| | INSURER E: | | | |
| | INSURER F: | | | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|--------------------|---------------|------------------------------|
| YEAR 1975 | MAKE Piper | MODEL PA-28-181 | SERIAL NUMBER | REGISTRATION NUMBER N8037 |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | | |
|--------------------|--|-----------------------------|------------------------------|--------------------------------|--------------------------------|--|
| INSURER LETTER | POLICY NUMBER AC3008936-04 | EFFECTIVE DATE 7/11/2019 | EXPIRATION DATE 7/11/2020 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N | |
| COVERAGE | OPTIONS | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | | \$ 65,000 | AGREED VALUE | \$ 100 500 | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW EXCLUDING CREW | | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| COVERAGE | OPTIONS | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |

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

Certificate Holder is included as an Additional Insured.

| | |
|---|---|
| CERTIFICATE HOLDER Okaloosa County Airport 5749A Old Bethel Road Crestview, FL 32536 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|

LO8-0322-AP



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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| | | | |
|--|--|---|--|
| PRODUCER Falcon Ins - Dallas P.O. Box 706 Addison, TX 75001 | | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID#: | |
| INSURED D. Cosgrove dba COSCO Aviation Service COSCO Building 215 E. James Lee Blvd. Crestview, FL 32539 | | INSURER(S) AFFORDING COVERAGE INSURER A: U.S. SPECIALTY INSURANCE COMPANY 100% NAIC # INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

| | | | |
|-----------------------------|---------------|--|-------------------------------|
| AIRCRAFT INFORMATION | | ACORD 333, Aircraft Schedule attached | |
| YEAR 1967 | MAKE Beech | MODEL 95-B55 (T42A) | REGISTRATION NUMBER N5409U |
| TERRITORY: | | | |

| | | | | | |
|---------------------------|--|-----------------------------|------------------------------|--------------------------------|--------------------------------|
| AIRCRAFT COVERAGES | | | | | |
| INSURER LETTER | POLICY NUMBER AC3008936-04 | EFFECTIVE DATE 7/11/2019 | EXPIRATION DATE 7/11/2020 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 150,000 | AGREED VALUE | \$ 100 | Ded. - Not in motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ 500 | Ded. - in motion |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW EXCLUDING CREW | \$ 100,000 | EA PASS | \$ | EA PER AGGR |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |

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

Certificate Holder is included as an Additional Insured.

| | |
|--|--|
| CERTIFICATE HOLDER Okaloosa County Airport 5749A Old Bethel Road Crestview, FL 32536 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|--|

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ACORD 21 (2016/03)

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L08-0322-AP



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/15/2019

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| | |
|---|--|
| PRODUCER Falcon Ins - Dallas P.O. Box 706 Addison, TX 75001 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID# |
| INSURED D. Cosgrove dba COSCO Aviation Service COSCO Building 215 E. James Lee Blvd. Crestview, FL 32539 | INSURER(S) AFFORDING COVERAGE INSURER A: U.S. SPECIALTY INSURANCE COMPANY 100% NAIC # INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|----------------|---------------|---------------|------------------------------|
| YEAR 1964 | MAKE Cessna | MODEL 310I | SERIAL NUMBER | REGISTRATION NUMBER N77MB |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|--|-----------------------------|------------------------------|--------------------------------|------------------------------------|
| INSURER LETTER | POLICY NUMBER AC3008936-04 | EFFECTIVE DATE 7/11/2019 | EXPIRATION DATE 7/11/2020 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 55,000 | AGREED VALUE | \$ 0 | Ded. - Not in motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | Ded. - In motion EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |

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

Certificate Holder is included as an Additional Insured.

| | |
|---|---|
| CERTIFICATE HOLDER Okaloosa County Airport 5749A Old Bethel Road Crestview, FL 32536 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|

ACORD 21 (2016/03)

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L08-0322-AP



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/05/2019

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PRODUCER

Falcon Ins - Dallas
P.O. Box 706
Addison, TX 75001

CONTACT**NAME:****PHONE**

(A/C, No, Ext)

FAX

(A/C, No)

E-MAIL**ADDRESS****PRODUCER****CUSTOMER ID#:****INSURED**

COSCO & Associates, Inc.
COSCO Building
215 E. James Lee Blvd.
Crestview, FL 32539-2841

INSURER(S) AFFORDING COVERAGE**%****NAIC #****INSURER A: U.S. SPECIALTY INSURANCE COMPANY**

100%

INSURER B:**INSURER C:****INSURER D:****INSURER E:****INSURER F:**

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POLICY INFORMATION**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

AIRCRAFT INFORMATION**ACORD 333, Aircraft Schedule attached**

| | | | | |
|---------------------|----------------------|----------------------|----------------------|--------------------------------------|
| YEAR 1975 | MAKE Beech | MODEL E-90 | SERIAL NUMBER | REGISTRATION NUMBER N249WM |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) | |
|--------------------|--|----------------|----------------------------|---------------------------|---------------------------|--|
| | GA00129465-18 | 7/11/2019 | 7/11/2020 | Y | N | |
| COVERAGE | OPTIONS | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | | \$ 505,000 | AGREED VALUE | \$ 250 \$ 2,500 | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW EXCLUDING CREW | | \$ 5,000 | EA PER | \$ 35,000 | EA OCC |
| COVERAGE | OPTIONS | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport; Jack Allen
5749A Old Bethel Road
Crestview, FL 32536

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 21 (2016/03)

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L08-0322-AP



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

RECEIVED

JUL 30 2018

BY: *Purch*

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
D. Cosgrove dba COSCO Aviation Service

COSCO Building 215 E. James Lee Blvd.
Crestview, FL, 32539

L08-0322-AP

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|--------------------|---------------|------------------------------|
| YEAR 1975 | MAKE PIPER | MODEL PA-28-181 | SERIAL NUMBER | REGISTRATION NUMBER N8037 |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|--------------------|--|----------------|-----------------|---------------------------|---------------------------|
| | AC3008936-03 | 07/18/2018 | 07/11/2019 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 65,000 | AGREED VALUE | \$ 100 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 500 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | | | | | |
| CODE | DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | LIMIT |
| | | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport
5749A Old Bethel Road
Crestview, FL 32536

CANCELLATION

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AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/18/2018

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PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

RECEIVED
JUL 30 2018
BY: P. R. C. H.

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
D. Cosgrove dba COSCO Aviation Service

COSCO Building 215 E. James Lee Blvd.
Crestview, FL, 32539

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|------------------------|---------------|-------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL 95-B55 (T42A) | SERIAL NUMBER | REGISTRATION NUMBER N5409U |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) | |
|--------------------|---|----------------------------|-------------------|---------------------------|--|------------|
| | AC3008936-03 | 07/18/2018 | 07/11/2019 | Y | N | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO | |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY | \$ 150,000 | AGREED VALUE | \$ 100 \$ 500 | Ded. - Not in motion Ded. - In motion | |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR | |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC | |
| CODE | DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| | | | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport
5749A Old Bethel Road
Crestview, FL 32536

CANCELLATION

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AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/18/2018

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PRODUCER

Faloon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

RECEIVED

JUL 30 2018

BY: P. R. C. H.

CONTACT
NAME:PHONE
(VC, No, Ext):FAX
(VC, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMERID No.

INSURED

D. Cosgrove dba COSCO Aviation Service

COSCO Building 215 E. James Lee Blvd.
Crestview, FL, 32539

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|----------------|---------------|---------------|------------------------------|
| YEAR 1964 | MAKE CESSNA | MODEL 310I | SERIAL NUMBER | REGISTRATION NUMBER N77MB |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|---|------------------------------|-------------------------------|--------------------------------|--|
| INSURER LETTER | POLICY NUMBER AC3008936-03 | EFFECTIVE DATE 07/18/2018 | EXPIRATION DATE 07/11/2019 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY | \$ 55,000 | AGREED VALUE | \$ | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |
| | | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport
5749A Old Bethel Road
Crestview, FL 32536

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/18/2018

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PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

RECEIVED

JUL 30 2018

BY: *Purch*

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
D. Cosgrove dba COSCO Aviation Service

COSCO Building 215 E. James Lee Blvd.
Crestview, FL, 32539

L08-0322-AP

| INSURER(S) AFFORDING COVERAGE | % | NAIC No. |
|---|------|----------|
| INSURER A: U.S. SPECIALTY INSURANCE COMPANY | 100% | |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

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POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|--------------------|---------------|------------------------------|
| YEAR 1975 | MAKE PIPER | MODEL PA-28-181 | SERIAL NUMBER | REGISTRATION NUMBER N8037 |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | | | | | | | |
|--------------------|-------------|-------------------------------------|----------------------------|------------------------------|--|-------------------------------|--|--------------------------------|--|--------------------------------|--|
| INSURER LETTER | | POLICY NUMBER AC3008936-03 | | EFFECTIVE DATE 07/18/2018 | | EXPIRATION DATE 07/11/2019 | | ADDITIONAL INSURED? (Y/N) Y | | SUBROGATION WAIVED? (Y/N) N | |
| COVERAGE | | OPTIONS | | LIMIT | | APPLIES TO | | LIMIT | | APPLIES TO | |
| AIRCRAFT HULL | | <input checked="" type="checkbox"/> | ALL RISK GROUND AND FLIGHT | \$ 65,000 | | AGREED VALUE | | \$ 100 | | Ded. - Not in motion | |
| | | <input type="checkbox"/> | ALL RISK GROUND ONLY | | | | | \$ 500 | | | |
| AIRCRAFT LIABILITY | | <input checked="" type="checkbox"/> | LIABILITY | \$ 1,000,000 | | EA OCC | | \$ | | EA PER | |
| | | <input type="checkbox"/> | | \$ 100,000 | | EA PASS | | \$ | | AGGR | |
| MEDICAL PAYMENTS | | <input checked="" type="checkbox"/> | INCLUDING CREW | \$ 5,000 | | EA PER | | \$ 20,000 | | EA OCC | |
| | | <input type="checkbox"/> | EXCLUDING CREW | | | | | | | | |
| COVERAGE | | | | | | | | | | | |
| CODE | DESCRIPTION | OPTIONS | | LIMIT | | APPLIES TO | | LIMIT | | APPLIES TO | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport
5749A Old Bethel Road
Crestview, FL 32536

CANCELLATION

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AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/18/2018

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PRODUCER
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P.O. Box 706
Addison, TX, 75001

RECEIVED
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BY: P. R. C. H.

CONTACT

NAME:

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L08-0322-AP

| INSURER(S) AFFORDING COVERAGE | % | NAIC No. |
|---|------|----------|
| INSURER A: U.S. SPECIALTY INSURANCE COMPANY | 100% | |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
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POLICY INFORMATION**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

AIRCRAFT INFORMATION**ACORD 333, Aircraft Schedule attached**

| | | | | |
|--------------|---------------|------------------------|---------------|-------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL 95-B55 (T42A) | SERIAL NUMBER | REGISTRATION NUMBER N5409U |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|--------------------|---|----------------------------|-------------------|---------------------------|--|
| | AC3008936-03 | 07/18/2018 | 07/11/2019 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY | \$ 150,000 | AGREED VALUE | \$ 100 \$ 500 | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| CODE | DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | LIMIT |
| | | | | | |

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07/18/2018

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PRODUCER

Faloon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

RECEIVED

JUL 30 2018

BY: P. R. C. H.

CONTACT

NAME:

PHONE

(VC, No, Ext):

FAX

(VC, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMERID No.

INSURED

D. Cosgrove dba COSCO Aviation Service

COSCO Building 215 E. James Lee Blvd.
Crestview, FL, 32539

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

POLICY TYPE

LINE OF BUSINESS SUBCODE

INDUSTRIAL AID

☒

PLEASURE & BUS

☐

COMMERCIAL

☒

AIRPLANE

☐

HELICOPTER

☐

MIXED FLEET

EXCESS

☐

QUOTA SHARE

NON-OWNED

☐

LIABILITY ONLY

☒

HULL & LIABILITY

☐

HULL ONLY

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

YEAR
1964MAKE
CESSNAMODEL
310I

SERIAL NUMBER

REGISTRATION NUMBER
N77MB

TERRITORY:

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|--------------------|---|----------------|-----------------|---------------------------|--|
| | AC3008936-03 | 07/18/2018 | 07/11/2019 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY | \$ 55,000 | AGREED VALUE | \$ | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| CODE | DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | LIMIT |
| | | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport
5749A Old Bethel Road
Crestview, FL 32536

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/9/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
Waldorff Insurance & Bonding
45 Eglin Parkway NE Ste 202
Fort Walton Beach FL 32548

RECEIVED
FEB 14 2018
BY: *Purch*

INSURED
Cosco & Associates, Inc.
215 James Lee Blvd., East
Crestview FL 32539

C088-01

CONTACT NAME: Danny Hare
PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930
E-MAIL: receptionist@waldorffinsurance.com
ADDRESS: receptionist@waldorffinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Amerisure Mutual 23396

INSURER B : Amerisure Insurance 19488

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 924581483

REVISION NUMBER:

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.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD. WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|----------------------------------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | GL20172681402 | 1/25/2018 | 1/25/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | CA20955870302 | 1/25/2018 | 1/25/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | CU20172671402 | 1/25/2018 | 1/25/2019 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | WC201780216 | 1/25/2018 | 1/25/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| B | Leased/Rented Equip | | CP20177981502 | 1/25/2018 | 1/25/2019 | Limit: \$200,000 Ded: \$2,500 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Dewey Cosgrove is an insured as owner with respects to the General Liability

Re: Hangars -John Givens Road, Block 3, Lot 1, Crestview Airport, Crestview, FL

Certificate Holder is listed as Additional Insured, when required by written contract, as pertains to General Liability.

L08-0322-AP

CERTIFICATE HOLDER

CANCELLATION

Okealoosa County
5749 A Old Bethel Road
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

Danny Hare



CGORMAN

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
2/9/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY PHONE (A/C, No, Ext): (850) 581-4925

Waldorff Insurance & Bonding Inc.
45 Eglin Parkway NE
Suite 202
Fort Walton Beach, FL 32548

COMPANY

Amerisure Insurance
P O Box 33478
Detroit, MI 48232-5478

FAX (A/C, No): (850) 581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com

CODE: SUB CODE:
AGENCY CUSTOMER ID #: COSC&AS-01 License # L001729INSURED Cosco & Associates, Inc.
215 James Lee Blvd. East
Crestview, FL 32539

LOAN NUMBER

POLICY NUMBER

CPP20177991502

EFFECTIVE DATE

1/25/2018

EXPIRATION DATE

1/25/2019

CONTINUED UNTIL
TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc # 2, Bldg # 1, 5551 John Givens Road, Crestview, FL 32539, Airplane Hangar

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

PERILS INSURED BASIC BROAD SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Loc # 2, Bldg # 1

Building, Special

\$200,000

1,000

Building, Windstorm

5.0000%

Contents, Special

\$40,000

1,000

Contents, Windstorm

5.0000%

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS

ADDITIONAL INSURED

LENDER'S LOSS PAYABLE

LOSS PAYEE

MORTGAGEE

X Owner

LOAN #

Dewey Cosgrove
Bob Sikes Airport, John Givens
Crestview, FL 32539

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/22/2017

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PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
COSCO & Associates, Inc.COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32539-2841

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A : U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

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POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|---------------------------|---------------|---------------|---------------|-------------------------------|
| YEAR 1975 | MAKE BEECH | MODEL E-90 | SERIAL NUMBER | REGISTRATION NUMBER N249WM |
| TERRITORY: LO8-0322-AP | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|---|------------------------------|-------------------------------|--------------------------------|--|
| INSURER LETTER | POLICY NUMBER GA00129465-16 | EFFECTIVE DATE 07/11/2017 | EXPIRATION DATE 07/11/2018 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY | \$ 505,000 | AGREED VALUE | \$ 250 \$ 2,500 | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 35,000 | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |
| | | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County Airport
Josh Allen
5749A Old Bethel Rd.
Crestview, FL 32536

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF AIRCRAFT INSURANCE

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

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PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

CONTACT
NAME:

PHONE
(A/C, No, Ext):

FAX
(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
COSCO Aviation Services, LLC

COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32539

| INSURER(S) AFFORDING COVERAGE | % | NAIC No. |
|---|------|----------|
| INSURER A: U.S. SPECIALTY INSURANCE COMPANY | 100% | |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

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POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|------------------------|---------------|-------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL 95-B55 (T42A) | SERIAL NUMBER | REGISTRATION NUMBER N5409U |
| TERRITORY: | | | L08-0322-AP | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|---|------------------------------|-------------------------------|----------------------------------|--|
| INSURER LETTER | POLICY NUMBER AC3008936-02 | EFFECTIVE DATE 07/11/2017 | EXPIRATION DATE 07/11/2018 | ADDITIONAL INSURED? (Y / N) Y | SUBROGATION WAIVED? (Y / N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY | \$ 150,000 | AGREED VALUE | \$ 100 \$ 500 | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport
5749A Old Bethe Road
Crestview, FL 32536

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/22/2017

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PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

CONTACT
NAME:PHONE
(A/C, No, Ext):FAX
(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
COSCO & Associates, Inc.

COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32539-2841

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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POLICY INFORMATION**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

AIRCRAFT INFORMATION**ACORD 333, Aircraft Schedule attached**

| | | | | |
|--------------|---------------|----------------------|---------------|-------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL KING AIR 90 | SERIAL NUMBER | REGISTRATION NUMBER N577DC |
| TERRITORY: | | | L08-0322-AP | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|--------------------|--|----------------|-----------------|---------------------------|---------------------------|
| | GA00129465-16 | 07/11/2017 | 07/11/2018 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 240,000 | AGREED VALUE | \$ 250 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 2,500 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 35,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |
| | | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport
Jack Allen
5749A Old Bethel Rd.
Crestview, FL 32536

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

CONTACT

NAME:

PHONE
(A/C, No, Ext):FAX
(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
COSCO Aviation Services, LLC

COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32539

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|---------------------------|---------------|--------------------|---------------|------------------------------|
| YEAR 1975 | MAKE PIPER | MODEL PA-28-181 | SERIAL NUMBER | REGISTRATION NUMBER N8037 |
| TERRITORY: L08-0322-AP | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|--------------------|--|----------------|-----------------|---------------------------|---------------------------|
| | AC3008936-02 | 07/11/2017 | 07/11/2018 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 65,000 | AGREED VALUE | \$ 100 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 500 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | APPLIES TO |
| | | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport
5749A Old Bethe Road
Crestview, FL 32536

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 21 (2016/03)

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CERTIFICATE OF AIRCRAFT INSURANCE

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

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Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

CONTACT

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PRODUCER CUSTOMER ID No.

INSURED
COSCO Aviation Services, LLC

COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32539

| INSURER(S) AFFORDING COVERAGE | % | NAIC No. |
|---|------|----------|
| INSURER A: U.S. SPECIALTY INSURANCE COMPANY | 100% | |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

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CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|---------------------------|---------------|---------------|---------------|-------------------------------|
| YEAR 1976 | MAKE BEECH | MODEL V35B | SERIAL NUMBER | REGISTRATION NUMBER N9135S |
| TERRITORY: 408-0322-AP | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|---|------------------------------|-------------------------------|----------------------------------|--|
| INSURER LETTER | POLICY NUMBER AC3008936-02 | EFFECTIVE DATE 07/11/2017 | EXPIRATION DATE 07/11/2018 | ADDITIONAL INSURED? (Y / N) Y | SUBROGATION WAIVED? (Y / N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY | \$ 100,000 | AGREED VALUE | \$ | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDER

Okaloosa County Airport
5749A Old Bethe Road
Crestview, FL 32536

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AUTHORIZED REPRESENTATIVE

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

This First Amendment made and entered into this 22 day of March, 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)

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

OKALOOSA COUNTY, FLORIDA

Carolyn N. Ketchel
Carolyn N. Ketchel, Chairman
Date: 22 March 2017



ATTEST:

J.D. Peacock II
J.D. Peacock II, Clerk



LESSEE

Dewey Cosgrove
Dewey Cosgrove
Date: 2-20-2017

ATTEST:

[Signature]
Witness

Pamela Whetstone
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 20 day of Feb, 2017, AD.



Karen Wise
NOTARY

My Commission Expires: June 5, 2019



CA #8

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.

RECOMMENDED BY:


Tracy Stage, Airport Director 3/14/2017

APPROVED BY:


John Hofstad, County Administrator 3/14/2017
John Hofstad, County Administrator

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: LO8-0322-AP

Tracking Number: 2129-17

Contractor/Lessee Name: Dewey Cosgrove

Grant Funded: YES ___ NO X

Purpose: Amendment One to Hays Lease

Date/Term: 1-1-35

1. ☐ GREATER THAN \$50,000

Amount: \$5,000 annuity plus tax

2. ☐ GREATER THAN \$25,000

Department: AP

3. ☐ \$25,000 OR LESS

Dept. Monitor Name: Shye/minier

Document has been reviewed and includes any attachments or exhibits.

Purchasing Review

Procurement requirements are met:

Ch - Powell

Date: 11/21/2016

Purchasing Director or designee

Zan Fedorak, Charles Powell, DeRita Mason

Risk Management Review

Approved as written: with updated COI

Laura G. Porter

Date: 11/21/16

Risk Manager or designee

Laura Porter or Krystal King

County Attorney Review

see email dated 11/22/2016

Approved as written:

Date: _____

County Attorney

Gregory T. 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>
Sent: Tuesday, November 22, 2016 3:51 PM
To: Dave Miner
Cc: Stephanie Herrick; Charles Powell; Zan Fedorak; Lynn Hoshihara
Subject: RE: Hangar Amendments L08-0322-AP

The First Amendment to L08-0322-AP, Dewey Cosgrove Hangar lease is approved for legal sufficiency.

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 MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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| | | | |
|--|--|---|--|
| PRODUCER Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202 Fort Walton Beach FL 32548 | | CONTACT NAME: Danny Hare PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930 E-MAIL ADDRESS: receptionist@waldorffinsurance.com | |
| INSURED Cosco & Associates, Inc. 215 James Lee Blvd., East Crestview FL 32539 | | INSURER(S) AFFORDING COVERAGE INSURER A: Amerisure Mutual INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| COSC-01 | | NAIC # 23396 | |

COVERAGES

CERTIFICATE NUMBER: 610996480

REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | Y | | GL20172681302 | 1/25/2017 | 1/25/2018 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| A | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> | | | CA20955870202 | 1/25/2017 | 1/25/2018 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0- | | | CU20172871302 | 1/25/2017 | 1/25/2018 | EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC201780215 | 1/25/2017 | 1/25/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000 |
| A | Leased/Rented Equip | | | CPP20177991402 | 1/25/2017 | 1/25/2018 | Limit: \$50,000 Ded. \$2,500 |

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

Dewey Cosgrove is an Insured as owner with respects to the General Liability

Re: Hangars -John Givens Road, Block 3, Lot 1, Crestview Airport, Crestview, FL

Certificate Holder is listed as Additional Insured, when required by written contract, as pertains to General Liability.

CERTIFICATE HOLDEROkaloosa County
5749 A Old Bethel Road
Crestview FL 32536**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD® CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/25/2010

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| | | | | |
|--|--|--|-------------------------|----------------|
| PRODUCER Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME | | | |
| | PHONE (A/C, No, Ext) | | FAX (A/C, No) | |
| | E-MAIL ADDRESS | | | |
| | PRODUCER CUSTOMER ID No. | | | |
| INSURED COSCO Aviation Services, LLC COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539 | INSURER(S) AFFORDING COVERAGE | | % | NAIC No |
| | INSURER A U.S. SPECIALTY INSURANCE COMPANY | | 100% | |
| | INSURER B | | | |
| | INSURER C | | | |
| | INSURER D | | | |
| | INSURER E | | | |
| | INSURER F | | | |

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POLICY INFORMATION **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

AIRCRAFT INFORMATION **ACORD 333, Aircraft Schedule attached**

| | | | | |
|---------------------|----------------------|-------------------------------|----------------------|--------------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL 95-B55 (T42A) | SERIAL NUMBER | REGISTRATION NUMBER N5409U |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|-----------------------|--|-------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| INSURER LETTER | POLICY NUMBER AC3008936-01 | EFFECTIVE DATE 07/11/2016 | EXPIRATION DATE 07/11/2017 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 150,000 | AGREED VALUE | \$ 100 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 500 | Ded. - in motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | | EA PER |
| | | \$ 100,000 | EA PASS | | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |

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

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Okaloosa County Airport
6749A Old Bethel Road
Crestview, FL 32538

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AUTHORIZED REPRESENTATIVE

[Signature]



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Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
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CONTACT
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(A/C, No, Ext)FAX
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PRODUCER CUSTOMER ID No.

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COSCO Aviation Services, LLC

COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32536

INSURER(S) AFFORDING COVERAGE

%

NAIC No

INSURER A U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B

INSURER C

INSURER D

INSURER E

INSURER F

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|--------------------|---------------|------------------------------|
| YEAR 1975 | MAKE PIPER | MODEL PA-28-181 | SERIAL NUMBER | REGISTRATION NUMBER N8037 |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|---|------------------------------|-------------------------------|--------------------------------|--|
| INSURER LETTER | POLICY NUMBER AC3008936-01 | EFFECTIVE DATE 07/11/2016 | EXPIRATION DATE 07/11/2017 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY | \$ 65,000 | AGREED VALUE | \$ 100 \$ 500 | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EAPASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |

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

Okaloosa County Airport
6749A Old Bethel Road
Crestview, FL 32536

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
07/25/2016

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 Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME | | |
| | PHONE (A/C, No, Ext) | FAX (A/C, No) | |
| E-MAIL ADDRESS | | | |
| PRODUCER CUSTOMER ID No. | | | |
| INSURED COSCO Aviation Services, LLC COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539 | INSURER(S) AFFORDING COVERAGE | % | NAIC No |
| | INSURER A U.S. SPECIALTY INSURANCE COMPANY | 100% | |
| | INSURER B | | |
| | INSURER C | | |
| | INSURER D | | |
| | INSURER E | | |
| | INSURER F | | |

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| | | | | | |
|--|--|---|--|--------------------------------------|--------------------------------------|
| POLICY INFORMATION | | CERTIFICATE NUMBER: | | REVISION NUMBER: | |
| POLICY TYPE | | LINE OF BUSINESS SUBCODE | | | |
| <input type="checkbox"/> INDUSTRIAL AD | <input checked="" type="checkbox"/> PLEASURE & BUS | <input type="checkbox"/> AIRPLANE | <input type="checkbox"/> HELICOPTER | <input type="checkbox"/> MIXED FLEET | <input type="checkbox"/> EXCESS |
| <input type="checkbox"/> NON-OWNED | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> LIABILITY ONLY | <input checked="" type="checkbox"/> HULL & LIABILITY | <input type="checkbox"/> HULL ONLY | <input type="checkbox"/> QUOTA SHARE |

| | | | | | |
|----------------------|---------------|---------------------------------------|---------------|-------------------------------|--|
| AIRCRAFT INFORMATION | | ACORD 333, Aircraft Schedule attached | | | |
| YEAR 1976 | MAKE BEECH | MODEL V35B | SERIAL NUMBER | REGISTRATION NUMBER N9135S | |
| TERRITORY: | | | | | |

| | | | | | |
|--------------------|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|
| AIRCRAFT COVERAGES | | | | | |
| INSURER LETTER | POLICY NUMBER AC3008936-01 | EFFECTIVE DATE 07/11/2016 | EXPIRATION DATE 07/11/2017 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 100,000 | AGREED VALUE | \$ | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 30,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | | | | | |
| CODE | DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | LIMIT |
| | | | | | |

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 6749A Old Bethel Road 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® CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
07/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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| | | | | |
|---|--|-------------------------|----------|----------------|
| PRODUCER Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME | | | |
| | PHONE (A/C, No, Ext) | FAX (A/C, No) | | |
| | E-MAIL ADDRESS | | | |
| | PRODUCER CUSTOMER ID# | | | |
| INSURED COSCO & Associates, Inc. COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | INSURER(S) AFFORDING COVERAGE | | % | NAIC No |
| | INSURER A U.S. SPECIALTY INSURANCE COMPANY | | 100% | |
| | INSURER B | | | |
| | INSURER C | | | |
| | INSURER D | | | |
| | INSURER E | | | |
| INSURER F | | | | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|-------------------------|--|--|--|
| POLICY INFORMATION | | | | CERTIFICATE NUMBER: | | | | REVISION NUMBER: | | | |
| POLICY TYPE <input type="checkbox"/> INDUSTRIAL AD <input checked="" type="checkbox"/> FLEASURE & BUS <input type="checkbox"/> COMMERCIAL | | | | LINE OF BUSINESS SUBCODE <input checked="" type="checkbox"/> AIRPLANE <input type="checkbox"/> HELICOPTER <input type="checkbox"/> MIXED FLEET <input type="checkbox"/> EXCESS <input type="checkbox"/> QUOTA SHARE <input type="checkbox"/> NON-OWNED <input type="checkbox"/> LIABILITY ONLY <input checked="" type="checkbox"/> HULL & LIABILITY <input type="checkbox"/> HULL ONLY | | | | | | | |

AIRCRAFT INFORMATION

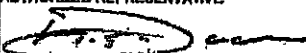
ACORD 333, Aircraft Schedule attached

| | | | | |
|---------------------|----------------------|-----------------------------|----------------------|--------------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL KING AIR 90 | SERIAL NUMBER | REGISTRATION NUMBER N577DC |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|-----------------------|--|-------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| INSURER LETTER | POLICY NUMBER GA00129465-15 | EFFECTIVE DATE 07/11/2016 | EXPIRATION DATE 07/11/2017 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 300,000 | AGREED VALUE | \$ 250 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 2,500 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 35,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| CODE | DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | APPLIES TO |
| | | | | | |

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 181, Additional Remarks Schedule, if more space is required)
 Certificate Holder is included as an Additional Insured.

| | |
|---|---|
| CERTIFICATE HOLDER | CANCELLATION |
| Okaloosa County Airport; Jack Allen 6749A Old Bethel Road 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® CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/25/2016

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| | | |
|--|--|---------------|
| PRODUCER Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME | |
| | PHONE (A/C No, Ext) | FAX (A/C, No) |
| E-MAIL ADDRESS | | |
| INSURED COSCO & Associates, Inc. COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | PRODUCER CUSTOMER ID# | |
| | INSURER(S) AFFORDING COVERAGE | % |
| | INSURER A U.S. SPECIALTY INSURANCE COMPANY | 100% |
| | INSURER B | |
| | INSURER C | |
| | INSURER D | |
| | INSURER E | |

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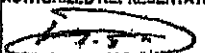
| | | | | | | | | | | | |
|--|--|-------------------------------------|--|-------------------------------------|--------------------------------------|---------------------------------|--------------------------------------|------------------------------------|---|--|------------------------------------|
| POLICY INFORMATION | | | | CERTIFICATE NUMBER: | | | | REVISION NUMBER: | | | |
| POLICY TYPE | | | | LINE OF BUSINESS SUBCODE | | | | | | | |
| <input type="checkbox"/> INDUSTRIAL AD | <input checked="" type="checkbox"/> PLEASURE & BUS | <input type="checkbox"/> COMMERCIAL | <input checked="" type="checkbox"/> AIRPLANE | <input type="checkbox"/> HELICOPTER | <input type="checkbox"/> MIXED FLEET | <input type="checkbox"/> EXCESS | <input type="checkbox"/> QUOTA SHARE | <input type="checkbox"/> NON-OWNED | <input type="checkbox"/> LIABILITY ONLY | <input checked="" type="checkbox"/> HULL & LIABILITY | <input type="checkbox"/> HULL ONLY |

| | | | |
|----------------------|---------------|---------------------------------------|--|
| AIRCRAFT INFORMATION | | ACORD 333, Aircraft Schedule attached | |
| YEAR 1975 | MAKE BEECH | MODEL E-90 | SERIAL NUMBER REGISTRATION NUMBER N249WM |
| TERRITORY: | | | |

| | | | | | | | | | | | |
|--------------------|-------------|---|--|------------------------------|--|-------------------------------|--|--------------------------------|--|--|--|
| INSURER LETTER | | POLICY NUMBER GA00129465-15 | | EFFECTIVE DATE 07/11/2016 | | EXPIRATION DATE 07/11/2017 | | ADDITIONAL INSURED? (Y/N) Y | | SUBROGATION WAIVED? (Y/N) N | |
| COVERAGE | | OPTIONS | | LIMIT | | APPLIES TO | | LIMIT | | APPLIES TO | |
| AIRCRAFT HULL | | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT <input type="checkbox"/> ALL RISK GROUND ONLY | | \$ 505,000 | | AGREED VALUE | | \$ 250 \$ 2,500 | | Ded. - Not in motion Ded. - In motion | |
| AIRCRAFT LIABILITY | | <input checked="" type="checkbox"/> LIABILITY | | \$ 1,000,000 \$ 100,000 | | EA OCC EA PASS | | \$ \$ | | EA PER AGGR | |
| MEDICAL PAYMENTS | | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | | \$ 5,000 | | EA PER | | \$ 35,000 | | EA OCC | |
| COVERAGE | | OPTIONS | | LIMIT | | APPLIES TO | | LIMIT | | APPLIES TO | |
| CODE | DESCRIPTION | | | | | | | | | | |

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 6748A Old Bethel Road 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® CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
07/25/2018

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| | | |
|--|--|---------------|
| PRODUCER Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME | |
| | PHONE (A/C, No, Ext) | FAX (A/C, No) |
| E-MAIL ADDRESS | | |
| INSURED COSCO & Associates, Inc. COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | PRODUCER CUSTOMER ID No. | |
| | INSURER(S) AFFORDING COVERAGE | % |
| | INSURER A U.S. SPECIALTY INSURANCE COMPANY | 100% |
| | INSURER B | |
| | INSURER C | |
| | INSURER D | |
| | INSURER E | |

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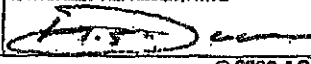
| | | | | | | | | | | | | | | |
|--------------------|-------------------------------------|----------------|--------------------------|--------------------------|-------------------------------------|----------------|-------------------------------------|------------------|--------------------------|-------------|--------------------------|--------|--------------------------|-------------|
| POLICY INFORMATION | | | | CERTIFICATE NUMBER: | | | | REVISION NUMBER: | | | | | | |
| POLICY TYPE | | | | LINE OF BUSINESS SUBCODE | | | | | | | | | | |
| INDUSTRIAL AD | <input checked="" type="checkbox"/> | PLEASURE & BUS | <input type="checkbox"/> | COMMERCIAL | <input checked="" type="checkbox"/> | AIRPLANE | <input type="checkbox"/> | HELICOPTER | <input type="checkbox"/> | MIXED FLEET | <input type="checkbox"/> | EXCESS | <input type="checkbox"/> | QUOTA SHARE |
| NON-OWNED | <input type="checkbox"/> | | | | <input type="checkbox"/> | LIABILITY ONLY | <input checked="" type="checkbox"/> | HULL & LIABILITY | <input type="checkbox"/> | HULL ONLY | <input type="checkbox"/> | | | |

| | | | | | |
|----------------------|----------------|---------------------------------------|---------------|-------------------------------|--|
| AIRCRAFT INFORMATION | | ACORD 333, Aircraft Schedule attached | | | |
| YEAR 1974 | MAKE CESSNA | MODEL 444 | SERIAL NUMBER | REGISTRATION NUMBER N892BC | |
| TERRITORY: | | | | | |

| | | | | | | | | | | | |
|--------------------|-------------|--|--|------------------------------|--|-------------------------------|--|--------------------------------|--|--------------------------------|--|
| INSURER LETTER | | POLICY NUMBER GA00129465-15 | | EFFECTIVE DATE 07/11/2016 | | EXPIRATION DATE 07/11/2017 | | ADDITIONAL INSURED? (Y/N) Y | | SUBROGATION WAIVED? (Y/N) N | |
| COVERAGE | | OPTIONS | | LIMIT | | APPLIES TO | | LIMIT | | APPLIES TO | |
| AIRCRAFT HULL | | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | | \$ 225,000 | | AGREED VALUE | | \$ 100 | | Ded. - Not in motion | |
| | | <input type="checkbox"/> ALL RISK GROUND ONLY | | | | | | \$ 1,000 | | Ded. - In motion | |
| AIRCRAFT LIABILITY | | <input checked="" type="checkbox"/> LIABILITY | | \$ 1,000,000 | | EA OCC | | \$ | | EA PER | |
| | | | | \$ 100,000 | | EA PASS | | \$ | | AGGR | |
| MEDICAL PAYMENTS | | <input checked="" type="checkbox"/> INCLUDING CREW | | \$ 5,000 | | EA PER | | \$ 35,000 | | EA OCC | |
| | | <input type="checkbox"/> EXCLUDING CREW | | | | | | | | | |
| COVERAGE | | OPTIONS | | LIMIT | | APPLIES TO | | LIMIT | | APPLIES TO | |
| CODE | DESCRIPTION | | | | | | | | | | |

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 5749A Old Bethel Road Crestview, FL 32636 | SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/17/2015

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| | | | | |
|---|---|----------------|------|----------|
| PRODUCER Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME: | | | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): | | |
| E-MAIL ADDRESS: | | | | |
| PRODUCER CUSTOMER ID No. | | | | |
| INSURED Dewey Cosgrove DBA COSCO Aviation Cosco & Associates COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | INSURER(S) AFFORDING COVERAGE | | % | NAIC No. |
| | INSURER A: U.S. SPECIALTY INSURANCE COMPANY | | 100% | |
| | INSURER B: | | | |
| | INSURER C: | | | |
| | INSURER D: | | | |
| | INSURER E: | | | |
| | INSURER F: | | | |

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POLICY INFORMATION**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

AIRCRAFT INFORMATION**ACORD 333, Aircraft Schedule attached**

| | | | | |
|--------------|---------------|--------------------|---------------|------------------------------|
| YEAR 1975 | MAKE PIPER | MODEL PA-28-181 | SERIAL NUMBER | REGISTRATION NUMBER N8037 |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|
| INSURER LETTER | POLICY NUMBER GA00129465-14 | EFFECTIVE DATE 07/11/2015 | EXPIRATION DATE 07/11/2016 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 72,000 | AGREED VALUE | \$ 100 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 500 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |

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

Certificate Holder is included as an Additional Insured.

CERTIFICATE HOLDEROkaloosa County Airport
Jack Allen
602C North Pearl Street
Crestview, FL 32536**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

LO8-0322 AP

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ACORD 21 (2009/12)

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/17/2015

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| | | | | |
|---|---|---------------|------|----------|
| PRODUCER Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME: | | | |
| | PHONE (A/C, No, Ext) | FAX (A/C, No) | | |
| | E-MAIL ADDRESS: | | | |
| | PRODUCER CUSTOMER ID No. | | | |
| INSURED Dewey Cosgrove DBA COSCO Aviation Cosco & Associates COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | INSURER(S) AFFORDING COVERAGE | | % | NAIC No. |
| | INSURER A: U.S. SPECIALTY INSURANCE COMPANY | | 100% | |
| | INSURER B: | | | |
| | INSURER C: | | | |
| | INSURER D: | | | |
| | INSURER E: | | | |
| INSURER F: | | | | |

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POLICY INFORMATION**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|--------------------|---------------|------------------------------|
| YEAR 1975 | MAKE PIPER | MODEL PA-28-181 | SERIAL NUMBER | REGISTRATION NUMBER N8037 |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|
| INSURER LETTER | POLICY NUMBER GA00129465-14 | EFFECTIVE DATE 07/11/2015 | EXPIRATION DATE 07/11/2016 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 72,000 | AGREED VALUE | \$ 100 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 500 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | | | | | |
| CODE | DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | LIMIT |
| | | | | | |

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

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/17/2015

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| | | | | |
|---|---|-------------------|------|----------|
| PRODUCER Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME: | | | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): | | |
| | E-MAIL ADDRESS: | | | |
| | PRODUCER CUSTOMER ID No. | | | |
| INSURED Dewey Cosgrove DBA COSCO Aviation Cosco & Associates COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | INSURER(S) AFFORDING COVERAGE | | % | NAIC No. |
| | INSURER A: U.S. SPECIALTY INSURANCE COMPANY | | 100% | |
| | INSURER B: | | | |
| | INSURER C: | | | |
| | INSURER D: | | | |
| | INSURER E: | | | |
| INSURER F: | | | | |

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POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|-----------------|---------------|-------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL 95-B55 | SERIAL NUMBER | REGISTRATION NUMBER N5409U |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|
| INSURER LETTER | POLICY NUMBER GA00129465-14 | EFFECTIVE DATE 07/11/2015 | EXPIRATION DATE 07/11/2016 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 150,000 | AGREED VALUE | \$ 100 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 500 | |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |
| | | | | | |

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
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

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/17/2015

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| | | | | |
|---|---|----------------|------|----------|
| PRODUCER Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME: | | | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): | | |
| | E-MAIL ADDRESS: | | | |
| | PRODUCER CUSTOMER ID No. | | | |
| INSURED Dewey Cosgrove DBA COSCO Aviation Cosco & Associates COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | INSURER(S) AFFORDING COVERAGE | | % | NAIC No. |
| | INSURER A: U.S. SPECIALTY INSURANCE COMPANY | | 100% | |
| | INSURER B: | | | |
| | INSURER C: | | | |
| | INSURER D: | | | |
| | INSURER E: | | | |
| INSURER F: | | | | |

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POLICY INFORMATION**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

AIRCRAFT INFORMATION**ACORD 333, Aircraft Schedule attached**

| | | | | |
|--------------|----------------|--------------|---------------|-------------------------------|
| YEAR 1974 | MAKE CESSNA | MODEL 414 | SERIAL NUMBER | REGISTRATION NUMBER N882BC |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|
| INSURER LETTER | POLICY NUMBER GA00129465-14 | EFFECTIVE DATE 07/11/2015 | EXPIRATION DATE 07/11/2016 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 225,000 | AGREED VALUE | \$ 250 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 2,500 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 40,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |

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 Crestview, FL 32536 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|---|



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/17/2015

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PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
Dewey Cosgrove DBA COSCO Aviation
Cosco & Associates
COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32539-2841

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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POLICY INFORMATION**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

AIRCRAFT INFORMATION**ACORD 333, Aircraft Schedule attached**

| | | | | |
|--------------|---------------|----------------------|---------------|-------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL KING AIR 90 | SERIAL NUMBER | REGISTRATION NUMBER N577DC |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y / N) | SUBROGATION WAIVED? (Y / N) |
|--------------------|--|----------------|-----------------|-----------------------------|-----------------------------|
| | GA00129465-14 | 07/11/2015 | 07/11/2016 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 400,000 | AGREED VALUE | \$ 1,000 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 5,000 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 30,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |
| | | | | | |

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

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CERTIFICATE HOLDER

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

CANCELLATION

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AUTHORIZED REPRESENTATIVE

L08-0322-AP

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ACORD 21 (2009/12)

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Falcon Ins Agy of Dallas, Inc.

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

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

MEMO

Page 1

| | | |
|--------------------|------------|------------|
| ACCOUNT NO. | OP. | DATE |
| COS002D | CD | 07/16/2015 |
| POLICY INFORMATION | | |
| POLICY# | | |
| GA00129465-14 | | |
| TYPE | EFFECTIVE | EXPIRATION |
| AIR1 | 07/11/2015 | 07/11/2016 |

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



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/17/2015

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|---|---|----------------|------|----------|
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| | PHONE (A/C, No, Ext): | FAX (A/C, No): | | |
| | E-MAIL ADDRESS: | | | |
| | PRODUCER CUSTOMER ID No. | | | |
| INSURED Dewey Cosgrove DBA COSCO Aviation Cosco & Associates COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | INSURER(S) AFFORDING COVERAGE | | % | NAIC No. |
| | INSURER A: U.S. SPECIALTY INSURANCE COMPANY | | 100% | |
| | INSURER B: | | | |
| | INSURER C: | | | |
| | INSURER D: | | | |
| | INSURER E: | | | |
| INSURER F: | | | | |

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POLICY INFORMATION**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|-----------------|---------------|-------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL 95-B55 | SERIAL NUMBER | REGISTRATION NUMBER N5409U |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|--------------------|--|----------------|-----------------|---------------------------|---------------------------|
| | GA00129465-14 | 07/11/2015 | 07/11/2016 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 150,000 | AGREED VALUE | \$ 100 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 500 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |

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
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

LO8-0322-AP

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ACORD 21 (2009/12)

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

08/17/2015

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 Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX, 75001 | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext) | FAX (A/C, No): | |
| E-MAIL ADDRESS: | | | |
| PRODUCER CUSTOMER ID No. | | | |
| INSURED Dewey Cosgrove DBA COSCO Aviation Cosco & Associates COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | INSURER(S) AFFORDING COVERAGE | % | NAIC No. |
| | INSURER A: U.S. SPECIALTY INSURANCE COMPANY | 100% | |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|----------------|--------------|---------------|-------------------------------|
| YEAR 1974 | MAKE CESSNA | MODEL 414 | SERIAL NUMBER | REGISTRATION NUMBER N882BC |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|
| INSURER LETTER | POLICY NUMBER GA00129465-14 | EFFECTIVE DATE 07/11/2015 | EXPIRATION DATE 07/11/2016 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 225,000 | AGREED VALUE | \$ 250 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 2,500 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 40,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |

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

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

L08-0322-AP

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 21 (2009/12)

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

06/17/2015

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PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX, 75001

CONTACT
NAME:

PHONE
(A/C, No, Ext)

FAX
(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
Dewey Cosgrove DBA COSCO Aviation
Cosco & Associates
COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32539-2841

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| YEAR | MAKE | MODEL | SERIAL NUMBER | REGISTRATION NUMBER |
|------------|-------|-------------|---------------|---------------------|
| 1967 | BEECH | KING AIR 90 | | N577DC |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|--------------------|--|----------------|-----------------|---------------------------|---------------------------|
| | GA00129465-14 | 07/11/2015 | 07/11/2016 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT | \$ 400,000 | AGREED VALUE | \$ 1,000 | Ded. - Not in motion |
| | <input type="checkbox"/> ALL RISK GROUND ONLY | | | \$ 5,000 | Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 | EA OCC | \$ | EA PER |
| | | \$ 100,000 | EA PASS | \$ | AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW | \$ 5,000 | EA PER | \$ 30,000 | EA OCC |
| | <input type="checkbox"/> EXCLUDING CREW | | | | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |
| | | | | | |

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

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

L08-0322-AP

Falcon Ins Agy of Dallas, Inc.

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

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

| M E M O | | | Page 1 |
|--------------------|------------|------------|--------|
| ACCOUNT NO. | OP | DATE | |
| COS002D | CD | 07/16/2015 | |
| POLICY INFORMATION | | | |
| POLICY# | | | |
| GA00129465-14 | | | |
| TYPE | EFFECTIVE | EXPIRATION | |
| AIR1 | 07/11/2015 | 07/11/2016 | |

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



CERTIFICATE OF AVIATION LIABILITY INSURANCE

DATE(MM/DD/YYYY)

01/15/2015

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PRODUCER
Falcon Insurance Agency of Dallas, Inc.
P.O. Box 706
Addison, TX 75001

CONTACT
NAME:

PHONE
(A/C, No, Ext):

FAX
(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No:

INSURED
Dewey Cosgrove dba Cosco Aviation

Cosco Building
215 E. James Lee Blvd.
Crestview, FL 32539-2841

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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AIRPORT & FBO LIABILITY COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

| | | | | | | | | | | | | | |
|--------------------------------|-------------|---------------|--------------------------|----------------|----------|-----------------|-----------|-----------------------------|----|-----------------------------|--------|------------|--|
| INSURER LETTER | | POLICY NUMBER | | EFFECTIVE DATE | | EXPIRATION DATE | | ADDITIONAL INSURED? (Y / N) | | SUBROGATION WAIVED? (Y / N) | | | |
| | | UA00147343-10 | | 01/11/2015 | | 01/11/2016 | | Y | | N | | | |
| COVERAGE | | OPTIONS | | | | LIMIT | | APPLIES TO | | LIMIT | | APPLIES TO | |
| PREMISIS LIABILITY | | | | | | \$ | 100,000 | BI EA PER | \$ | | PD | | |
| | | | | | | \$ | 1,000,000 | EA OCC | \$ | 2,000,000 | AGGR | | |
| PREMISES MEDICAL PAYMENT | | | | | | \$ | | EA PER | \$ | | EA OCC | | |
| PRODUCTS LIABILITY | | | EXTENDED | | | \$ | | BI EA PER | \$ | | AGGR | | |
| | | | | | | \$ | | EA OCC | | | | | |
| COMPLETED OPERATIONS LIABILITY | | | EXTENDED | | | \$ | | BI EA PER | \$ | | AGGR | | |
| | | | | | | \$ | | EA OCC | | | | | |
| HANGERKEEPERS LEGAL LIABILITY | | | INCLUDING TAXI IN FLIGHT | | | \$ | | EA AIRCRAFT | \$ | | EA OCC | | |
| | | | | | | | | | | | | | |
| | | | | | | \$ | | | | | | | |
| | | | | | | \$ | | EA OCC | \$ | | AGGR | | |
| | | | | | | \$ | | EA OCC | \$ | | AGGR | | |
| | | | INCLUDED | | EXCLUDED | | | | | | | | |
| COVERAGE | | | | | | | | | | | | | |
| CODE | DESCRIPTION | OPTIONS | | | | LIMIT | | APPLIES TO | | LIMIT | | APPLIES TO | |
| | | | | | | \$ | | | \$ | | | | |
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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

Okaloosa County Airport
5551 John Given Rd.
Crestview, FL 32539

L08-0322-AP

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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ACORD 20 (2009/12)

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0322



CERTIFICATE OF AVIATION LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
01/15/2015

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| PRODUCER Falcon Insurance Agency of Dallas, Inc. P.O. Box 706 Addison, TX 75001 | CONTACT NAME PHONE (A/C, No, Ext) FAX (A/C, No) E-MAIL ADDRESS PRODUCER CUSTOMER ID No | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------|---|----------|--|------|--|-----------|--|--|-----------|--|--|-----------|--|--|-----------|--|--|-----------|--|--|
| INSURED Dewey Cosgrove dba Cosco Aviation Cosco Building 215 E. James Lee Blvd. Crestview, FL 32539-2841 | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>%</th> <th>NAIC No.</th> </tr> </thead> <tbody> <tr> <td>INSURER A U.S. SPECIALTY INSURANCE COMPANY</td> <td>100%</td> <td></td> </tr> <tr> <td>INSURER B</td> <td></td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | % | NAIC No. | INSURER A U.S. SPECIALTY INSURANCE COMPANY | 100% | | INSURER B | | | INSURER C | | | INSURER D | | | INSURER E | | | INSURER F | | |
| INSURER(S) AFFORDING COVERAGE | % | NAIC No. | | | | | | | | | | | | | | | | | | | | |
| INSURER A U.S. SPECIALTY INSURANCE COMPANY | 100% | | | | | | | | | | | | | | | | | | | | | |
| INSURER B | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F | | | | | | | | | | | | | | | | | | | | | | |

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AIRPORT & FBO LIABILITY COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|----------------|---------------|----------------|-----------------|---------------------------|---------------------------|
| | UA00147343-10 | 01/11/2015 | 01/11/2016 | Y | N |

| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
|--------------------------------|-----------------------------|--------------|-------------|--------------|------------|
| PREMISSES LIABILITY | | \$ 100,000 | BI EA PER | \$ | PD |
| | | \$ 1,000,000 | EA OCC | \$ 2,000,000 | AGGR |
| PREMISES MEDICAL PAYMENT | | \$ | EA PER | \$ | EA OCC |
| PRODUCTS LIABILITY | EXTENDED | \$ | BI EA PER | \$ | AGGR |
| | | \$ | EA OCC | | |
| COMPLETED OPERATIONS LIABILITY | EXTENDED | \$ | BI EA PER | \$ | AGGR |
| | | \$ | EA OCC | | |
| HANGARKEEPERS LEGAL LIABILITY | INCLUDING TAXI IN FLIGHT | \$ | CA AIRCRAFT | \$ | FA OCC |
| | | \$ | | | |
| | | \$ | EA OCC | \$ | AGGR |
| | | \$ | FA OCC | \$ | AGGR |
| | INCLUDED | | | | |
| | EXCLUDED | | | | |

| CODE | DESCRIPTION | OPTIONS | 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

Okaloosa County Airport
5551 John Given Rd.
Crestview, FL 32539

L08-0322-AP

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AUTHORIZED REPRESENTATIVE

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ACORD 20 (2008/12)

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01-16-15P12:56 RCVD



EVIDENCE OF PROPERTY INSURANCE

OP ID: KT

DATE (MM/DD/YYYY)
11/14/2014

0322

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

| | | | | |
|---|--------------------|---------------------------------------|--|---|
| AGENCY Waldorff Ins & Bonding - FWB 45 Eglin Parkway NE, Ste 202 Fort Walton Beach, FL 32548 Danny Hare | | PHONE (A/C, No, Ext): 850-581-4925 | COMPANY Amerisure Mutual P O Box 33478 Detroit, MI 48232-5478 | |
| FAX (A/C, No): 850-581-4930 | E-MAIL ADDRESS: | | | |
| CODE: | SUB CODE: | | | |
| AGENCY CUSTOMER ID #: COSC-01 | | | | |
| INSURED Cosco & Associates, Inc. & Dewey Cosgrove 215 James Lee Blvd., East Crestview, FL 32539 | | LOAN NUMBER | | POLICY NUMBER CPP2017799110014 |
| | | EFFECTIVE DATE 01/25/14 | EXPIRATION DATE 01/25/15 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | | |

PROPERTY INFORMATION

| | |
|--|--|
| LOCATION/DESCRIPTION John Givens Rd, Bob Sikes Airpo Crestview, FL 32539 | Premises: Airport Hangar-Blck 3, Lot 1 |
|--|--|

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 | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|---------------------|--------------|
| Premise 002 Building 001 HANGAR CONTENTS Loss Valuation: Replacement Cost Subject to 80% Coinsurance 5% Wind and Hail Deductible Special Form Causes of Loss | 150000 20000 | 1000 1000 |

REMARKS (Including Special Conditions)

| |
|--|
| |
|--|

CANCELLATION

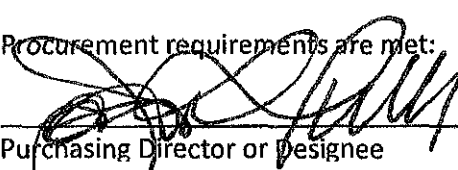
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

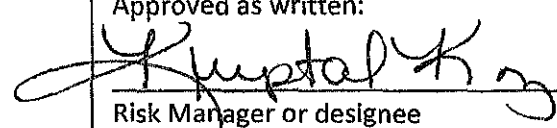
ADDITIONAL INTEREST

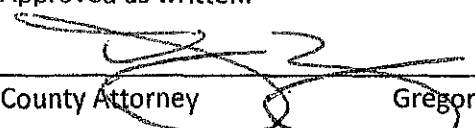
| | | |
|---|---|--------------------|
| NAME AND ADDRESS For Informational Purposes Only LC8-0322-AP | MORTGAGEE | ADDITIONAL INSURED |
| | LOSS PAYEE | |
| | LOAN # | |
| | AUTHORIZED REPRESENTATIVE Danny Hare | |

CONTRACT & LEASE INTERNAL COORDINATION SHEET

| | |
|--|--|
| Contract/Lease Number: <u>LD8-0322-AP</u> | Tracking Number: <u>1140-15</u> |
| Contractor/Lessee Name: <u>Dewey Cosgrove</u> | Grant Funded: YES _____ NO <u>X</u> |
| Purpose: <u>Hanger Lease Renewal</u> | |
| Date/Term: <u>1-1-35</u> | 1. <input checked="" type="checkbox"/> GREATER THAN \$50,000 |
| Amount: <u>\$5,000 / annually</u> | 2. <input type="checkbox"/> GREATER THAN \$25,000 |
| Department: <u>AP</u> | 3. <input type="checkbox"/> \$25,000 OR LESS |
| Dept. Monitor Name: <u>Harman / Torina</u> | |
| Document has been reviewed and includes any attachments or exhibits. | |

| | |
|--|----------------------|
| Purchasing Review | |
| Procurement requirements are met: | |
|  | Date: <u>10-9-14</u> |
| Purchasing Director or Designee | Joanne Kublik |

| | |
|--|----------------------------|
| Risk Management Review | |
| Approved as written: | |
|  | Date: <u>10-13-14</u> |
| Risk Manager or designee | Kay Godwin or Krystal King |

| | |
|---|--------------------------------------|
| County Attorney Review | |
| Approved as written: | |
|  | Date: <u>10/14/14</u> |
| County Attorney | Gregory T. Stewart or Lynn Hoshihara |

Following Okaloosa County approval:

| | |
|-------------------------------|-------------|
| Contracts & Grants | |
| Document has been received: | |
| _____ | Date: _____ |
| Contracts & Grants Manager | |

TB Done 10/15

LEASE FOR HANGAR SPACE RENEWAL

BETWEEN

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA

AND

DEWEY COSGROVE

You have exercised your option to renew your lease for an additional twenty years. This LEASE FOR HANGAR SPACE, fully executed this 5th day of December 2014, 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 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

**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. GROUND LEASE:

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 ONE DOLLAR (\$1.00) per square foot per year for a total annual cost of FIVE THOUSAND DOLLARS (\$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. LATE CHARGES:

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. LIABILITY:

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 ONE MILLION (\$1,000,000.00) 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.

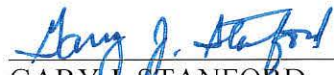
BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA





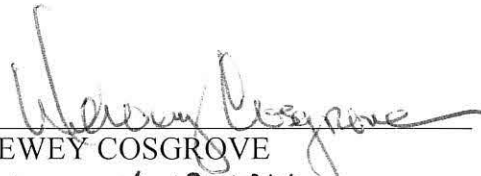
CHARLES K. WINDES, JR
CHAIRMAN

ATTEST:



GARY J. STANFORD
DEPUTY CLERK OF CIRCUIT COURT
OKALOOSA COUNTY, FLORIDA





DEWEY COSGROVE

Date: 10-17-2014



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 17 day of October, 2014, AD.

Lawanna L. Walthall
NOTARY

My Commission expires: May 6, 2018

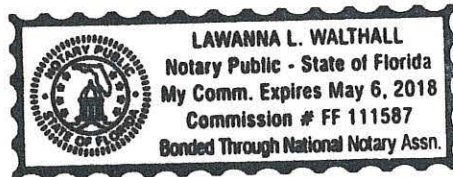


EXHIBIT B

CONTRACT & LEASE AGREEMENT CONTROL FORM

Date: 8/22/2008

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

Bid #: N/A

Contract/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



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(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 FALCON INSURANCE AGENCY OF DALLAS, INC. P.O. BOX 706 ADDISON, TX, 75001 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID No. |
| INSURED Dewey Cosgrove DBA COSCO Aviation COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | INSURER(S) AFFORDING COVERAGE INSURER A: U.S. SPECIALTY INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|----------------------|---------------|-------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL KING AIR 90 | SERIAL NUMBER | REGISTRATION NUMBER N577DC |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|---|------------------------------|-------------------------------|--------------------------------|--|
| INSURER LETTER | POLICY NUMBER GA00129465-13 | EFFECTIVE DATE 07/11/2014 | EXPIRATION DATE 07/11/2015 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> All Risk Ground and Flight | \$ 400,000 | AGREED VALUE | \$ 1,000 \$ 5,000 | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 30,000 | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |

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 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 |
|---|---|

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ACORD 21 (2009/12)

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0302



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(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
FALCON INSURANCE AGENCY OF DALLAS, INC.
P.O. BOX 706

ADDISON, TX, 75001

CONTACT
NAME:

PHONE
(A/C, No, Ext):

FAX
(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
Dewey Cosgrove DBA COSCO Aviation

COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32539-2841

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|--------------------|---------------|------------------------------|
| YEAR 1975 | MAKE PIPER | MODEL PA-28-181 | SERIAL NUMBER | REGISTRATION NUMBER N8037 |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) |
|--------------------|---|----------------------------|-------------------|---------------------------|--|
| | GA00129465-13 | 07/11/2014 | 07/11/2015 | Y | N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> All Risk Ground and Flight | \$ 72,000 | AGREED VALUE | \$ 100 \$ 500 | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |
| | | | | | |

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
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

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ACORD 21 (2009/12)

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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(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 FALCON INSURANCE AGENCY OF DALLAS, INC. P.O. BOX 706 ADDISON, TX, 75001 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID No. |
| INSURED Dewey Cosgrove DBA COSCO Aviation COSCO Building, 215 E. James Lee Blvd. Crestview, FL, 32539-2841 | INSURER(S) AFFORDING COVERAGE INSURER A: U.S. SPECIALTY INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|---------------|-----------------|---------------|-------------------------------|
| YEAR 1967 | MAKE BEECH | MODEL 95-B55 | SERIAL NUMBER | REGISTRATION NUMBER N5409U |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| | | | | | |
|--------------------|---|------------------------------|-------------------------------|--------------------------------|--|
| INSURER LETTER | POLICY NUMBER GA00129465-13 | EFFECTIVE DATE 07/11/2014 | EXPIRATION DATE 07/11/2015 | ADDITIONAL INSURED? (Y/N) Y | SUBROGATION WAIVED? (Y/N) N |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> All Risk Ground and Flight | \$ 150,000 | AGREED VALUE | \$ 100 \$ 500 | Ded. - Not in motion Ded. - In motion |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 20,000 | EA OCC |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | |

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
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

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ACORD 21 (2009/12)

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0320



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(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
FALCON INSURANCE AGENCY OF DALLAS, INC.
P.O. BOX 706

ADDISON, TX, 75001

CONTACT
NAME:

PHONE
(A/C, No, Ext):

FAX
(A/C, No):

E-MAIL ADDRESS:

PRODUCER CUSTOMER ID No.

INSURED
Dewey Cosgrove DBA COSCO Aviation

COSCO Building, 215 E. James Lee Blvd.
Crestview, FL, 32539-2841

INSURER(S) AFFORDING COVERAGE

%

NAIC No.

INSURER A: U.S. SPECIALTY INSURANCE COMPANY

100%

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

| | | | | |
|--------------|----------------|--------------|---------------|-------------------------------|
| YEAR 1974 | MAKE CESSNA | MODEL 414 | SERIAL NUMBER | REGISTRATION NUMBER N882BC |
| TERRITORY: | | | | |

AIRCRAFT COVERAGES

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y/N) | SUBROGATION WAIVED? (Y/N) | |
|--------------------|---|----------------------------|-------------------|---------------------------|--|------------|
| | GA00129465-13 | 07/11/2014 | 07/11/2015 | Y | N | |
| COVERAGE | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO | |
| AIRCRAFT HULL | <input checked="" type="checkbox"/> All Risk Ground and Flight | \$ 225,000 | AGREED VALUE | \$ 250 \$ 2,500 | Ded. - Not in motion Ded. - In motion | |
| AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> LIABILITY | \$ 1,000,000 \$ 100,000 | EA OCC EA PASS | \$ \$ | EA PER AGGR | |
| MEDICAL PAYMENTS | <input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW | \$ 5,000 | EA PER | \$ 40,000 | EA OCC | |
| CODE | DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| | | | | | | |

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

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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 ~~2014~~ day of AUGUST, 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

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. GROUND LEASE:

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 TWENTY THREE (\$.23) cents per square foot per year for a total annual cost of ONE THOUSAND ONE HUNDRED TWENTY NINE DOLLARS AND NINETY TWO 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. LIABILITY:

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 ONE MILLION (\$1,000,000.00) 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. OPTION TERM:

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. RENT:

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. NOTICE:


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.

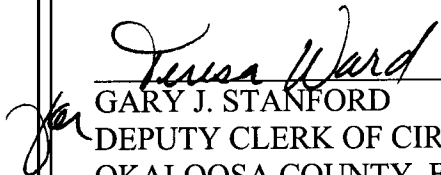
IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

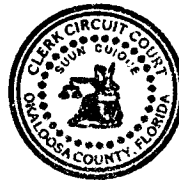
BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA


JAMES CAMPBELL
CHAIRMAN



ATTEST:


GARY J. STANFORD
DEPUTY CLERK OF CIRCUIT COURT
OKALOOSA COUNTY, FLORIDA




DEWEY COSGROVE


WITNESS

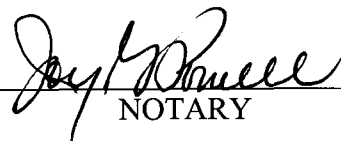

WITNESS


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 August, 2008, AD.


NOTARY

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

