

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

|  |  |              |        |                               |                    |  |                            |   | 8/                  | 30/2022                  |  |
|--|--|--------------|--------|-------------------------------|--------------------|--|----------------------------|---|---------------------|--------------------------|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |  |              |        |                               |                    |  |                            |   |                     |                          |  |
| If SUBR  | ANT: If the certificate holder<br>OGATION IS WAIVED, subject   | to th        | ie tei | rms and conditions of th      | ie polic           | ⊳y, certain po   | olicies may r              |   |                     |                          |  |
|  | tificate does not confer rights t  | o the        | cert   | ificate holder in lieu of su  |                    |  |                            |   |                     |                          |  |
|  |  |              |        |                               |                    | AME: Samanina Bobek  |                            |   |                     |                          |  |
|  | Ifstarr Drive  |              |        |                               | (A/C, No           | PHONE<br>(A/C, No, Ext): 850-650-1950 FAX<br>(A/C, No): 850-892-0320 |                            |   |                     |                          |  |
| Destin FL  | _ 32541  |              |        |                               | E-MAIL<br>ADDRESS: |  |                            |   |                     |                          |  |
|  |  |              |        | INSURER(S) AFFORDING COVERAGE |                    |  |                            |   | NAIC #              |                          |  |
|  |  |              |        | License#: L100460             | INSURE             | RA: Lexingto   | n Insurance C              | Company   |                     | 19437                    |  |
| INSURED DBLEASI-01 INSUR   |  |              |        |                               |                    | INSURER B :  |                            |   |                     |                          |  |
| DB Leasing, LLC and David Barrett  |  |              |        |                               | INSURE             | RC:  |                            |   |                     |                          |  |
| Destin FL  |  |              |        |                               | INSURE             | RD:  |                            |   |                     |                          |  |
|  |  |              |        |                               | INSURE             | RE:  |                            |   |                     |                          |  |
|  |  |              |        |                               | INSURE             | RF:  |                            |   |                     |                          |  |
| COVERAG  | GES CER  | TIFIC        | ATE    | NUMBER: 136308085             |                    |  |                            | REVISION NUMBER:                                |                     |                          |  |
|  | TO CERTIFY THAT THE POLICIES   |              |        |                               |                    |  |                            |   |                     |                          |  |
| CERTIFIC   | ed. Notwithstanding any re<br>Cate may be issued or may 1<br>Ions and conditions of such                                     | PERT/        | AIN, 1 | THE INSURANCE AFFORD          | ED BY              | THE POLICIES   | S DESCRIBED                | ) Herein is subject to                          | CT TO V<br>D ALL 1  | WHICH THIS<br>THE TERMS, |  |
| INSR<br>LTR  | TYPE OF INSURANCE  | ADDL<br>INSD | SUBR   | POLICY NUMBER                 |                    | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | £.IMIT  | S                   |                          |  |
|  | OMMERCIAL GENERAL LIABILITY  | Y            | Y      | 41-LX-089473490-1             |                    | 9/2/2022   | 9/2/2023                   | EACH OCCURRENCE                                 | \$ 1,000            | .000                     |  |
|  | CLAIMS-MADE X OCCUR  |              |        |                               |                    |  |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)    | \$                  | ,                        |  |
|  |  |              |        |                               |                    |  |                            | MED EXP (Any one person)                        | \$                  |                          |  |
|  |  |              |        |                               |                    |  |                            | PERSONAL & ADV INJURY                           | \$                  |                          |  |
|  |  |              |        |                               |                    |  |                            |   | \$ 2,000            | 000                      |  |
|  |  |              |        |                               |                    |  |                            | GENERAL AGGREGATE                               |                     | ,000                     |  |
|  |  |              |        |                               |                    |  | }                          | PRODUCTS - COMP/OP AGG                          | \$                  |                          |  |
|  | THER:<br>IOBILE LIABILITY  |              |        |                               |                    |  |                            | COMBINED SINGLE LIMIT                           | \$                  |                          |  |
|  |  |              |        |                               |                    |  | -                          | (Ea accident)                                   |                     |                          |  |
| ANY AUTO<br>OWNED SCHEDULED  |  |              |        |                               |                    | BODILY INJURY (Per person)   | \$                         |   |                     |                          |  |
| AU   | JTOS ONLY AUTOS<br>RED NON-OWNED   |              |        |                               |                    |  |                            | BODILY INJURY (Per accident)<br>PROPERTY DAMAGE | \$                  |                          |  |
| AU   | JTOS ONLY AUTOS ONLY   |              |        |                               |                    |  | ļ                          | (Per accident)                                  | \$                  |                          |  |
|  |  |              |        |                               |                    |  |                            |   | \$                  |                          |  |
|  | MBRELLA LIAB OCCUR   |              |        |                               |                    |  |                            | EACH OCCURRENCE                                 | \$                  |                          |  |
| EX   | CLAIMS-MADE  |              |        |                               |                    |  |                            | AGGREGATE                                       | \$                  |                          |  |
|  | ED RETENTION \$  |              |        |                               |                    |  |                            |   | \$                  |                          |  |
|  | RS COMPENSATION<br>IPLOYERS' LIABILITY Y / N   |              |        |                               |                    |  |                            | PER OTH-<br>STATUTE ER                          |                     |                          |  |
| ANYPRO   | OPRIETOR/PARTNER/EXECUTIVE   | N/A          |        |                               |                    |  |                            | E.L. EACH ACCIDENT                              | \$                  |                          |  |
| (Mandat  | tory in NH)  |              |        |                               |                    |  |                            | E.L. DISEASE - EA EMPLOYEE                      | \$                  |                          |  |
| DESCRI   | escribe under<br>IPTION OF OPERATIONS below  |              |        |                               |                    |  |                            | E.L. DISEASE - POLICY LIMIT                     | \$                  |                          |  |
|  |  |              |        |                               |                    |  |                            |   |                     |                          |  |
|  |  |              |        |                               |                    |  |                            |   |                     |                          |  |
| Insurance<br>cancellatio   | NOF OPERATIONS / LOCATIONS / VEHICL<br>cancellation should read, All insu<br>ons or non-renewal of the policy, wormissioners | rance        | polie  | cies shall include a clause : | to provi           | ide 30 days w  | ritten notice t            | o Okaloosa County for an                        | iy chang<br>ounty B | ges,<br>oard of          |  |
| C/O Destin-Fort Walton Beach Airports  |  |              |        |                               |                    |  |                            |   |                     |                          |  |
|  | 1701 State Road 85, North     CONTRACT# L08-0328-AP       Eglin AFB, Florida 32542     DB LEASING. LLC                       |              |        |                               |                    |  |                            |   |                     |                          |  |
| DAP BLOCK 5/LOT I  |  |              |        |                               |                    |  |                            |   |                     |                          |  |
| EXPIRES: 03/15/2041  |  |              |        |                               |                    |  |                            |   |                     |                          |  |
|  |  |              |        |                               |                    |  |                            |   |                     |                          |  |
| CERTIFICATE HOLDER CANCELLATION  |  |              |        |                               |                    |  |                            |   |                     |                          |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.   |  |              |        |                               |                    |  |                            |   |                     |                          |  |
| 1701 State Road 85 North   |  |              |        |                               |                    |  |                            |   |                     |                          |  |
| Eglin AFB FL 32542 Child H. 7  |  |              |        | h H. La                       | hh                 |  |                            |   |                     |                          |  |

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## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 9/15/2022

| T T  | HIS CERTIFICATI                        | E IS ISSUED A   | S A MATTER OF INFORMATION ON   | LY AND CONFE                           | RS NO RIGHTS I   | UPON THE CERTIFICA                        | TE HOI      | DER. THIS                              |  |  |
|--|--|---|--|--|--|---|-------------|--|--|--|
| С<br>В   | ERTIFICATE DOB<br>ELOW. THIS CE        | ES NOT AFFIR  | MATIVELY OR NEGATIVELY AMEN<br>F INSURANCE DOES NOT CONSTIT<br>R, AND THE CERTIFICATE HOLDER.  | D, EXTEND OR<br>UTE A CONTRA           | ALTER THE CO   | VERAGE AFFORDED                           | вү тне      | E POLICIES                             |  |  |
|  | DUCER                                  | D   |  |  | NAME: Sanahula bobek   |   |             |  |  |  |
|  | entria Insurance<br>34 Gulfstarr Drive |   |  | PHONE<br>(A/C, No, Ext): 85            | PHONE<br>PHONE EXI): 850-650-1950 FAX<br>(A/C, No): 850-892-0320   |   |             |  |  |  |
| 4  | stin FL 32541                          | 0   |  | ADDRESS:                               | ADDRESS:   |   |             |  |  |  |
|  |  |   |  | PRODUCER<br>CUSTOMER ID:               | PRODUCER DRI FASI 01   |   |             |  |  |  |
|  |  |   | License#: L1004  |  |  |   |             |  |  |  |
|  | IRED                                   | nd David David  | ×++  | INSURER A: Le                          | 10407  |   |             |  |  |  |
| DB Leasing, LLC and David Barrett<br>305 Stillwater Cv.            |  |   |  |  | INSURER B :  |   |             |  |  |  |
|  | stin FL 32541                          |   |  | INSURER C :                            | INSURER C :  |   |             |  |  |  |
|  |  |   |  |  | INSURER D :  |   |             |  |  |  |
|  |  |   |  | INSURER E :                            | INSURER E :  |   |             |  |  |  |
| L  |  |   |  | INSURER F :                            |  |   |             | <u> </u>                               |  |  |
|  | VERAGES                                | Decodiomosi os s  | CERTIFICATE NUMBER: 416259427<br>ROPERTY (Attach ACORD 101, Additional Remark  |  |  | REVISION NUMBER:                          | ~           |  |  |  |
| ТН   | IS IS TO CERTIFY                       | THAT THE PO   | LICIES OF INSURANCE LISTED BELO  | W HAVE BEEN I                          |  |   |             | THE POLICY                             |  |  |
| TO   | MHICH THIS CEP                         | STIFICATE MAY   | REISSUED OR MAY PERTAIN THE  | INSURANCE AFE                          | FORDED BY THE I  | POLICIES DESCRIBED                        | HEREIN      | 1 IS                                   |  |  |
| su   | BJECT TO ALL TH                        | HE TERMS, EXC   | CLUSIONS AND CONDITIONS OF SUC   | H POLICIES, LIN                        | ITS SHOWN MAY  | HAVE BEEN REDUCE                          | UBA BY<br>T | ND GLAIMS.                             |  |  |
| INSR<br>LTR  | TYPE OF IN                             | SURANCE   | POLICY NUMBER  |  | DATE (MM/DD/YYYY)  | COVERED PROPERTY                          |             | LIMITS                                 |  |  |
| A  | X PROPERTY                             |   | 41-LX-089473490-1  | 9/2/2022                               | 9/2/2023   | X BUILDING                                | \$ 375,0    | 000                                    |  |  |
|  | CAUSES OF LOSS                         | DEDUCTIBLES   |  |  |  | X PERSONAL PROPERTY                       | \$ 5,000    | )                                      |  |  |
|  | BASIC                                  | BUILDING  |  |  |  | BUSINESS INCOME                           | \$          |  |  |  |
|  | BROAD                                  | CONTENTS  | -  |  |  | EXTRA EXPENSE                             | \$          |  |  |  |
|  | X SPECIAL                              | 1,000   |  |  |  | RENTAL VALUE                              | \$          |  |  |  |
|  | EARTHQUAKE                             | 5   | · · · · · · · · · · · · · · · · · · ·  |  |  | BLANKET BUILDING                          | \$          |  |  |  |
| WND  |  |   |  | i.                                     | BLANKET PERS PROP  | 5   | L           |  |  |  |
|  | FLOOD                                  | 1   |  |  | 1  | BLANKET BLDG & PP                         | \$          | ······································ |  |  |
|  |  |   | 4  |  |  |   | \$          |  |  |  |
|  |  |   |  |  |  | \$  |             |  |  |  |
| INLAND MARINE TYPE OF POLICY                                       |  |   |  |  |  |   | \$          | <u>.</u>                               |  |  |
| CAUSES OF LOSS NAMED PERILS POLICY NUMBER                          |  |   |  |  |  |   | \$          |  |  |  |
|  | WWED PERILS                            |   | r seis i nomaen  |  |  |   | \$          |  |  |  |
| <u> </u>   | CRIME                                  |   |  | ······································ |  |   | \$          |  |  |  |
|  | TYPE OF POLICY                         |   |  |  |  | <b>  </b>                                 | \$          |  |  |  |
|  |  |   |  |  |  |   | s           | · · · · · · · · · · · · · · ·          |  |  |
|  | BOILER & MACH                          |   |  |  |  |   | s           |  |  |  |
|  | EQUIPMENT BR                           | EAKDOWN   |  |  |  |   | \$          |  |  |  |
|  | [                                      |   |  |  |  |   | \$          |  |  |  |
|  |  |   |  |  | <u> </u>   | L   | 5           |  |  |  |
| Ins<br>car<br>Ok<br>C/0<br>17(                                     | urance cancellation                    | n should read, A<br>renewal of the po<br>ard of County Co<br>on Beach Airport | ACORD 101, Additional Remarks Schedule, may be<br>II insurance policies shall include a clau-<br>olicy, with the exception of 10 day notice<br>mmissioners<br>ts | se to provide 30 d                     | avs written notice   | to Okaloosa County for a<br>t of premium. | iny char    | iges,                                  |  |  |
| CE   | RTIFICATE HOLI                         | DER   |  | rion                                   |  |   |             |  |  |  |
| S E  |  |   |  | EXPIRATION D/                          | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE<br>EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH<br>THE POLICY PROVISIONS. |   |             |  |  |  |
| c/o Destin-Fort Walton Beach Airports<br>1701 State Road 85, North |  |   |  | AUTHORIZED RE                          | AUTHORIZED REPRESENTATIVE  |   |             |  |  |  |
| Eglin AFB FL 32542   |  |   |  |  | Chile H. Lyold   |   |             |  |  |  |
| <b>_</b>   |  |   |  |  | @ 1995-2015 AC   | ORD CORPORATION.                          | All ria     | hts reserved                           |  |  |

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AGENCY CUSTOMER ID: DBLEASI-01

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

|   | AGENCY  |          | NAMED INSURED                     |
|---|---|----------|-----------------------------------|
|   | Acentria Insurance - Destin   | i        | DB Leasing, LLC and David Barrett |
| Į | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |          | 305 Stillwater Cv.                |
| 1 | POLICY NUMBER   |          | Destin FL 32541                   |
| I |   |          |                                   |
| ļ | د به موجود می از این از مراجع از این |          |                                   |
| 1 | CARRIER   | AIC CODE |                                   |
| Ì |   |          | EFFECTIVE DATE:                   |
| l |   |          |                                   |

## ADDITIONAL REMARKS

| ļ | THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,     |
|---|---|
|   | FORM NUMBER: 24 FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE |
|   | SPECIAL CONDITIONS:   |

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Eglin AFB, Florida 32542