

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/25/2023

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).

tŀ	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
PRODUCER MARSH USA, LLC. 800 Market Street, Suite 1800					CONTACT Marsh U.S. Operations						
					PHONE (A/C, No, Ext): 866-966-4664 FAX (A/C, No): 212-948-0811 E-MAIL ADDRESS: StLouis.CertRequest@Marsh.Com					-0811	
St. Louis, MO 63101				E-MAIL ADDRES	ss: StLoui	is.CertRequest@f	Marsh.Com				
						INSURER(S) AFFORDING COVERAGE					NAIC#
					INSURER A : The Travelers Indemnity Company of Connecticut						25682
INSURED				INSURER B : Travelers Property Casualty Company of America					25674		
Enterprise Holdings, Inc.											
and its subsidiaries 600 Corporate Park Drive				INSURER C:							
St. Louis, MO 63105					INSURER D:						
					INSURER E:						
					INSURE						
				NUMBER:	CHI-010088681-06 REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERTA	EMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH	1 RESPEC	OT TO	WHICH THIS
INSR LTR	NSR TYPE OF INSURANCE IN			POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	POLICY EXP MM/DD/YYYY)		LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	INSD WYD		HC2E-GLSA-474M7351-TCT-23		09/01/2023	09/01/2024	EACH OCCURRENC		\$	5,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE	ED	\$	1,000,000
	X Fire Damage (Any One Fire)							PREMISES (Ea occu		\$	10,000
	A The Damage (Any One File)							MED EXP (Any one p			5,000,000
								PERSONAL & ADV II		\$	15,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP	/OP AGG	\$	5,000,000
	OTHER:			UES 15 47 41 7000 TOT 00		00/04/0000	201040004	COMBINED SINGLE	E ILAST	\$	
Α	AUTOMOBILE LIABILITY			HEEAP-474M7302-TCT-23		09/01/2023	09/01/2024	(Ea accident)		\$	3,000,000
	X ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	′ 1	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
	X SIR 2,000,000									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Æ	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	,	\$	
	DED RETENTIONS	1 [\$ \$	
В	WORKERS COMPENSATION			UB-8P765351-23-NC-R (WI)		09/01/2023 09/01/2023 09/01/2023	09/01/2024 09/01/2024 09/01/2024	X PER STATUTE	OTH- ER	<u> </u>	
В	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N			HWXJUB-474M7074-TIL-23 (OH)				E,L, EACH ACCIDEN		\$	1,000,000
8	OFFICER/MEMBER EXCLUDED?	N/A		UB-8P137346-23-NC-T (AOS)				E.L. DISEASE - EA E			1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			*SEE ATTACHED*							1,000,000
	DESCRIPTION OF OPERATIONS below	-		OLL IVI MONES				E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000
									İ		
					i						
Re: 0 Okale	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI SPBR: 55KA, Address: 1701 Hwy 85 N, Elgin AFB, Fi cosa County Board of County Commissioners is/are amed insured while operated by employees of the na act.	. 32542 added a	Is an a	ddilional insured (except Workers C	Compensa	ation) where requi	ired by written con	tract. Auto coverage in	isures any A ipensation w	auto owne here req	ed or leased by uired by written
					* *	3400 4 40 1					
						EASE: L10-C					
~	TIPLOATE HOLDED				- El	SBVIOR EAC	LEASING CO	DMPANY - SOUT	TH CENT	RAL,	ilc —
CERTIFICATE HOLDER					SERVICE FACILITY SPACE LEASE T EXPIRES: 06/30/2032						
Okaloosa County Board of County Commissioners C/O Destin-Fort Walton Beach Airport 1701 State Road 85, North											ORE IN
Eglin AF8, FL 32542					AUTHORIZED REPRESENTATIVE						
					ı			Manal 21	-	111	<i>•</i> 1

AGENCY CUSTOMER ID: CN101321765

LOC #: St. Louis



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA, LLC.		NAMED INSURED Enterprise Holdings, Inc. and its subsidiaries				
POLICY NUMBER		600 Corporate Park Orive St. Louis, MO 63105				
CARRIER	NAIC CODE	EFFECTIVE DATE:				
ADDITIONAL REMARKS	<u> </u>	EFFECTIVE DATE.				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM					
FORM NUMBER: 25 FORM TITLE: Certificate of Lie		nce				
Workers' Compensation Continued:						
Carrier: The Standard Fire Ins. Co.						
Policy #: UB-35878596-23-NC-F (Excess MN)						
Effective Date: 09/01/2023 Expiration Date: 09/01/2024						
Expression battle out the section of the section battle out the sect						
Workers Compensation coverage for employees in Puerto Rico and in the States of Nor coverage for employees in Ohio is self-insured. Workers Compensation policy# UB-8P1 provides Employers Liability for Wisconsin.	th Dakota, Washing 37346-23-NCT prov	non and Wyoming is provided through the Monopolistic State programs. Workers Compensation rides Employers Liability for all States with the exception of Wisconsin. Policy# UB-8P765351-23-NCR				



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DĐ/YYYY)

3/1/2023

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANC UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS E THE COVERAGE AFFORDED BY THE POLICIES BELOW. THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	VID THIS	ENC S EV	E D	DES NOT AFFIRMATIVELY OR NE NCE OF INSURANCE DOES NOT	GATIVEL CONSTIT	Y AMEND, EXTEND OR ALTER			
PRODUCER NAME. PHONE (O. 4) (20, 0.500)				COMPANY NAME AND ADDRESS	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NAIC NO:			
CONTACT PERSON AND ADDRESS (ACC. No. Ext): (314) 432-0500 Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081				***See Attached***					
FAX (A/C, No): (314) 812-3299 E-MAIL ADDRESS:				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH					
CODE: SUB CODE:				POLICY TYPE					
CUSTOMER ID #:				Property					
NAMED INSURED AND ADDRESS Enterprise Holdings, Inc. 1114655 and its subsidiaries 600 Corporate Park Dr.				LOAN NUMBER	POLICY NUMBER See Attached				
St. Louis MO 63105				3/1/2023 EXPIRATION 3/1/20		CONTINUED UNTIL TERMINATED IF CHECKED			
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:					
PROPERTY INFORMATION (ACORD 101 may be attached if	mo	ra e i	nace	is required) T BIIII DING OR	[X] BUSI	NESS PERSONAL PROPERTY			
LOCATION / DESCRIPTION VPS 1701 HWY 85 N EGLIN AFB FL 32542									
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	OTH POL	ER E	OCU S DE	MENT WITH RESPECT TO WHICH THIS	EVIDENC	E OF PROPERTY INSURANCE MAY			
COVERAGE INFORMATION PERILS INSURED	BA	SIC		BROAD X SPECIAL					
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$				25,000,000		DED: 5,000,000			
	YES	NO	N/A						
	Х			If YES, LIMIT: Included	A	ctual Loss Sustained; # of months:			
BLANKET COVERAGE	Х			If YES, indicate value(s) reported on prop	erty identifi	ed above: \$			
TERRORISM COVERAGE		Х		Attach Disclosure Notice / DEC					
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	Х					1.11.11.2.31.11.11.11.11.11.11.11.11.11.11.11.11.			
IS DOMESTIC TERRORISM EXCLUDED?	Х					http://www.			
LIMITED FUNGUS COVERAGE		Х		If YES, LIMIT:		DED:			
FUNGUS EXCLUSION (If "YES", specify organization's form used)	Х								
REPLACEMENT COST	Х								
AGREED VALUE		Х							
COINSURANCE		Х		If YES, %					
EQUIPMENT BREAKDOWN (If Applicable)				If YES, LIMIT: Included		DED: See Attached			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				If YES, LIMIT: Included		DED: See Attached			
~ Demolition Costs				If YES, LIMIT: Included		DED: See Attached			
- Incr. Cost of Construction	Х			If YES, LIMIT: Included		DED: See Attached			
EARTH MOVEMENT (If Applicable)				If YES, LIMIT: 25,000,000		DED: See Attached			
FLOOD (If Applicable)				If YES, LIMIT: 25,000,000		DED: See Attached			
WIND / HAIL INCL X YES NO Subject to Different Provisions:				If YES, LIMIT: 25,000,000		DED: See Attached			
NAMED STORM INCL X YES NO Subject to Different Provisions:				If YES, LIMIT: 25,000,000		DED: See Attached			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE	х								
HOLDER PRIOR TO LOSS CANCELLATION		L							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES E		CAN	ICEI	ED RECORE THE EXPIRATION	DATE	THEREOF NOTICE WILL BE			
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIO			722	-	DAIL				
				LEASE: L10-0374-AP					
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS MORTGAGEE				EASE: LIU-U3/4-AF ENTERPRISE LEASING COMPANY - SOUTH CENTRAL, LLC SERVICE FACILITY SPACE LEASE EXPIRES: 06/30/2032					
NAME AND ADDRESS 723832 Okaloosa County Board of County Commissioners									
C/O Destin-Fort Walton Beach Airport Administratio 1701 State Road 85, North				-					
Eglin AFB FL 32542				Al	11				
				Lun	\swarrow				
				2003-2015 ACO	RD CORP	ORATION. All rights reserved.			

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE-Including Special Conditions (Use only if more space is required) THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICYTERM(S) REFERENCED.
RE: Lease #L07-0298-AP & L21-0494-AP(Alamo/National) & L21-0495-AP(Enterprise). GPBR: VPS, 1701 HWY 85 N, EGLIN AFB, FL 32542. Okaloosa County Board of County Commissioners is included as additional insured if required by written contract with respect to property policy per the terms and conditions of the policy.

ACORD 28 (2016/03) Certificate Holder ID: 723832