



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).

PRODUCER: MARSH USA, LLC. CONTACT NAME: Marsh | U.S. Operations. PHONE: 866-966-4664. FAX: 212-948-0811. E-MAIL ADDRESS: StLouis.CertRequest@Marsh.Com. INSURER(S) AFFORDING COVERAGE: INSURER A: The Travelers Indemnity Company of Connecticut (NAIC # 25682), INSURER B: Travelers Property Casualty Company of America (NAIC # 25674), INSURER C, D, E, F.

COVERAGES CERTIFICATE NUMBER: CHI-010088681-06 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

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

Re: GPBR: 55KA, Address: 1701 Hwy 85 N, Elgin AFB, FL 32542. Okaloosa County Board of County Commissioners is/are added as an additional insured (except Workers Compensation) where required by written contract. Auto coverage insures any Auto owned or leased by the named insured while operated by employees of the named insured. No coverage provided to renters under this policy. Waiver of Subrogation is applicable to workers compensation where required by written contract.

CERTIFICATE HOLDER

Okaloosa County Board of County Commissioners C/O Destin-Fort Walton Beach Airport 1701 State Road 85, North Eglin AFB, FL 32542

LEASE: L10-0374-AP ENTERPRISE LEASING COMPANY - SOUTH CENTRAL, LLC SERVICE FACILITY SPACE LEASE EXPIRES: 06/30/2032

ORE IN

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

© 1988-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED Enterprise Holdings, Inc. and its subsidiaries 600 Corporate Park Drive St. Louis, MO 63105	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

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

Workers Compensation coverage for employees in Puerto Rico and in the States of North Dakota, Washington and Wyoming is provided through the Monopolistic State programs. Workers Compensation coverage for employees in Ohio is self-insured. Workers Compensation policy# UB-8P137346-23-NCT provides Employers Liability for all States with the exception of Wisconsin. Policy# UB-8P765351-23-NCR provides Employers Liability for Wisconsin.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/1/2023

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081		PHONE (A/C, No, Ext): (314) 432-0500	COMPANY NAME AND ADDRESS ***See Attached***	NAIC NO:
FAX (A/C, No): (314) 812-3299	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Property	
AGENCY CUSTOMER ID #:	NAMED INSURED AND ADDRESS Enterprise Holdings, Inc. and its subsidiaries 600 Corporate Park Dr. St. Louis MO 63105		LOAN NUMBER	POLICY NUMBER See Attached
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 3/1/2023	EXPIRATION DATE 3/1/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION VPS
1701 HWY 85 N
EGLIN AFB FL 32542

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	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$	25,000,000			DED: 5,000,000
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: Included Actual Loss Sustained; # of months:
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X			
IS DOMESTIC TERRORISM EXCLUDED?		X			
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X			
REPLACEMENT COST		X			
AGREED VALUE		X			
COINSURANCE		X			If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: Included DED: See Attached
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: Included DED: See Attached
- Demolition Costs		X			If YES, LIMIT: Included DED: See Attached
- Incr. Cost of Construction		X			If YES, LIMIT: Included DED: See Attached
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: 25,000,000 DED: See Attached
FLOOD (If Applicable)		X			If YES, LIMIT: 25,000,000 DED: See Attached
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 25,000,000 DED: See Attached
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: 25,000,000 DED: See Attached
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X			

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		24722	I
<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LT
<input type="checkbox"/> MORTGAGEE			
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	LEASE: L10-0374-AP ENTERPRISE LEASING COMPANY - SOUTH CENTRAL, LLC SERVICE FACILITY SPACE LEASE EXPIRES: 06/30/2032		
	AT		

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 POLICY TERM(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.