							_ F	DATE	MM/DD/YYYY)		
ACORD CERTIFICATE OF LIABILITY INSURANCE								9/27/2023			
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 CONTACT Alonda Pecoraro											
Higginbotham Insurance Agency, Inc. 201 Energy Parkway, Suite 402					PHONE FAX (A/C, No, Ext): 337-706-9080 (A/C, No): E-MAIL ADDRESS: APecoraro@higginbotham.com						
Lafayette LA 70508											
License#: 2081754 INSURED AVIOSOL-01							isually insurance Company	liy	20699 10335		
Avionics Solutions, LLC.					•	iu Casually I	Isurance Company		10555		
12B Borman Drive				INSURE							
Lafayette LA 70508				INSURER D :							
				INSURE							
	TIC:	~ ^ - -		INSURE	RF:						
			NUMBER: 86837114								
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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
A X COMMERCIAL GENERAL LIABILITY	Y	Y	AAPN10750477005		8/1/2023	8/1/2024	EACH OCCURRENCE	\$ 15,00	0,000		
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,0	00		
							MED EXP (Any one person)	\$ 5,000			
							PERSONAL & ADV INJURY	\$ 15,00			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 15,00			
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		· · · · · · · · · · · · · · · · · · ·		
							·····	OP AGG \$2,000,000 \$1,000,000			
A UTOMOBILE LIABILITY	Y	Y	AAPN10750477005		8/1/2023	8/1/2024	Hangar Keepers COMBINED SINGLE LIMIT		ed in GL		
	1		AAPN 107 5047 7005	8/1/2023	8/1/2024	(Ea accident) BODILY INJURY (Per person)	\$				
OWNED SCHEDULED											
AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE				
AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
X On-Airport								\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION \$								\$			
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	196-49567		10/1/2023	10/1/2024	X PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$1,000,000		,000		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$1,000,0		,000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	E.L. DISEASE - POLICY LIMIT \$1,000,			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL HANGARKEEPERS NOT "IN FLIGHT" LIM HANGARKEEPERS NOT "IN FLIGHT" LIM	IT À	VY O	NE OCCURRENCE \$1,000	,000	e attached if more	e space is require	ed)				
Auto Liability Includes up to the General Lia	bility	Limit	on On-Airport Only Auto			TI 00 04			1		
lease number L20-0487-AP			ł	С	ONTRAC	1:L20-02	ю <i>і -</i> АГ				
					Avionics Solutions, LLC						
See Attached					Storage Space in Cargo Building						
CERTIFICATE HOLDER	EXPIRES:11/14/2023										
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
Okaloosa County Board of County Commissioners 1701 State Road 85 North Eglin AFB FL 32542 USA					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE						
					Junt						
					@ 40	00 204E AC	ORD CORPORATION	All			

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: AVIOSOL-01

LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED Avionics Solutions, LLC. 12B Borman Drive						
POLICY NUMBER		Lafayette LA 70508						
CARRIER	NAIC CODE							
		EFFECTIVE DATE:						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER:25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE								

Airport Owners and Operators General Liability: Additional Insured Designated Person or Organization Endorsement: Okaloosa County Board of County Commissioners

Workers Compensation: Blanket Subrogation Waiver