



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/10/2023

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).

|  |  |                                   |
|--|--|-----------------------------------|
| <b>PRODUCER</b><br>Hylant - Orlando<br>1025 Greenwood Boulevard Suite 285<br>Lake Mary FL 32746<br><br>License#: 23894<br>AVCOINC-01 | <b>CONTACT NAME:</b> Catherine Goff<br><b>PHONE (A/C No. Ext):</b> 407-740-5550<br><b>E-MAIL ADDRESS:</b> orlandocommercial@hylant.com | <b>FAX (A/C No):</b> 407-740-5522 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                   |
| <b>INSURED</b><br>AVCON, INC.<br>5555 East Michigan Street Suite 200<br>Orlando FL 32822   | <b>INSURER A:</b> Admiral Insurance Company  | NAIC # 24856                      |
|  | <b>INSURER B:</b> Travelers Indemnity Co of Amer   | 25666                             |
|  | <b>INSURER C:</b> The Travelers Indemnity Company  | 25658                             |
|  | <b>INSURER D:</b> Travelers Casualty Ins Co Amer   | 19046                             |
|  | <b>INSURER E:</b>  |                                   |
|  | <b>INSURER F:</b>  |                                   |

**COVERAGES**                      **CERTIFICATE NUMBER:** 1830660399                      **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   |                            |
|------------|---|-----------|----------|----------------|-------------------------|-------------------------|--|----------------------------|
| B          | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:                                 | Y         | Y        | 680007S607425  | 10/6/2023               | 10/6/2024               | 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               |
|            |   |           |          |                |                         |                         |  | \$                         |
| D          | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> OTHER: |           |          | BA7S607609     | 10/6/2023               | 10/6/2024               | COMBINED SINGLE LIMIT (Ea accident)  | \$ 1,000,000               |
|            |   |           |          |                |                         |                         | BODILY INJURY (Per person)   | \$                         |
|            |   |           |          |                |                         |                         | BODILY INJURY (Per accident)   | \$ 1,000,000               |
|            |   |           |          |                |                         |                         | PROPERTY DAMAGE (Per accident)   | \$                         |
|            |   |           |          |                |                         |                         |  | \$                         |
| B          | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |           |          | CUP007S607855  | 10/6/2023               | 10/6/2024               | EACH OCCURRENCE  | \$ 10,000,000              |
|            |   |           |          |                |                         |                         | AGGREGATE  | \$ 10,000,000              |
|            |   |           |          |                |                         |                         |  | \$                         |
| C          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | UB007S607763   | 10/6/2023               | 10/6/2024               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |                            |
|            |   |           |          |                |                         |                         | E.L. EACH ACCIDENT   | \$ 1,000,000               |
|            |   |           |          |                |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$ 1,000,000               |
|            |   |           |          |                |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$ 1,000,000               |
| A          | Professional Liability  |           |          | EO000047468-06 | 10/6/2023               | 10/6/2024               | Each Claim Aggregate   | \$1,000,000<br>\$2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Fence Repairs Destin-Ft. Walton Airport The Certificate Holder is listed as an Additional Insured as respects the Commercial General Liability policy where required by a written contract prior to a loss per policy terms and conditions. A Waiver of Subrogation applies in favor of Okaloosa County Board of County Commissioners.

CONTRACT: C19-2792-AP  
AVCON, INC.  
GENERAL AVIATION ENGINEERING SERVICES FOR VPS  
EXPIRES: 3/26/2024

|  |  |        |
|--|--|--------|
| <b>CERTIFICATE HOLDER</b><br><br>Okaloosa County Board of County Commissioners, Destin-Fort Walton Beach Airport Admin, 1701 State Road 85 N Eglin Afb FL 32542-1498 | C/<br><br>ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>Judy K. Wilson</i> | E<br>N |
|--|--|--------|

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