ACORD [®]

OP ID: CR

DATE (MM/DD/YYYY)

ACORD	CEI	RTI	FICATE OF LIA	ABIL	ITY INS	SURAN	CE		(MM/DD/YYYY) /30/2022	
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 NAME:					
Ébco Aviation Insurance, LLC 3070 Five Forks Trickum Road					PHONE FAX (A/C, No, Ext): (A/C, No):					
P.O. Box 1534 Snellville, GA 30078					E-MAIL ADDRESS:					
Terry M. Britt					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A : Granite State Insurance Co. INSURER B : National Union & Fire					
INSURED Emerald Coast Aviation dba					INSURER B: TRANSING CARDINAL C					
Aero FX, Inc. & Fuel FX, Inc. 5545 John Givens Road					INSURER D : Lexington Insurance Co.					
Crestview, FL 32539				INSURER E :						
					INSURER F :					
COVERAGES CERTIFICATE NUMBER: 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 TYPE OF INSURANCE		SUBR				POLICY EXP (MM/DD/YYYY)	LIMI	'S		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$		
							MED EXP (Any one person)	ŝ		
	_						PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X		02-CA-019047925-12/000	、	06/26/2022	06/26/2023		\$	1,000,000	
OWNED AUTOS ONLY AUTOS	1		02-07-013047320-12000	'	00/20/2022	0012012020	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$		
X AUTOS ONLY X AUTOS	i.						PROPERTY DAMAGE (Per accident)	\$		
X Comp X Collision								ş		
B UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	4,000,000	
X EXCESS LIAB CLAIMS-MAD	1		41-UD-042726231-3		07/18/2022	07/18/2023	AGGREGATE	\$	4,000,000	
C WORKERS COMPENSATION	<u> </u>	-	 				X PER OTH-	\$		
AND EMPLOYERS' LIABILITY			AWC0500167		11/30/2021	11/30/2022			1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A	X					E,L, EACH ACCIDENT E,L, DISEASE - EA EMPLOYEE	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000	
D Property			41-LX086581302-012/000)	06/26/2022	06/26/2023				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	JLES (ACORI	i D 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requir	ed)			
Okaloosa County Board of Commis	sione	ers is	s included as an additi	opal in	sured as re	espects aut	to		:	
and excess coverage. CONTRACT: L08-0335-AP										
EMERALD COAST AVIATION										
					BSAP FBO					
CERTIFICATE HOLDER EXPIRES: 01/01/2054										
OKALOO1										
Okaloosa County Parks &					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Rec										
302 N. Wilson Street Suite					AUTHORIZED REPRESENTATIVE					
301 Crestview, FL 32536				Terry	M. Britt					

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