

OP ID: CR

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	DATE (MM/DD/YYYY
	12/02/2020

ACORD'	ERT	<b>IFICATE OF LIA</b>	BILITY INS	SURAN	CE		MM/DD/YYYY)				
							/02/2020				
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	IVELY (	OR NEGATIVELY AMEND, DE DOES NOT CONSTITUT	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	E POLICIES				
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to the	terms and conditions of th	e policy, certain p	olicies may							
PRODUCER		70-978-4855	CONTACT Terry M.								
Ebco Aviation Insurance, LLC			PHONE (A/C, No, Ext): 770-97	78-4855	FAX	770-97	78-4868				
3070 Five Forks Trickum Road P.O. Box 1534			E-MAIL ADDRESS: tbritt@eaislic.com								
Snellville, GA 30078 Terry M. Britt					DING COVERAGE		NAIC #				
Terry W. Britt			INSURER A : ACE AI								
INSURED	· · ·		INSURER B ;								
INSURED Emerald Coast Aviation dba Aero FX, Inc. 5535 John Givens Road	., Fuel F	X	INSURER C :				1				
Crestview, FL 32539			INSURER D :								
			INSURER E :								
			INSURER F :								
COVERAGES CER	TIFICA	TE NUMBER:			REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN	Ment, term or condition N, the insurance afford	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER	document with respi d herein is subject "	ECT TO	WHICH THIS				
INSR TYPE OF INSURANCE	ADDL SUI			POLICY EXP	LIMI	TS					
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	25,000,000				
CLAIMS-MADE X OCCUR	x	AAPN10721118003	01/06/2022	01/06/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000				
					MED EXP (Any one person)	\$	25,000				
					PERSONAL & ADV INJURY	\$	25,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	25,000,000				
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	25,000,000				
OTHER:					HKLL	\$	5,000,000				
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$					
ANY AUTO					BODILY INJURY (Per person)	\$	•				
AUTOS ONLY AUTOS					BODILY INJURY (Per acciden	1) <b>s</b>					
HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
UMBRELLA LIAB OCCUR				1		\$					
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE		2			AGGREGATE	<u>s</u>					
DED RETENTION \$					AGGREGATE	s					
WORKERS COMPENSATION					PER OTH- STATUTE ER						
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYE	E \$					
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	r \$					
					<b>N</b>						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	223 (AUC	A COLORADORAL CONTRACTS SCHOOL	as, may be allauneu il mu	io apaos is redui			2. s				
				ACT# C12							
	FUEL FX INC. DBA EMERALD COAST AVIATION										
						FUEL MANAGEMENT & OPERATION					
	SERVICES @ NWFRA										
· .			EXPIRE	ES: 09/30/20	)31		-				
CERTIFICATE HOLDER			CANCELETIN								
		OKALOO1									
Okaloosa County Parks a Rec	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
302 N. Wilson Street, Suite											
301			AUTHORIZED REPRES	ENTATIVE							
Crestview, FL 32536											

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NOTEPAD	Emerald Coast Aviation dba Aer	ro FX, EMERA-1 OP ID: CR	Date	PAGE 2 12/02/2020
additional insu The insurance of person or organ injury or propo- modification, or organization. The Certificate days if for non The coverage is Coverage is pro- to the Certific The coverage is	AAP236 Okaloosa County shall be inclu- ured but only as respects operations of extended by this endorsement shall not nization named in the schedule shall be arty damage which arises from the desi repair, sale, or servicing of aircraft a Holder will be provided with thirty n-payment of premium) notice of cancel ncludes On Airport Premises Auto Liabi imary and non-contributory to any othe cate Holder. ncludes Contractual Liability, indepen- Excess Auto Liability	of the named insured. t apply to, and no be insured for bodily ign, manufacture, t by that person or (30) days, (ten (10) Llation. Llity Limit. Fr insurance available		



OP ID: CR

DATE (MM/DD/YYYY) 06/30/2022

CERTIFICATE OF L	IABILITY INSI	JRANCE
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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										
	PRODUCER									
307	o Aviation Insurance, LLC ) Five Forks Trickum Road			1	PHONE FAX (A/C, No, Ext): (A/C, No):					
	. Box 1534 Ilville, GA 30078			-	E-MAIL ADDRESS:					
	y M. Britt			F	~			NNG COVERAGE	NAIC	#
					<u>INSURER A :</u> Gra INSURER B : Nat	nite State	insur m & F	ire		
Eme	raid Coast Aviation dba			F	INSURER C : Pra	enar onio	suran	ce Company		
Aer 554	rep rald Coast Aviation dba o FX, Inc. & Fuel FX, Inc. 5 John Givens Road stview, FL 32539			F	INSURER D : Lex	ington Ins	suran	ce Co.		
Cres	stview, FL 32539			Γ	INSURER D :	J				
ļ				T I I I I I I I I I I I I I I I I I I I	INSURER F :					
co	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
T IN C	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		ADDL INSD	subr WVD	POLICY NUMBER	POLICY E	FF POLICY YYI (MM/DD/	YYYY	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR				1			DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
							-	MED EXP (Any one person) \$		
	L						ľ	PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
		Į						PRODUCTS - COMP/OP AGG \$		
A	OTHER:	v						COMBINED SINGLE LIMIT	4 00	0,000
A AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED		X		02-CA-019047925-12/000	neizeiz	022 06/26/	120.22	(Ea accident) 3	, ,	-,
				02-08-01304/323-12/000	00/20/2022	022 00/20/	12023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	•	
	X AUTOS ONLY AUTOS ONLY AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
	X Comp X Collision							(Peracodency a		
В	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	4.00	0,000
	X EXCESS LIAB CLAIMS-MADE		1	41-UD-042726231-3	07/18/2	022 07/18/	/2023	AGGREGATE	A 00	0,000
	DED RETENTION \$	1						ş		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1					X PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	x	AWC0500167	11/30/2	021 11/30/	/2022	E.L. EACH ACCIDENT \$	, · · · · · · · · · · · · · · · · · · ·	0,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		N/A	^					E.L. DISEASE - EA EMPLOYEE	)	0,000
L	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	, 1,00	0,000
D	Property		1	41-LX086581302-012/000	06/26/2	022 06/26	/2023			
1				1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Okaloosa County Board of Commissioners is included as an additional insured as respects auto and excess coverage.

CANCELLATION CERTIFICATE HOLDER OKALO01 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Okaloosa County Parks &** Rec 302 N. Wilson Street Suite AUTHORIZED REPRESENTATIVE Terry M. Britt 301 Crestview, FL 32536

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