



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/1/2023

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> Acentria Insurance - Destin 4634 Gulfstarr Drive Destin FL 32541  License#: L100460 DBLEASI-01	<b>CONTACT NAME:</b> Samantha Bobek	
	<b>PHONE (A/C, No, Ext):</b> 850-650-1950	<b>FAX (A/C, No):</b> 850-892-0320
<b>E-MAIL ADDRESS:</b> samantha.bobek@acentria.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Lexington Insurance Company		19437
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 1002495423                      **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
A	<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	41-LX-089473490-3	9/2/2023	9/2/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Insurance cancellation should read, All insurance policies shall include a clause to provide 30 days written notice to Okaloosa County for any changes, cancellations or non-renewal of the policy, with the exception of 10 day notice for cancellation due to non-payment of premium. Okaloosa County Board of County Commissioners  
 C/O Destin-Fort Walton Beach Airports  
 1701 State Road 85, North  
 Eglin AFB, Florida 32542

**CONTRACT:** L08-0328-AP  
**DB Leasing, LLC**  
**DAP BLK 5/LOT 1 X**  
**EXPIRES:** 03/15/2041

**CERTIFICATE HOLDER**

Okaloosa County Board of County Commissioners  
 c/o Destin-Fort Walton Beach Airports  
 1701 State Road 85, North  
 Eglin AFB FL 32542

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Chris H. Lyddell*



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
9/1/2023

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<b>PRODUCER</b> Acentria Insurance - Destin 4634 Gulfstarr Drive Destin FL 32541	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Samantha Bobek</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 850-650-1950</td> <td><b>FAX (A/C, No):</b> 850-892-0320</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> samantha.bobek@acentria.com</td> </tr> <tr> <td colspan="2"><b>PRODUCER CUSTOMER ID:</b> DBLEASI-01</td> </tr> </table>	<b>CONTACT NAME:</b> Samantha Bobek		<b>PHONE (A/C, No, Ext):</b> 850-650-1950	<b>FAX (A/C, No):</b> 850-892-0320	<b>E-MAIL ADDRESS:</b> samantha.bobek@acentria.com		<b>PRODUCER CUSTOMER ID:</b> DBLEASI-01							
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**COVERAGES** **CERTIFICATE NUMBER:** 1704615700 **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	41-LX-089473490-3	9/2/2023	9/2/2024	<input checked="" type="checkbox"/> <b>BUILDING</b>	\$ 375,000
	<b>CAUSES OF LOSS</b>				<input checked="" type="checkbox"/> <b>PERSONAL PROPERTY</b>	\$ 5,000
	<input type="checkbox"/> <b>BASIC</b>				<input type="checkbox"/> <b>BUSINESS INCOME</b>	\$
	<input type="checkbox"/> <b>BROAD</b>				<input type="checkbox"/> <b>EXTRA EXPENSE</b>	\$
	<input type="checkbox"/> <b>SPECIAL</b>				<input type="checkbox"/> <b>RENTAL VALUE</b>	\$
	<input type="checkbox"/> <b>EARTHQUAKE</b>				<input type="checkbox"/> <b>BLANKET BUILDING</b>	\$
	<input type="checkbox"/> <b>WIND</b>				<input type="checkbox"/> <b>BLANKET PERS PROP</b>	\$
	<input type="checkbox"/> <b>FLOOD</b>				<input type="checkbox"/> <b>BLANKET BLDG &amp; PP</b>	\$
	<input type="checkbox"/>				<input type="checkbox"/>	\$
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$
	<b>CAUSES OF LOSS</b>	POLICY NUMBER				\$
	<b>NAMED PERILS</b>					\$
	<b>CRIME</b>					\$
	<b>TYPE OF POLICY</b>					\$
	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$
						\$

**SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
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 Okaloosa County Board of County Commissioners  
 C/O Destin-Fort Walton Beach Airports  
 1701 State Road 85, North  
 See Attached...

<p><b>CERTIFICATE HOLDER</b></p> <p>Okaloosa County Board of County Commissioners                  c/o Destin-Fort Walton Beach Airports                  1701 State Road 85, North                  Eglin AFB FL 32542</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="text-align: center;"><i>Chuck H. Lybald</i></p>
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## ADDITIONAL REMARKS SCHEDULE

AGENCY Acentria Insurance - Destin		NAMED INSURED DB Leasing, LLC and David Barrett 305 Stillwater Cv. Destin FL 32541	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 24 FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE

**SPECIAL CONDITIONS:**

Eglin AFB, Florida 32542