

## CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

09/22/2023

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.

| IM<br>If S   | PORTANT                                       | If the                        | he ce | rtificate<br>/AIVED, | hol<br>sub      | der is          | an ADDI       | ns and con         | SUR          | ED, th                          | ne policy(<br>the polic                     | y, cer   | tain  | have ADDIT<br>policies ma |              |                           |                                |                   |  |  |  |  |
|--|---|-------------------------------|-------|----------------------|-----------------|-----------------|---------------|--------------------|--------------|---------------------------------|---|--|---|---------------------------|--------------|---------------------------|--------------------------------|-------------------|--|--|--|--|
|  |   |                               |       |                      | 5               |                 |               |                    |              | CO                              | eu of such endorsement(s).                  |  |   |                           |              |                           |                                |                   |  |  |  |  |
| PRODUCER Ladd Gardner Aviation Insurance Agency, Inc.  |   |                               |       |                      |                 |                 |               |                    | PH           | NAME:  PHONE                    |   |  |   |                           |              |                           |                                |                   |  |  |  |  |
| PO Box 183<br>Addison, TX, 75001   |   |                               |       |                      |                 |                 |               |                    |              | E-N                             | E-MAIL ADDRESS:                             |  |   |                           |              |                           |                                |                   |  |  |  |  |
|  | , , ,   |                               |       |                      |                 |                 |               |                    |              | PRODUCER CUSTOMERIDNo.          |   |  |   |                           |              |                           |                                |                   |  |  |  |  |
|  | URED  |                               |       |                      |                 |                 |               |                    | 1            | INSURER(S) AFFORDING COVERAGE   |   |  |   |                           |              |                           | %                              | T                 | NAIC No.   |  |  |  |
| Spanky T6, LLC   |   |                               |       |                      |                 |                 |               |                    |              | IN                              | INSURER A: U.S. SPECIALTY INSURANCE COMPANY |  |   |                           |              |                           |                                | 100%              | <b>†</b>   |  |  |  |
| 25 Bob Bo Lane   |   |                               |       |                      |                 |                 |               |                    |              | IN                              | INSURER B:                                  |  |   |                           |              |                           |                                |                   | <del>                                     </del> | The state of the s |  |  |
| Santa Rosa Beach, FL, 32459  |   |                               |       |                      |                 |                 |               |                    |              | IN                              | INSURER C:                                  |  |   |                           |              |                           |                                |                   |  |  |  |  |
|  |   |                               |       |                      |                 |                 |               |                    |              | -                               | INSURER D :                                 |  |   |                           |              |                           |                                |                   |  |  |  |  |
|  |   |                               |       |                      |                 |                 |               |                    |              | -                               | INSURER E :                                 |  |   |                           |              |                           |                                |                   |  |  |  |  |
|  |   |                               |       |                      |                 |                 |               |                    |              |                                 |   | AVE 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. |   |                               |       |                      |                 |                 |               |                    |              |                                 |   |  |   |                           |              |                           |                                |                   |  |  |  |  |
| POLICY INFORMATION CER   |   |                               |       |                      |                 |                 |               |                    | RTIFI        | FICATE NUMBER: REVISION NUMBER: |   |  |   |                           |              |                           |                                |                   |  |  |  |  |
| POLICY TYPE  |   |                               |       |                      |                 |                 |               |                    |              |                                 | LINE OF BUSINESS SUBCODE                    |  |   |                           |              |                           |                                |                   |  |  |  |  |
|  | INDUSTRIAL                                    | DUSTRIAL AID PLEASL           |       | PLEASURI             | E&E             | BUS             | COM           | COMMERCIAL         |              | AIRF                            | PLANE                                       |  | HEL   | LICOPTER                  | 1            | MIXED FLEET               |                                | EXCESS            |  | QUOTA<br>SHARE   |  |  |
|  | NON-OWNED                                     |                               |       |                      |                 |                 | LIAB          | LIABILITY ONLY   H |              |                                 | L&LIABILITY  H                              |  | HULL ONLY   |                           |              |                           |                                |                   |  |  |  |  |
| AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached   |   |                               |       |                      |                 |                 |               |                    |              |                                 |   |  |   |                           |              |                           |                                |                   |  |  |  |  |
|  | YEAR<br>1942                                  | MAKE<br>North American        |       |                      |                 |                 |               | MODEL<br>AT-6D     |              |                                 |   |  |   | SERIAL NUMBER             |              | REGISTRATION NUMBER N554Q |                                |                   |  |  |  |  |
| TERRITORY:   |   |                               |       |                      |                 |                 |               |                    |              |                                 |   |  |   |                           |              |                           |                                |                   |  |  |  |  |
| ΑI   | RCRAFT C                                      | OVE                           | ERAG  | ES                   |                 |                 |               |                    |              |                                 |   |  |   |                           |              |                           |                                |                   |  |  |  |  |
| INS  | URER LETTER                                   | POLICY NUMBER<br>AC3000199-09 |       |                      |                 | 07/14/2         |               |                    | 1            |                                 |   |  | E ADDITIONAL INSURED? (Y / N) Y   |                           |              | SI                        | SUBROGATION WAIVED? (Y / N)  N |                   |  |  |  |  |
| CO   | VERAGE  |                               |       |                      |                 | <br>NS          | LIMIT         |                    |              | T                               |   |  | APPLIES TO  |                           | LIMIT        |                           | APPLIES TO                     |                   |  |  |  |  |
|  |   |                               |       | ALL RISK GROU        |                 |                 | ID AND FLIGHT |                    | \$           | 170.0                           | 170.000                                     |  |   |                           | \$ 250       |                           |                                | Ded Not in motion |  |  |  |  |
| AIRCRAFT HULL  |   |                               |       |                      |                 | ALL RISK GROUNE |               | DONLY              |              |                                 |   |  |   |                           | AGREED VALUE |                           | \$ 2,500                       |                   |  | Ded In motion  |  |  |
| AUDODAET LABOUETY  |   |                               |       | $\boxtimes$          | LIABILITY       |                 |               | -                  | \$ 1,000,000 |                                 |   |  | EA OCC  |                           | \$           |                           |                                | EA PER            |  |  |  |  |
| AIRCRAFT LIABILITY   |   |                               |       |                      | _               | 1               |               |                    |              | \$ 100,000                      |   |  |   | EA PASS                   | s            | s                         |                                |                   | AGGR   |  |  |  |
| MEDICAL PAYMENTS   |   |                               |       |                      | ☑ INCLUDING CRE |                 |               | V                  |              | \$ 5.000                        |   |  |   | EA PER                    |              | \$ 10,000                 |                                |                   | EA OCC   |  |  |  |
| MEDIOAL FATIVIENTO   |   |                               |       |                      |                 | EXCL            | UDING CRE     | DING CREW          |              |                                 |   |  |   |                           |              | 10,000                    |                                | -                 |  |  |  |  |
|  | C   | OVEF                          | RAGE  |                      |                 | 1               |               |                    |              |                                 |   |  |   |                           |              |                           |                                |                   |  |  |  |  |
|  | CODE  |                               | DESCI | RIPTION              |                 | OPT             | IONS          |                    |              | LIMIT                           |   |  | APPLIES TO  |                           | LIMIT        |                           |                                | APPLIES TO        |  |  |  |  |
|  |   |                               |       |                      |                 |                 |               |                    |              |                                 |   |  |   | -                         |              | $\dashv$                  |                                |                   |  |  |  |  |
| DES  | CRIPTION                                      | I OF                          | OPE   | RATIONS              | S / I           | REMA            | RKS (A        | CORD 101           | Δda          | litions                         | al Remark                                   | rs Sch   | ned:  | ıle, may be               | attach       | ed if more                | snace                          | is requ           | red)   |  |  |  |
|  | tificate Hole                                 |                               |       |                      |                 |                 |               |                    | Auc          | artionic                        | ai itemair                                  | (3 00)   | icut  | ne, may be                | attach       | cu ii iiiore              | Space                          | , 13 requ         | icaj   |  |  |  |
| CE   | RTIFICATE                                     | НО                            | LDEF  | 3                    |                 |                 |               |                    |              |                                 | CANCEL                                      | LATI   | ON  |                           |              |                           |                                |                   |  |  |  |  |
| Ol   | caloosa C                                     | OUD                           | tv R  | nard of              | <u></u>         | unty            | Comm          | ssioners           |              |                                 |   |  |   | ABOVE DES                 |              |                           |                                |                   |  |  |  |  |
|  | Okaloosa County Board of County Commissioners |                               |       |                      |                 |                 |               |                    |              |                                 |   |  | EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                           |              |                           |                                |                   |  |  |  |  |
| 1701 State Rd 85N  |   |                               |       |                      |                 |                 |               |                    |              |                                 | AUTHORIZED REPRESENTATIVE                   |  |   |                           |              |                           |                                |                   |  |  |  |  |
| Εç   | glin Air Fo                                   | rce                           | Bas   | e, Flori             | da              | 3254            | 2             |                    |              |                                 | 1   | . 5  | 7.  | ) ee                      | <b></b> ,    |                           |                                |                   |  |  |  |  |
|  |   |                               |       |                      |                 |                 |               |                    |              |                                 |   | 2777   | ©   | 2009, 2015                | ACOF         | RD CORPO                  | RATI                           | ON. All r         | ights  | reserved.  |  |  |

The ACORD name and logo are registered marks of ACORD

ACORD 21 (2016/03)

CONTRACT:L05-0247-AP
DESTIN AERO
DAP LEASE BLOCK 4/LOT 4 XFER FM #L118
EXPIRES:06/17/2030