

DATE (MM/DD/YYYY)

)	1	1	0	3	2	0	24	
---	---	---	---	---	---	---	----	--

ACORÉ	ブ		CERT	IFIC	ATE OF A	AIRC	RAFTI	NSU	IRAN	CE		01/03/	2024			
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.																
If SUBROGATIO	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						CONTACT NAME:										
Assuredpa	artners	Aerosp				FAX										
9860 E 21	st N					(A/C, No, E-MAIL					(A/C, No	J).				
Wichita, K	S 672	06				ADDRESS: PRODUCER CUSTOMERID#										
INSURED								RDING CO			%	NAIC #				
Timberview Hel	iconters	Inc				INSURE	RA:U.S. SPE		INSURAI		PANT	100%				
4008 Legendary						INSURE										
Ste 340						INSURE	RD:									
Destin, FL 325	41					INSURE										
INSURER F :																
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.																
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:																
	POLICY TYPE LINE OF BUSINESS SUBCODE															
INDUSTRIAL AID												QU	OTA SHARE			
NON-OWNED						LY	HULL & LIABIL	.ITY	HULL ON	VLY						
AIRCRAFT I	NFORMA	TION	ACORD		rcraft Schedule	attache	d									
YEAR MAKE MODEL SERIAL NUMBER R											REGISTR N37AI	ATION NUN	IBER			
TERRITORY:	TERRITORY:															
AIRCRAFT CO																
INSURER LETTER		NUMBER 181830-10)	E	FFECTIVE DATE 1/1/2024	EXPIRATION DATE ADDITIONALINSURED? (Y/N) SUBROGATION WAVED 1/1/2025 Y N										
COVERAGE			OPTION	is		LIMIT		APPLIE	sто	LIMIT		APPLIES TO				
AIRCRAFT HULL						\$		AGREE	D VALUE	\$ \$		Ded Not in motion Ded In motion				
AIRCRAFT LIABILITY	Y X LIAE	BILITY		_		\$ \$	1,000,000 100,000	EA OCC EA PASS		\$ \$		EA PER AGGR				
MEDICAL PAYMENT	S⊬	LUDING CREW				\$	5,000	EA PER	2	\$	25,000	EA OCC				
COVERAGE CODE DESCRIF			OPTION	S		LIMIT		APPLIE	s to	LIMIT		APPLIES TO				
						\$ \$				\$						
						\$ \$				\$ \$						
						\$				\$		· · · · · · · · · · · · · · · · · · ·				
l						\$		l		\$						
DESCRIPTION C							Schedule,	may be	attache	d if more	space is r	equired)			
CERTIFICATE H					<u> . </u>	CANCE	ELLATION									
			<u> </u>			1		E ABOVI	E DESCRIP	BED POLIC	LES BE CAN	CELLED	BEFORE THE			
Okaloosa Cour Walton Beach	Airport A	-	Commission	ərs; De	stin-Fort	EXPIR. ACCOR	ATION DATE	THER	EOF, NOT	TICE WILI	L BE DELI					
1701 State Roa							ZED REPRESEN	NTATIVE								
Eglin Afb, FL 3						1	7.5 ×) <u>~</u>	5 ACOP			All right	sreserved			
ACORD 21 (2	2016/03)	© 2009, 2015 ACORD CORPORATION. All rights reserved. ACORD 21 (2016/03) The ACORD name and logo are registered marks of ACORD														

LEASE: L23-0508-AP TIMBERVIEW HELICOPTERS, INC. OPERATING AGREE FOR COMMERCIAL FLIGHT OPERATIO EXPIRES: 04/12/2028 w/1 5 yr reneawl

r



DATE (MM/DD/YYYY) 12/29/2023

	_																	1 2.1 2. 01	2020		
CERTIFIC BELOW.	THIS	CER	S NO	OT AFFIRM	ATIVE	LY OR	NEGA	ORMATION O TIVELY AME NOT CONST CATE HOLDE	END, E	ХТЕ	ND OR ALT	ER	THE	COVE	RAGE	AF	FORDED	BY THE	POLICIES		
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													e endorsed.								
If SUBRO	GATIC	N IS	WA	IVED, subje	ect to	the teri	ms and	l conditions	of the	poli	cy, certain p	olici	es ma	ay req	uire a	n en	dorseme	nt. A st	atement on		
PRODUCER		loes	not	confer right	s to ti	he certi	licate r	older in lieu	ofsuc	n ei XNTA	ndorsement(:	s).									
		rtne	ers	Aerospa	ice-\	Wichit	ta		N	NAME: PHONE FAX											
9860 E 21st N													(A/C, No):								
									A	DORE											
Wichita	a, Ka	5 6	12	06							MERID#										
INSURED								ISUR	INSURE ERA: U.S. SPE						ANY	% 100%	NAIC #				
Air First, l	LLC									ERB:							10070				
4008 Leg	e			11	SUR	ERC:															
Ste 340											ERD:										
Destin, FL 32541 INSURER E:																					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER																					
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.																					
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:																					
			POL	JCYTYPE								L	NE OF I	BUSINES	SS SUBC	ODE					
		×									HELICOPTEI		J	MIXED FI HULL ON			EXCESS	S QUOTA SHARE			
		IFOF	MA	TION		CORD	333. A	ircraft Schee		tacł						. 1					
YEAR		MA	KE.		·		MC	DEL					SER	IAL NUM	BER			ATION NUM	IBER		
1981	F	Piper					P.	A-42									N82P	G			
TERRITORY:																					
AIRCRAF				-				CCCOTH C DAT		EVDI	DATIONOATE	TADD	TIONA			NO I	<u>eunnó</u>	ATIONUMA	IVED? (Y / N)		
INSURER LET	TIER			UMBER 3305-01			-	12/29/2023		EXPIRATION DATE ADDITIONAL INSURED? (Y/N) SUBROGATIO 5/13/2024 Y N											
COVERAGE						OPTION	1S		L	LIMIT APPLI				PLIES TO LIMIT				APPLIES			
AIRCRAFT H	ULL	<u> </u>							\$			AGI	REED	VALUE	\$ \$			Ded Not in motion Ded In motion			
		×	UAB						\$		1,000,000	EA	EAOCC			\$			EA PER		
AIRCRAFT L	JABILITY	-							\$		100,000	EAF	PASS		\$			AGGR			
MEDICAL PA	YMENTS	, X		UDING CREW					\$		5,000	EA PER \$			\$ 30,000			EA OCC			
	RAGE					0071011															
CODE D	DESCRIP	TION				OPTION	5		\$	MIT		APF	PLIES T	0	LIMIT \$			APPLIES TO			
							·····		\$ \$						\$						
									\$			<u> </u>			\$ \$						
									\$						\$						
							I		\$						\$						
				-				101, Addition			s Schedule,	may	be a	ttache	d if me	ores	space is	required)		
Certific	ate ł	lol	der	is incluc	led a	as an	Add	itional Ins	sured	Ι.											
CERTIFIC	ATEH	OLD	ER						C	ANC	ELLATION										
Okaloosa	1 Coun	ty B	pard	of Commis	sione	ers: Des	stin-Fo	rt Walton											BEFORE THE		
Beach Ai		-		2. 2. 5411110		, 200					RATION DATI						BE DELI	VERED	N		
1701 Stat											RIZED REPRESE										
Eglin Afb										-	7.5%	>	c-c-								
© 2009, 2015 ACORD CORPORATION. All rights reserved.																					
ACORI	D 21 (2	016/	03)	The	ACOF	RD nam	ie and	logo are reg	jistere	d m					2 001			, in right			



DATE (MM/DD/YYYY) 04/02/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT DETWERN THE ISSUED TO THE POLICIPES DELOW, THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT DETWERN THE ISSUED REVERAGE AFFORDED BY THE POLICIPES DELOW, AND THE CERTIFICATE MOLDER. PRESSUED Assumed partners. A Errospace-Wichita Image: Certificate Molder In The Iso and the moder of the moder. The Iso and the moder of the moder. The CERTIFICATE MOLDER. Image: Certificate Molder In The Iso and the moder of the moder. The MORE CERTIFICATE MOLDER. NUCLED Assumed partners. A Errospace-Wichita Image: Certificate Molecular in the MOLECULAR AND THE CERTIFICATE MOLDER. Image: Certificate Molecular in the MOLECULAR AND THE CERTIFICATE MOLDER. NUCLED The Molecular in the MOLECULAR AND THE CERTIFICATE MOLDER. Image: Second Certificate Molecular in the MOLECULAR AND CERTIFICATE MOLDER. Image: Second Certificate Molecular in the MOLECULAR AND CERTIFICATE MOLDER. Sold Certificate Molecular in the MOLECULAR AND CERTIFICATE MOLDER. Image: Second Certificate Molecular in the MOLECULAR AND CERTIFICATE MOLDER. Image: Second Certificate Molecular in the MOLECULAR AND CERTIFICATE MOLDER. </th <th></th> <th>/</th> <th></th> <th>U 1 U 1 I</th> <th></th> <th></th> <th></th> <th>01/03/</th> <th>2024</th>		/												U 1 U 1 I				01/03/	2024	
If SUBROGATION IS WAIVED, subject to the torms and conditions of the policy, certain policy and require an endorsement. A statement on this certificate holder in fleu of such endorsement(s). FACLAGE PRECUSER Assured partners Aerospace-Wichita FACLAGE FACLAGE 9860 E 21st N Wichita, KS 67206 FACLAGE FACLAGE FACLAGE NELREND Thebreive/Helicopters, Inc Maintere, MICREND MALEREND	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.																			
Assuredpartners Aerospace-Wichita 9860 E 21st N IMME FX Wichita, KS 67206 INSURED INSURED INSURED INSURED: INSURENCE COMPAKE INSURENCE INSURED: INSURENCE INSURENCE INSURED: INSURENCE INSURENCE INSURENCE INSURENCE INSURENCE <t< td=""><td>If SUBRC</td><td>OGATIC</td><td>DN IS</td><td>WAIVED, subj</td><td>ect</td><td>to the te</td><td>erm</td><td>s and</td><td>conditions of</td><td>the p</td><td>olicy</td><td>, certain p</td><td>olicie</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	If SUBRC	OGATIC	DN IS	WAIVED, subj	ect	to the te	erm	s and	conditions of	the p	olicy	, certain p	olicie							
Assured partners Aerospace-vvicinita Files Files Files 9860 E 21st N Wichita, KS 67206 Files Files Files Nichita, KS 67206 Resultance Files Files Files Files Nichita, KS 67206 Resultance Resultance Files Files <td< td=""><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>				_																
9860 E 21st N LANLE Wichita, KS 67206 EARLE NEXRED INSURED NEXRED INSURANCE LISTED BLANDED ADJUE ADJ	Assure	edpa	rtne	ers Aerosp	ace	e-Wicł	nita	ì		PHO	ONE									
Wichita, KS 67206 PRODUCER INSURER INSURERD, MEDICERS, INC INSURERD INSURERD, MEDICERS, INC 4005 Legendary Drive INSURERD, MEDICERS, INC 4006 Legendary Drive INSURERD, MEDICERS, INC 4006 Legendary Drive INSURERD, MEDICERS, INC 4006 Legendary Drive INSURERD, MEDICALTY INSURANCE COMPANY 516 340 Destin, FL 32541 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN SSUED TO THE INSURED ABOVE FOR THE POLICY PERIOD INSURERTS, MAY BE USUED OF MAY PERIAR, THE INSURANCE AFFORDED BY THE POLICIES DESCRIED HEREIN IS SUBJECT TO ALL THE TERMS, ECRIPTICATE NAY BE USUED OF MAY PERIAR, THE INSURANCE AFFORDED BY THE POLICIES DESCRIED HEREIN IS SUBJECT TO ALL THE TERMS, ECRIPTICATE NUMBER: INDUSTINA AD INDUSTINA AD INDUSTINA AD INFORMATION INDUSTINA AD ACCORD 333, Alterart Schedule attached VERS MARCH INDUSTINA AD ACCORD 333, Alterart Schedule attached VERS MARCH INDUSTINA AD ACCORD 33, Alterart Schedule attached VERS MARCH INDUSTINA AD ACCORD ASIA INDUSTINA	9860 I	E 21s	st N							E-M	ALL							<u> </u>		
NEURED NEURED NEURED NEURED NEURER A: U.S. SPECIALTY INSURANCE COMPANY 100% 4008 Legendary Drive Ste 340 Destin, FL 32541 NEURER A: U.S. SPECIALTY INSURANCE COMPANY 100% 100000 1000 1000 1000 1000 1000 1	Wichit	ta, KS	56	7206					PRO	ODUC	ER RID#									
Timberwie Vieloopters, Inc. Insurement 4006 Legendary Drive Insurement Ste 340 Insurement Destin, FL. 32541 Insurement This IS to CERTEY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDURATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPECT TO WHICH THIS INSUREMENT. POLICY INFORMATION CERTIFICATE NUMBER: POLICY INFORMATION CERTIFICATE NUMBER: INDUSTRIA INFORMATION ACORD 333, Alricraft Schedula attached V2023 Robinson Helicopter Co RECENTRITION ACORD 333, Alricraft Schedula attached V203 Robinson Helicopter Co RECENTRITION ACORD 334, Alricraft Schedula attached V203 Robinson Helicopter Co RECENTRIA INFORMATION ACORD 334, Alricraft Schedula attached V203 Robinson Helicopter Co RECENTRIA INFORMATION ACORD 335, Alricraft Schedula attached V203 Robinson Helicopter Co <t< td=""><td>INSURED</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>INS</td><td>URER</td><td></td><td></td><td></td><td></td><td></td><td>PANY</td><td></td><td>NAIC #</td></t<>	INSURED									INS	URER						PANY		NAIC #	
Sib 340 Destin, FL 32541 INSURER D: INSURER D: INSURE D: INSUR D: INSURE D: IN	Timbervie																			
Destin, FL 32541 INSURER F: INSURER F: INSURE F: INSUR F: INSUR F		4008 Legendary Drive INSURER C:																		
Displayer Insurer: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, EXCULSIONS AND DOCUMENTIONS OF SUCH POLICIES. LIMITS SHOW MAY HAVE BEEN REDUCED BY THE POLICY BERNIN WITH RESPECT TO ALL THE TERMS, EXCULSIONS AND THE AVY BE ISSUED TO THE INSURED TO THE INSURE AT A THE MAY BE ISSUED TO THE POLICY RETERIN TS INSURE TO ALL THE TERMS, EXCULSIONS AND THE AVY BE ISSUED TO THE INSURE AT A THE AVY EBEEN REDUCED BY THE POLICY RETERIN TS INSURE TO ALL THE TERMS, EXCULSIONS AND THE POLICY DESCRIPTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, EXCULSIONS AND THE POLICY DESCRIPTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, EXCULSIONS AND THE AVY ANTAL AVY AND THE AVY ANTAL AVY AND THE AVY ANY AND THE AVY A	Ste 340 INSURER D:																			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AABOVE FOR THE POLICY PERIOD INDICATES NOTWITHSTANDINGS ANY REQUIREMENT, TERM NOR CONDITION OF ANY CORTRACT OR OTHER DOUMENT WITH RESPECT TO WITHEN 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 REQUED BY PAID CLAMB. POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER: POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER: INCOMPTING ALCORD 333, Alricraft Schedule attached INCOMPTING INCOMPTING ACORD 333, Alricraft Schedule attached INSCIPLE YEAR Robinson Helicopter Co RECEL DOUTONAL MARCE AIRCRAFT COVERAGES REVOLUTIONER INT APPLIES TO INRCRAFT COVERAGES NONONINGER 1/1/2024 1/1/12025 Y N AIRCRAFT LUBILITY UMMIT APPLIES TO NONONINGER Soder A motion AIRCRAFT HULL ALL RISK GROUND AND FUGHT \$ 990,000 GARRED YALUE \$ 990,000 Ded In motion AIRCRAFT LUBILITY LIMIT APPLIES TO LIMIT APPLIES TO N A ARCRAFT LUBILITY A AL RISK GROUND AND FUGHT \$ 900,000 EAPER \$	Booki, TE OZOTI																			
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICISS. LIMITS SHOWN MAY HAVE BEER REDUCED BY PAID CLAIMS. POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER: POLICY INFORMATION ACCORD 333, Alteraft Schedule attached NON-OWNED NICHTOPORMATION ACCORD 333, Alteraft Schedule attached VEAR MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE																				
POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER: INDUSTRALAD PREVIEWE BUS ARPLANE LINE OF RUSIES SUBCODE INDUSTRALAD PREVIEWE BUS COMMERCIAL ARPLANE HELCOPTER MIXED FLEET EXCESS QUOTA SHARE INDUSTRALAD PREVIEWE BUS ACORD 333, Alteraft Schedule attached HULL SLIABULT MIXED FLEET EXCESS QUOTA SHARE VEAR MARE MARE REGISTRATION IMMEER REGISTRATION IMMEER REGISTRATION IMMEER VEAR MARE MARE REGISTRATION IMMEER REGISTRATION IMMEER REGISTRATION IMMEER TERRITORY MARE REGISTRATION IMMEER EFFECTIVE DATE SERVALINA IMMEER REGISTRATION VAVICED? (7/N) INSURERLETTER POLICYNMMER EFFECTIME DATE LIMIT APPLIES TO IJMIT APPLIES TO N ARCRAFT HUAL X ALL RISK GROUND AND FUCHT \$ 990,000 AGREED VALUE \$ 90,000 AGREED VALUE \$ 90,000 Ded Not in motion ARCRAFT HUAL X ALL RISK GROUND AND FUCHT \$ 90,000 AGREED VALUE \$ 90,000 AGREED VALUE \$ 90,000 AGREED VALUE \$ 90,000	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.																			
INDUSTRIAL AD PLEASURE & BUS COMMERCIAL AIRPLANE MORE MORE PLEET EXCESS OLIOTA SHARE NORSONARED MORE TABLE AT THE ADDITION ACORD 333, Aircraft Schedule attached Inclustry ONLY Inclustry		POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:																		
Instrume Instrume Instrume Instrume Instrume Instrume AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached SERVALINAMER REGISTRATION NUMBER 2023 Robinson Helicopter Co R66 SERVALINAMER REGISTRATION NUMBER 2023 Robinson Helicopter Co R66 SERVALINAMER REGISTRATION NUMBER 2023 RODINSON Helicopter Co R66 SERVALINAMER REGISTRATION NUMBER AIRCRAFT COVERAGES Imstrume AUCYNUMBER EFFECTIVE DATE EXPROVING NATION LINET APPLIES TO INSURRENT RV00181830-10 1/1/2024 1/1/2025 Y N COVERAGE OPTIONS LIMIT APPLIES TO IMIT APPLIES TO AIRCRAFT HULL X ALL RISK GROUND AND FLIGHT \$ 990,000 AGREED VALUE \$ 1,000,000 EA PER 99,000 Ded No in motion AIRCRAFT HULL X INCLUDING CREW \$ 1,000,000 EA PER \$ 25,000 EA OCC COVERAGE OPTIONS I.MIT APPLIES TO IMIT APPLIES TO COVERAGE OPTIONS I.MIT APPLIES T																				
AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached Recisitivation Number YEAR MoRE MODEL MODEL Recisitivation Number Recisitivation Number 2023 Robinson Helicopter Co R66 SERVAL NUMBER Recisitivation Number Recisitivation Number AIRCRAFT COVERAGES FOLICYNUMBER EFFECTIVE DATE EXPRATION DATE ADDITIONAL INSURED? (Y/N) SUBROGATION WAVED? (Y/N) INSURERLETTER POLICYNUMBER EFFECTIVE DATE EXPRATION DATE ADDITIONAL INSURED? (Y/N) SUBROGATION WAVED? (Y/N) COVERAGE OPTIONS LIMIT APPLIES TO \$ 1/1/2025 AIRCRAFT LIABILITY \$ 1/000,000 EA OCC \$ AAGER AIRCRAFT LIABILITY \$ 1/000,000 EA PER \$ AGER AIRCRAFT LIABILITY \$ 1/000,000 EA PER \$ AGER													1		ł	EXCESS	QUOTA SHARE			
Year Mode Model SERIAL NUMBER Redistrikation Number 2023 Robinson Helicopter Co R66 SERIAL NUMBER Redistrikation Number 2023 Robinson Helicopter Co R66 SERIAL NUMBER Redistrikation Number 2023 Robinson Helicopter Co R66 SERIAL NUMBER Redistrikation Number 2023 Robinson Helicopter Co R66 Serial Number N5869H 2024 EFFECTIVE DATE EXPRATION DATE ADDITIONAL INSURED?(Y/N) SUBROGATION VARVED?(Y/N) AIRCRAFT HULL MODEL 1/1/2025 ADDITIONAL INSURED?(Y/N) N AIRCRAFT HULL X ALL RISK GROUND AND FLIGHT \$ 990,000 AGREED VALUE \$ 1,000 AIRCRAFT HURL X 1.000,000 EA OCC \$ 100,000 EA PER \$ 25,000 AIRCRAFT HURL X 1.000,000 EA PER \$ 25,000 EA OCC COVERAGE OPTIONS IMMT APPLIES TO IMIT APPLIES TO							D 24	22 41-	J		11.7.1		Y	HULLO	NLY					
2023 Robinson Helicopter Co R66 N5869H TERRITORY: AIRCRAFT COVERAGES INSURERLETTER POLICYNUMBER EFFECTIVE DATE 207RATIONDATE ADDITIONAL INSURED? (7/N) SUBROGATION WAVED? (7/N) COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO ARCRAFT HULL X ALL RISK GROUND AND FLIGHT \$ 990,000 AGREED VALUE \$ 1,000,000 EA PER \$ 26,000 Ded Not in motion ARCRAFT HULL X ALL RISK GROUND AND FLIGHT \$ 1,000,000 EA PER \$ 26,000 Ded Not in motion ARCRAFT HULE X ALL RISK GROUND AND FLIGHT \$ 1,000,000 EA PER \$ 26,000 Ded Not in motion ARCRAFT HULE X ALL RISK GROUND CREW \$ 1,000,000 EA PER \$ 26,000 EA OCC COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO MEDICAL PAYMENTS X INMUDING CREW \$ 5,000 EA PER \$ 25,000 EA OCC COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO S						ACOR	U 3.			ย สแล	che	μ		SERIAL NUM	(BER		REGISTR	ATION NUM	IBER	
AIRCRAFT COVERAGES INSURERLETTER POLICYNUMBER RW00181830-10 1/1/2024 INSURERLETTER POLICYNUMBER RW00181830-10 1/1/2024 INSURERLETTER POLICYNUMBER RW00181830-10 1/1/2024 INSURERLETTER POLICYNUMBER RCRAFT HULL X ALL RISK GROUND AND FUGHT \$ 990,000 ARCRAFT HULL X ALL RISK GROUND AND FUGHT \$ 1,000,000 EACCC \$ 1,000,000 EACCC \$ EAPER AIRCRAFT LIABILITY \$ 1,000,000 EACCC \$ EAPER MEDICAL PAYMENTS X INCLUDING CREW \$ 5,000 EXCLUDING CREW \$ 5,000 COVERAGE OPTIONS COVERAGE \$ GODE DESCRIPTION OPTIONS LIMIT APPLIES TO LIMIT S \$ GODE DESCRIPTION OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO LIMIT APPLIES TO <	2023				r C	0														
INSURERLETTER POLICY NUMBER EFFECTIVE DATE LIMIT ADDITIONAL INSURED? (Y/N) SUBROGATION WAVED? (Y/N) COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO ARCRAFT HULL X ALL RISK GROUND AND FUGHT \$ 990,000 AGREED VALUE \$ 1,000 Ded Not in motion ARCRAFT LIABILITY LIABILITY \$ 1,000,000 EA ACC \$ EA PER ARCRAFT LIABILITY LIABILITY \$ 1,000,000 EA ACC \$ AGGR MEDICAL PAYMENTS INCLUDING CREW \$ 5,000 EA PER \$ 25,000 EA OCC CODE DESCRIPTION OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO CODE DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$ \$ \$ \$ Certificate Holder is included as an Additional Insured. SCANCELLATION SCANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Valion Beach Airport Admin 1701 State Road 85 N S S S S S S S CANCELLATION																				
RW00181830-10 1/1/2024 1/1/2025 Y N COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO ARCRAFT HULL ALL RISK GROUND AND FLIGHT \$ 990,000 AGREED VALUE \$ 1,000 Ded Not in motion ARCRAFT HULL ALL RISK GROUND AND FLIGHT \$ 990,000 AGREED VALUE \$ 99,000 Ded In motion ARCRAFT HABILITY LIABILITY INCLUDING CREW \$ 1,000,000 EA OCC AGGR MEDICAL PAYMENTS INCLUDING CREW \$ 5,000 EA PER \$ 25,000 EA OCC COVERAGE OPTIONS I.IMIT APPLIES TO LIMIT APPLIES TO EA OCC COVERAGE OPTIONS I.IMIT APPLIES TO LIMIT APPLIES TO S								F	FECTIVE DATE	F	PIRA			IONAL INSUR		J. I	SUBBOG	ATION WA		
AIRCRAFT HULL X ALL RISK GROUND AND FLIGHT \$ 990,000 AGREED VALUE \$ 1,000 Ded Not in motion AIRCRAFT HULL X LABILITY \$ 1,000,000 EA OCC \$ EA PER AIRCRAFT HUBILITY X LABILITY \$ 1,000,000 EA OCC \$ EA PER MEDICAL PAYMENTS X INCLUDING CREW \$ 5,000 EA PER \$ 25,000 EA OCC COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO EA OCC CODE DESCRIPTION OPTIONS S \$ \$ \$ \$ DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$ \$ \$ \$ Certificate Holder is included as an Additional Insured. Should ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRESENTATIVE Should ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRESENTATIVE Certificate Road 85 N Eglin Afb, FL 32542 CANCELLATION AUTHORIZED REPRESENTATIVE Should ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRESENTATIVE Certificate Road 85 N S Should ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRESENTATIVE Should A	INSOMET (EL		1		Ì												0001000	, ,		
ARCRAFT HULL \$ 990,000 ACREED VALUE \$ 99,000 Ded In motion ARCRAFT HABILITY \$ 1,000,000 EA OCC \$ EA PER ARCRAFT HABILITY \$ 1,000,000 EA OCC \$ AGGR MEDICAL PAYMENTS INCLUDING CREW \$ 5,000 EA PER \$ 25,000 EA OCC COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO EA OCC COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO EA OCC COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO EA OCC COVERAGE S S S S S S S S COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO S <	COVERAGE					OPTI	ONS			LIM	LIMIT APPLIES TO								то	
ARCRAFT LIABILITY \$ 100,000 EAPASS \$ AGGR MEDICAL PAYMENTS INCLUDING CREW \$ 5,000 EA PER \$ 25,000 EA OCC COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO CODE DESCRIPTION OPTIONS S \$ \$ CODE DESCRIPTION OPTIONS S \$ \$ S S \$ \$ \$ \$ S S \$ \$ \$ \$ DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is included as an Additional Insured. CERTIFICATE HOLDER CANCELLATION S \$ \$ Okaloosa County Board of County Commissioners; Destin-Fort Walton Beach Airport Admin SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 1701 State Road 85 N Eglin Afb, FL 32542 Carcel County Corporation. All rights reserved.	AIRCRAFTH	iull	×	ALL RISK GROUNE	ANE) FLIGHT				\$		990,000	AGR	EED VALUE						
MELICAL PARMENTS EXCLUDING CREW \$ 0,000 EARCH \$ 23,000 EARCH COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO CODE DESCRIPTION OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO S S S S S S S S S S S S S S DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) S S S DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is included as an Additional Insured. S S S DESCRIPTION DEACORD County Commissioners; Destin-Fort 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 UNITION TABLE DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Eglin Afb, FL 32542 State Road 85 N S S Walton Beach Airport Admin State Road 85 N S S Eglin Afb, FL 32542	AIRCRAFT L	JABILITY	×	UABILITY			-			`								1		
COVERAGE OPTIONS LIMIT APPLIES TO LIMIT APPLIES TO CODE DESCRIPTION \$	MEDICALPA	AYMENTS	X		,					\$		5,000	EA PI	ER	\$ 25,000			EA OCC		
Image: State State Image: State State Image: State State Image: State Image: State Image: State <t< td=""><td></td><td></td><td>TION</td><td></td><td></td><td>OPTIC</td><td>ONS</td><td>-</td><td></td><td>LIMI</td><td colspan="6"></td><td></td><td colspan="2"></td></t<>			TION			OPTIC	ONS	-		LIMI										
S S S DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is included as an Additional Insured. CERTIFICATE HOLDER Okaloosa County Board of County Commissioners; Destin-Fort Walton Beach Airport Admin 1701 State Road 85 N Eglin Afb, FL 32542 Cancel Lattice Cancel Corporation. All rights reserved.							Ĺ													
S S DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is included as an Additional Insured. CERTIFICATE HOLDER Okaloosa County Board of County Commissioners; Destin-Fort Walton Beach Airport Admin 1701 State Road 85 N Eglin Afb, FL 32542 Cancel Lation Should as an Additional Insured. Cancel Lation 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 Sign Afb, FL 32542								+		\$										
Image: State Road 85 N S Eglin Afb, FL 32542 S Image: State Road 85 N S Image: State Road 85										\$					\$					
Certificate Holder is included as an Additional Insured. CERTIFICATE HOLDER Okaloosa County Board of County Commissioners; Destin-Fort Walton Beach Airport Admin 1701 State Road 85 N Eglin Afb, FL 32542 CANCELLATION CANCELLATION CANCELLATION 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 Eglin Afb, FL 32542 COUP, 2015 ACORD CORPORATION. All rights reserved.							-	-		\$			<u> </u>		\$					
Certificate Holder is included as an Additional Insured. CERTIFICATE HOLDER Okaloosa County Board of County Commissioners; Destin-Fort Walton Beach Airport Admin 1701 State Road 85 N Eglin Afb, FL 32542 CANCELLATION CANCELLATION CANCELLATION 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 Eglin Afb, FL 32542 COUP, 2015 ACORD CORPORATION. All rights reserved.]						A	\$		Cabadada								
CERTIFICATE HOLDER CANCELLATION Okaloosa County Board of County Commissioners; Destin-Fort SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 1701 State Road 85 N AUTHORIZED REPRESENTATIVE Eglin Afb, FL 32542 Structure © 2009, 2015 ACORD CORPORATION. All rights reserved.											rks	Schedule,	may	be attache	d if mo	ore s	space is i	equirea	}	
Okaloosa County Board of County Commissioners; Destin-Fort SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE Walton Beach Airport Admin Authonic Control Contro Control Control Control Control Control Control Contro	Certific	cate ł	Hold	der is inclu	de	d as a	n A	\ddit	ional Insu	red.										
Okaloosa County Board of County Commissioners; Destin-Port Walton Beach Airport Admin 1701 State Road 85 N Eglin Afb, FL 32542 Eglin 2009, 2015 ACORD CORPORATION. All rights reserved.	CERTIFIC	ATE H	OLD	ER						CA	VCE	LLATION								
1701 State Road 85 N AUTHORIZED REPRESENTATIVE Eglin Afb, FL 32542 Eglin Afb, FL 32542 © 2009, 2015 ACORD CORPORATION. All rights reserved.			-	•	Со	mmissio	ner	s; Des	tin-Fort	EXE	PIRA	TION DATE	E THE	REOF, NO	TICE W	/ILL				
Eglin Afb, FL 32542															011510	NO.				
											£		2		•.					
	ACOR	D 21 (2	016/0)3) The	AC	ORD na	me	and lo	ogo are regist	ered	marl			015 ACOR	D COF	RPO	RATION.	All right	s reserved.	



DATE (MM/DD/YYYY)

														01/00/	2027			
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.													E POLICIES					
If SUBROG this certific	ATION	IS W/	AIVED, subj	ect to the te	erms	and	INSURED, the conditions of the lder in lieu of s	he pollo uch en	cy, certain p dorsement(s	olicies	DITIONAL may req	. INSURI uire an c	D provision D prov	nsorbont. Ast	e endorsed. atement on			
PRODUCER			_					CONTACT NAME:										
Assured	dparf	ners	Aerospa	ace-Wicł	nita			PHONE FAX (A/C, No, Ext): (A/C, No):										
9860 E	- • • •							E-MAIL ADDRESS:										
Wichita	, KS	672	06					PRODI CUSTO	VERID#									
INSURED								IN CUIDE	INSUREF RA:U.S. SPE		ORDING COV			<u>%</u> 100%	NAIC #			
Timberview	/ Helico	nters	Inc					INSURE						100%				
4008 Leger		•						INSURE										
Ste 340	. ,							INSURE	RD:									
Destin, FL	32541							INSURER E :										
THICLC					01107	NICE	LISTED DELOW	INSURER F:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													WHICH THIS					
	POLICY INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:																	
POLICY TYPE UNE OF BUSINESS SUBCODE																		
INDUSTRIA	ALAID	PLE	EASURE & BUS	X CON	MERC	AL.	AIRPLANE	K HELICOPTER MIXED FLEET EXCESS QUOTA SHARE										
NON-OW																		
AIRCRA	AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached																	
YEAR 2012	мор R6		SERIAL NUMBER REGISTRATION NUMBER N179RR															
TERRITORY:										1								
AIRCRAFT	AIRCRAFT COVERAGES																	
INSURER LETT	ER		NUMBER			E	FFECTIVE DATE		RATION DATE	ADDITIC	ONAL INSUR	ED? (Y/N)	SUBROG		IVED? (Y / N)			
		RW00	181830-10				1/1/2024		/1/2025		Y							
COVERAGE				OPTI	ONS			LIMIT		APPLIE	ES TO	LIMIT		APPLIES TO				
AIRCRAFT HUL	-L -	🗶 ALL	RISK GROUND	AND FLIGHT				\$	680,000	AGRE	ed value	\$	1,000 68,000					
AIRCRAFT LIA	вішту -	🗶 LIAE	ЗШТҮ					\$ \$	1,000,000 100,000	EA OO EA PAS		\$		EA PER AGGR				
MEDICAL PAY	MENTS	X INC	LUDING CREW			1		\$	5,000	EA PE	R	\$	25,000	EA OCC				
001/50		EXC	LUDING CREW	V				<u> </u>										
COVER/ CODE DE	SCRIPTI	ON		OPTK	ONS	· · · · ·		LIMIT		APPLIE	ES TO			APPLIES	то			
						-		\$				\$ ¢						
								\$				\$						
								\$		[\$						
						-		\$				\$						
DESCRIPTION		ODED	ATIONS		ACO		01, Additional F	l v omarki	Schodulo	mayb	o attacho	d if mor	enaco le r	aguirad	·····			
							ional Insure		s ocheaule,	пау р	e attache		apace is i	equireu	,			
		• • •																
CERTIFICA	TE HO	LDER							ELLATION									
	Okaloosa County Board of County Commissioners; Destin-Fort Walton Beach Airport Admin Show Control County Commissioners; Destin-Fort Accordance with the Policy Provisions.																	
1701 State Eglin Afb, I									ZED REPRESE									
		-						<	7.5					All 1 -				
									© 20	109, 20	15 ACOR	и сокр	UKATIUN.	All right	s reserved.			

ACORD 21 (2016/03)

The ACORD name and logo are registered marks of ACORD