



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MMDD/YYYY)

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.

**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 Assuredpartners Aerospace-Wichita 9860 E 21st N Wichita, KS 67206	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
PRODUCER CUSTOMER ID#:		
INSURER(S) AFFORDING COVERAGE		%
INSURER A: U.S. SPECIALTY INSURANCE COMPANY		100%
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
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.

POLICY INFORMATION		CERTIFICATE NUMBER:		REVISION NUMBER:	
POLICY TYPE			LINE OF BUSINESS SUBCODE		
<input type="checkbox"/> INDUSTRIAL AID	<input type="checkbox"/> PLEASURE & BUS	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> AIRPLANE	<input checked="" type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET
<input type="checkbox"/> NON-OWNED		<input checked="" type="checkbox"/> LIABILITY ONLY	<input type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY	<input type="checkbox"/> EXCESS <input type="checkbox"/> QUOTA SHARE

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR 2011	MAKE Robinson Helicopter Co	MODEL R66	REGISTRATION NUMBER N37AF
TERRITORY:			

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	RW00181830-10	1/1/2024	1/1/2025	Y	N	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL			\$	AGREED VALUE	\$	Ded. - Not in motion Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY		\$ 1,000,000	EA OCC	\$	EA PER
			\$ 100,000	EA PASS	\$	AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW		\$ 5,000	EA PER	\$ 25,000	EA OCC
	<input type="checkbox"/> EXCLUDING CREW					
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION		\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

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	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 
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ACORD 21 (2016/03)

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



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

12/29/2023

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.

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PRODUCER Assuredpartners Aerospace-Wichita 9860 E 21st N Wichita, KS 67206	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
E-MAIL ADDRESS:				
PRODUCER CUSTOMER ID#:				
INSURED Air First, LLC 4008 Legendary Drive Ste 340 Destin, FL 32541	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A: U.S. SPECIALTY INSURANCE COMPANY		100%	
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

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POLICY INFORMATION		CERTIFICATE NUMBER:		REVISION NUMBER:	
POLICY TYPE			LINE OF BUSINESS SUBCODE		
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>
NON-OWNED	<input type="checkbox"/>		<input checked="" type="checkbox"/>	AIRPLANE	<input type="checkbox"/>
			<input type="checkbox"/>	HELIICOPTER	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	LIABILITY ONLY	<input type="checkbox"/>
			<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>
			<input type="checkbox"/>	EXCESS	<input type="checkbox"/>
			<input type="checkbox"/>	QUOTA SHARE	<input type="checkbox"/>

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR 1981	MAKE Piper	MODEL PA-42	REGISTRATION NUMBER N82PG
TERRITORY:			

AIRCRAFT COVERAGES		INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)
			AC3023305-01	12/29/2023	5/13/2024	Y	N
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO		
AIRCRAFT HULL		\$	AGREED VALUE	\$		Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$		Ded. - In motion	
		\$ 100,000	EA PASS	\$		EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 30,000		EA OCC	
	<input type="checkbox"/> EXCLUDING CREW						
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER Okaloosa County Board of Commissioners; Destin-Fort Walton Beach Airport Admin 1701 State Road 85 N Eglin Afb, FL 32542	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 
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PRODUCER <b>Assuredpartners Aerospace-Wichita</b> 9860 E 21st N Wichita, KS 67206	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMERID#:	
	INSURER(S) AFFORDING COVERAGE	

INSURED Timberview Helicopters, Inc 4008 Legendary Drive Ste 340 Destin, FL 32541	INSURER A: U.S. SPECIALTY INSURANCE COMPANY	%	NAIC #
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

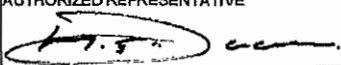
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POLICY TYPE		LINE OF BUSINESS SUBCODE			
<input type="checkbox"/> INDUSTRIAL AID	<input type="checkbox"/> PLEASURE & BUS	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> AIRPLANE	<input checked="" type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET
<input type="checkbox"/> NON-OWNED			<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY
				<input type="checkbox"/> EXCESS	<input type="checkbox"/> QUOTA SHARE

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR	MAKE	MODEL	REGISTRATION NUMBER
2023	Robinson Helicopter Co	R66	N5869H
TERRITORY:			

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	RW00181830-10	1/1/2024	1/1/2025	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT	\$ 990,000	AGREED VALUE	\$ 1,000	Ded. - Not in motion	
				\$ 99,000	Ded. - In motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	EA PER	
		\$ 100,000	EA PASS	\$	AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 25,000	EA OCC	
	EXCLUDING CREW					
COVERAGE CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

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PRODUCER CUSTOMERID#:				
INSURED Timberview Helicopters, Inc 4008 Legendary Drive Ste 340 Destin, FL 32541	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A: U.S. SPECIALTY INSURANCE COMPANY		100%	
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	INSURER C:			
	INSURER D:			
	INSURER E:			
INSURER F:				

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<input type="checkbox"/> NON-OWNED			<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR 2012	MAKE Robinson Helicopter Co	MODEL R66	REGISTRATION NUMBER N179RR
TERRITORY:			

AIRCRAFT COVERAGES		INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)
			RW00181830-10	1/1/2024	1/1/2025	Y	N
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO		
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT	\$ 680,000	AGREED VALUE	\$ 1,000	Ded. - Not in motion	\$ 68,000	Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	EA PER	\$ 100,000	EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW	\$ 5,000	EA PER	\$ 25,000	EA OCC		
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO		
CODE	DESCRIPTION						
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			

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