

CERTIFICATE OF INSURANCE

CERTIFICATE DATE: 4/13/2022

CERTIFICATE HOLDER:
Destin-Fort Walton Beach Airport
101 East James Lee Boulevard
Crestview, FL 32536

POLICY HOLDER:
Do Whut, Inc
3511 Silverside Rd Ste 105
Wilmington, DE 19810

This is to certify that the following policy(s), subject to the terms and conditions, limitations and endorsements contained therein, and during their effective period, have been issued by the company(s) indicated below. In the event of material change or cancellation of said policy(s) the company will endeavor to notify the certificate holder, but failure to do so shall impose no liability or obligation of any kind upon the undersigned or the company(s) involved.

Policy Type: P&B - Airplane
Insurance Company: U. S. Specialty Insurance Co.
Policy Number: SA00150431-16
Policy Period: 9/13/2021 to 9/13/2022

Aircraft: 1956 North American AT-6, N7061C

Aircraft Liability –

Combined Single Limit Bodily Injury and Property Damage \$1,000,000 Each Occurrence / \$100,000 Each Passenger

Premises Liability –

Combined Single Limit Bodily Injury and Property Damage \$1,000,000 Each Occurrence

THE FOREGOING EVIDENCE OF COVERAGE IS NOT VERBATIM OF POLICY CONDITIONS, LIMITATIONS OR LANGUAGE; THE POLICY(S) REPRESENTED BY THIS CERTIFICATE ARE NOT AMENDED IN ANY WAY UNLESS SO STATED ON THIS CERTIFICATE.

Additional Insured – Destin-Fort Walton Beach Airport is included as an Additional Insured for Liability Coverages, but solely with respect to operations of the Named Insured, subject to all policy terms and conditions.

This Certificate is only valid provided that all terms and conditions of the policy have been met by the named insured.

NOTICE OF CANCELLATION: IN THE EVENT OF MATERIAL CHANGE OR CANCELLATION OF SAID POLICY(S), THE COMPANY(S) SHALL ENDEAVOR TO GIVE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER WITH THE EXCEPTION OF A 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

Kimmel Aviation Insurance Agency, Inc.
442 Airport Road
Greenwood, MS 38930 (662) 455-3003 Fax: (662) 455-1611

Authorized Signature

CONTRACT # L17-0455-AP
DELTA SOUTHERN, LLC
HANGAR LEASE
EXPIRES: 02/07/2037 W/OPTIONAL 20 YR RENEWAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2022

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 Acentria Insurance - Destin 4634 Gulfstarr Drive Destin FL 32541	CONTACT NAME: christina bowman PHONE (A/C, No, Ext): 850-650-1950 E-MAIL ADDRESS: christina.bowman@acentria.com	FAX (A/C, No): 850-892-0320	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Delta Southern, LLC 302 Sand Myrtle Trail Destin FL 32541	License#: L100460 DELSOU-01	INSURER A: Scottsdale Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	41297

COVERAGES

CERTIFICATE NUMBER: 62543750

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS7394521	7/3/2021	7/3/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)
 Loc #1, Bldg #1, 1001 Airport RD, Unit 5-1001, Destin, FL, 32541

Certificate holder is a loss payee

Cancellation: 30 Days notice except 10 for non payment of premium

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa County Board of County Commissioners
 Destin-Fort Walton Beach Airport Administration
 1701 State Road 85 N
 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

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NOTICE TO POLICYHOLDERS

Name of Applicant Chicksaw Transport, LLC
Policy No. NAI6044018 Date of Notice 11/10/2021
Insurance Company Endurance Assurance Corporation

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as reauthorized and amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% IN 2015 AND DECREASES ITS REIMBURSEMENT PERCENTAGE 1% EACH CALENDAR YEAR TO A TOTAL OF 80% IN 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS REAUTHORIZED AND AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- I hereby elect to purchase Terrorism coverage for certified acts of terrorism for a prospective premium of \$355.
- I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism

Policyholder Signature _____ Date _____

AIRCRAFT INSURANCE POLICY DECLARATIONS

POLICY NUMBER: NAI6044018

RENEWAL OF: NEW



Endurance Assurance Corporation
A Stock Company
Wilmington, DE

ISSUED BY

W. BROWN & ASSOCIATES INSURANCE SERVICES

Proud to Have You As a Customer Since 2021

ITEM 1. NAMED INSURED Chicksaw Transport, LLC
ADDRESS 727 Driftwood Point Road
Santa Rosa Beach, FL 32459

ITEM 2. POLICY PERIOD: FROM November 10, 2021 TO November 10, 2022
12:01 AM Standard Time at the address in ITEM 1.

ITEM 3. The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all of the terms of this Policy having reference thereto. This Policy is completed by Aircraft Hull and Liability Form NAC-02.

ITEM 4. LIABILITY COVERAGES	<u>EACH PERSON</u>	<u>LIMIT OF LIABILITY EACH OCCURRENCE</u>	<u>LIABILITY PREMIUM</u>
A. Bodily Injury Excluding Passengers			
B. Property Damage	XXXX		
C. Passenger Liability			
D. Single Limit Bodily Injury & Property Damage Including Passenger Liability Passenger Liability Limited To	XXXX	Aircraft Liability & Medical Expense:	\$6,545.00
E. Medical Expense Including Crew		Extended Coverage (War Liability):	\$164.00
		TRIA (Included):	\$164.00
		TOTAL LIABILITY PREMIUM:	\$6,873.00

ITEM 5. Description of Aircraft and Physical Damage Coverage Hereunder				<u>PHYSICAL DAMAGE PREMIUM</u>			
<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>F.A.A. CERT. NO.</u>	<u>SEATS CREW/PASS</u>	<u>INSURED VALUE</u>		
Please refer to attached Schedule of Aircraft.							
<u>DEDUCTIBLES NOT IN MOTION</u>		<u>DEDUCTIBLES IN MOTION</u>		<u>PHYSICAL DAMAGE</u>			
						War (Hull) - Florida:	\$191.00
						TRIA (Included):	\$191.00
TOTAL PHYSICAL DAMAGE PREMIUM:						\$14,107.00	
TOTAL PREMIUM:						\$20,980.00	

ITEM 6. PILOTS: When in flight the aircraft will be piloted only by the following pilots, provided each has a valid pilot's certificate including a current and valid medical certificate appropriate for the flight and aircraft insured. The term Medical Certificate is defined as any valid First-Class, Second-Class, Third-Class, or BasicMed compliance. All medical certificates must be appropriate for the intended flight and in compliance with the FAA's Codes of Federal Regulations. Pilots operating under BasicMed must be able to provide documentation that demonstrates complete compliance.
As Endorsed

ITEM 7. The aircraft will be used for: Industrial Aid excluding any use for hire or reward.

ITEM 8. LOSS PAYABLE Endorsement in favor of: As Endorsed

ITEM 9. The Named Insured is and shall remain the sole and unconditional owner of any aircraft declared hereunder and the aircraft is not subject to any encumbrance other than as indicated in Item 8.

PRODUCER: Assuredpartners Aerospace, LLC DBA Hope Aviation Insurance, Inc. Endorsements forming a part of this policy on effective date in Item 2 are shown on the attached schedule incorporated as a part hereof.
2901 Millwood Avenue
Columbia, SC 29205

DATE ISSUED: November 15, 2021

APPROVED BY:

W. Brown & Associates

POLICY NUMBER: NAI6044018

SCHEDULE OF FORMS AND ENDORSEMENTS

NAMED INSURED

EFFECTIVE DATE

Chicksaw Transport, LLC

November 10, 2021 12:01 am Standard Time

NAC-01-1215
TRIA TRIN 0115
PN 0001 0712
PNAP 001 0915
IL 1007 0716
PN 0017 0618
NAC-02-IA-1215
NAC-70-1215
NAC-81-1215
NAC-15-1215
NAX-01-1215
NAC-21-1215
AV71-FL-00-1215
NAC-22-1215
IL 1204 0115
IL 1214 0115
NAX-06-1215
NAX-91-FL-1215
NAX-100FL-1215



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/11/2022

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.

PRODUCER Acentria Insurance - Destin 4634 Gulfstarr Drive Destin FL 32541		CONTACT NAME: PHONE (A/C, No., Ext): 850-650-1950 E-MAIL ADDRESS: PRODUCER CUSTOMER ID: DELTSOU-01	FAX (A/C, No.): 850-892-0320
INSURED Delta Southern, LLC 302 Sand Myrtle Trail Destin FL 32541		License#: L100460 INSURER(S) AFFORDING COVERAGE NAIC #	
		INSURER A :	AXIS Surplus Insurance Company
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1400941096 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Location: 1001 Airport Rd., Unit 5-1001, Destin, FL 32541

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS			
A	<input checked="" type="checkbox"/>	PROPERTY	ESC91929	7/3/2021	7/3/2022	<input checked="" type="checkbox"/>	BUILDING	\$ 200,000		
		CAUSES OF LOSS								
		DEDUCTIBLES								
	<input checked="" type="checkbox"/>	BASIC								
		BUILDING								
		1000								
		BROAD								
		CONTENTS								
		SPECIAL								
		EARTHQUAKE								
		WIND								
		FLOOD								
		INLAND MARINE	TYPE OF POLICY				\$			
		CAUSES OF LOSS					\$			
		NAMED PERILS	POLICY NUMBER				\$			
							\$			
		CRIME					\$			
		TYPE OF POLICY					\$			
							\$			
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$			
							\$			
							\$			
							\$			

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Wind/Hail Deductible 5%, \$2,500 Minimum
 Loc #1, Bldg #1, 1001 Airport RD, Unit 5-1001, Destin, FL, 32541
 Certificate holder is a loss payee
 Cancellation: 30 Days notice except 10 for non payment of premium

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 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 