

## CERTIFICATE OF PROPERTY INSURANCE

U11-1859-AP

DATE (MM/DD/YYYY) 04/12/2021

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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							CONTACT Brittany O'Brien					
Pub	lic Ri	sk Insurance Ad	dvisors			PHONE (A/C No Ext): (	PHONE (386) 252-6176 (A/C, No): (386) 239-4049					
P. C	. Box	2416				E-MAIL	ADDRESS:					
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Dav	tona	Beach			FL 32115	CUSTOMER ID:						
INSU	-		and the set of the set		ponidam	AI	INSURER(S) AFFORDING COVERAGE					
		County BOCC				INDUKLIKA.	Follow law and the second second					
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Contraction of the second		and a set of the set o	ne 501		FL 32536		INSURER D :					
	stviev				TE 32530		INSURER E :					
L					CD044400	ALL CONTRACTOR OF	INSURER F :					
COVERAGES CERTIFICATE NUMBER: CP2141200813 REVISION NUMBER:												
TI IN C	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	T			r		POLICY EFFECTIVE	POLICY EXPIRATION	T		r –		
LTR		TYPE OF INS	SURANCE	POLICY NUN	IBER	DATE (MM/DD/YYYY)			OVERED PROPERTY		LIMITS	
	×	PROPERTY						X	BUILDING		,000,000	
	CAU	SES OF LOSS	DEDUCTIBLES					X	PERSONAL PROPERTY	s Incl		
		BASIC	BUILDING					X	BUSINESS INCOME	\$ 2,00	000,000	
		BROAD	CONTENTS					×	EXTRA EXPENSE S		uded	
	X	SPECIAL CONTENTS SPECIAL EARTHQUAKE							RENTAL VALUE	s		
	X							$\square$	BLANKET BUILDING	s	in and the second	
A	X	WND	- Contraining (one	AMR-36901-07		04/01/2021	04/01/2022	$\square$	BLANKET PERS PROP	s 25,000,000		
	$\overline{\mathbf{x}}$	FLOOD		1					BLANKET BLDG & PP	s 25,000,000		
	P		2000 y									
	$\vdash$			-				$\square$		\$		
le marte		INLAND MARINE	<del></del>	TYPE OF POLICY					Scheduled Equip.	s	119,994	
		2		TYPE OF POLICY				E	Small Tools	107	,000	
	CAU	SES OF LOSS		DOLLOVAUUDED		04/01/2021	04/01/2022	1	Leased/Rented Eq	100	,000	
	$\square$	NAMED PERILS		POLICY NUMBER MXI93087322		04/01/2021			Leased/Nemed Eq	\$ 100	,000	
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	Ш	CRIME								S	· · · · · · · · · · · · · · · · · · ·	
	TYP	TYPE OF POLICY								s		
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в	$\times$	BOILER & MACH EQUIPMENT BRE	INERY / EAKDOWN	76436147		04/01/2021	04/01/2022			Ŷ	,000,000	
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С	lieu	orism - Certifie	U ACIS	UTS2512292-21		04/01/2021	04/01/2022	-			00,000	
0.00				CORD 101 Additional Demark	e Cabadula mariba		L	1		S		
SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate of Insurance issued with respect to Loan Agreement for F-15A Aircraft, S/N #75-004, Replacement Value is \$21,000, Building/Contents coverage are provided on a Replacement Cost basis & BI/EE is Actual Loss sustained. No Co-Insurance penalty applies.												
						C	ONTRACT# C11-	1859	I-AP			
CE	RTIFI	CATE HOLDE	R			CANCI	ATIONAL MUSEL	JM O	F THE UNITED ST	ATES A	AIR FORCE	
National Museum of the United State Air Force							LOAN AGREEMENT #SDA0398 FOR F-15 STATIC DISPLAY EXPIRES: 03/31/2022					
1100 Spaatz Street						AUTHORIZED D	AUTHORIZED REPRESENTATIVE					
						AUTHORIZED REPRESENTATIVE						
		vogntPa	atterson AFB		OH 45433-710	۵	W.	ten	n/an-			

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AGENCY CUSTOMER ID: 00001966

LOC #: \_\_\_\_

## ACORD

ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY Public Risk Insurance Advisors	NAMED INSURED Okaloosa County BOCC,										
POLICY NUMBER	an na paga an										
CARRIER	NAIC CODE	EFFECTIVE DATE:									
ADDITIONAL REMARKS											
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,											
FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance: Remarks											
FORM TURE:     24     PORM TURE:     Conflicted of Property Insurance: Remarks       Cells Histor Insurance Company - APP75841017     Obles Specially Insurance Company - APP753010     Searclass Hasunance Company - APP753010       Searclass Company - CPP965357010     General Security Insurance Company - USI163106     United Specially Insurance Company - USI163106       Diffeed Specially Insurance Company - USI163106     United Specially Insurance Company - USI163106     United Specially Insurance Company - USI163106       Diffeed Specially Insurance Company - USIAMPR04027203     Gen/vies Specially Insurance Company - TSAMPR04027203       Codvies Specially Insurance Company - TSAMPR04027203     Gen/vies Specially Insurance Company - TSAMPR04027203       Codvies Specially Insurance Company - TSAMPR04027203     Gen/vies Specially Insurance Company - TSAMPR04027203       Codvies Specially Insurance Company - TSAMPR04027203     Gen/vies Specially Insurance Company - TSAMPR04027203       Obio Obio Proving Team Part Special Part Insurance Company - TSAMPR0427203       Coduct Part Special Part Insurance Company - TSAMPR0427203     Gen/vies Part Special Part Insurance Company - TSAMPR0427203       Coduct Part Special Part Insurance Company - TSAMPR0427203     Gen/vies Part Special Part Insurance Company - TSAMPR0427203											