

KRSEXPR-01

LROBERTS

DATE (MM/DD/YYYY) 2/28/2022

CERTIFICATE OF LIABILITY INSURANCE

C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	rivel Sur/	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES	
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights	ect to	the	terms and conditions of	the po	licy, certain	policies may				
PRODUCER						CONTACT Lauren Roberts					
Avsurance Corporation 47 W. Ellsworth Rd.						PHONE (A/C, No, Ext): (800) 472-7090 FAX (A/C, No): (734) 663-8296					
	Arbor, MI 48108					_{ss:} avsuran			•		
						INS	URER(S) AFFO	RDING COVERAGE		NAIC #	
						INSURER A : Starr Indemnity & Liability Co					
INSURED					INSURER B : Lexington Insurance Company 19					19437	
KRS Express, Inc. Attn: Kip Smith-Amick 1155 East Johnson Street Tatum, TX 75691-1908						INSURER C :					
						INSURER D :					
						INSURER E :					
					INSURE	RF:					
TH IN CI E)	VERAGES CENTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	es o Requ ' Per Poli	F INS IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA (THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	5,000,00	
	CLAIMS-MADE X OCCUR	X	:	1000222858-06		6/14/2021	6/14/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,00	
	i							MED EXP (Any one person)	\$	5,00	
	J							PERSONAL & ADV INJURY	\$	5,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	E 000 000	
	POLICY PRO- JECT LOC		1					PRODUCTS - COMP/OP AGG	\$	5,000,00	
								COMBINED SINGLE LIMIT (Ea accident)	\$	10,000,000	
									\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per person)	\$ \$		
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR		1					EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$]							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below			44 I V 00044 F00F 0		4/00/0000	4/00/0000	E.L. DISEASE - POLICY LIMIT	\$	000.00	
в	Property			41-LX-066415235-6		1/22/2022	1/22/2023	Building (Hangar)		600,00	
Dest Wind HKL Leas	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate holder is additional insured on t in Executive Airport, 1001 Airport Rd., i/Hail exclusion for property L: Hangarkeepers Liability- Each occu ie #: L10-0369-AP RTIFICATE HOLDER	Lot 3	, bloc	k 2, Destin, FL 32541		ch aircraft. CONTR KRS EX DAP HA	ACT # L PRESS	10-0369-AP LEASE BLOCK 2			

AUTHORIZED REPRESENTATIVE

ann Robert

1701 State Road 85 N Eglin AFB, FL 32542-1498

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