

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2022

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(les) 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	NAME: Teresa bedingileid							
Sanford Insurance, LLC	PHONE (478) 471-4221 FAX (A/C, No): (478) 471-4222 E-MAIL thedinofield@sanfordusa.com							
4468 Forsyth Rd.	E-MAIL ADDRESS: tbedingfield@sanfordusa.com							
					NAIC#			
Macon GA 31210			INSURERA: Ohio Security Insurance Company				24082	
INSURED			Triours Charialty Insurance Company 16100				16188	
Precision Approach LLC			INDUCEND.					
I			INSURER C:					
874 Harmony Rd			INSURER D:					
			INSURER E :					
Eatonton GA 31024 INSURER F:								
COVERAGES CER	TIFICATE	NUMBER: CL221219121	185		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.								
INSRI	JADOLISUBR	ય	POLICY EF (MM/DD/YY		LIMITS			
TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER	(MM/DD/YY	(Y) (MM/DD/YYYY)	1			
▎ ├─ ┼─┐ ┌──┐					EACH OCCURRENCE DAMAGE TO RENTED	\$		
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	\$		
	•				MED EXP (Any one person)	\$		
***		GL Certificate Separate			PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$		
POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$		
OTHER:			İ			\$		
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
ANY AUTO OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED					BODILY INJURY (Per person)	\$		
		BAS58346205	12/08/202	22 12/08/2023	BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY					(Per accident) Uninsured motorist	<u> </u>	0,000	
LIMPRELLATIAN	-	<u></u>			1	1.00		
	UMBRELLA LIAB COCCUR		10,000,000	10/00/0000	EACH OCCURRENCE	\$ 1,000,000		
B X EXCESS LIAB CLAIMS-MADE	4	TXS 000127103	12/08/2022	22 12/08/2023	AGGREGATE	\$		
DED RETENTION \$ 10,000					1.050	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		XWS58346205			➤ PER STATUTE OTH-			
A ANY PROPRIETOR/PARTNER/EXECUTIVE YOFFICER/MEMBER EXCLUDED?	N/A		12/08/202	22 12/08/2023	E.L. EACH ACCIDENT	\$ 1,00	0,000	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
Leased/Rented Equipment					\$500 Deductible	\$100	0,000	
A Lease whented Equipment		BKS58346205	12/08/202	22 12/08/2023	\$100,000 Ded/JS Limit	\$500	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH		1			1	L		
Bob Sikes Airport & Destin Executive Airport Airfield Signage Improvements Okaloosa County, FL ITB AP 62-22 CONTRACT: C23-3277-AP PRECISION APPROACH, LLC AIRFIELD SIGNAGE IMPROVEMENTS AT BOB SIKES AIRPROT AND DESTIN EXECUTIVE AIRPORT EXPIRES: 270 DAYS FROM NTP								
CERTIFICATE HOLDER			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.) BEFORE		
5475-A Olu Deulei Road		AUTHORIZED REPRESENTATIVE						

Burne Cadropald

Crestview

FL 32536

CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY TO:

Okaloosa County 5479-A Old Bethel Road Crestview, FL 32536

THAT THE FOLLOWING POLICY OF INSURANCE HAS BEEN ISSUED TO:

Precision Approach, LLC 874 Harmony Road Eatonton, GA 31024

POLICY NUMBER:

NAF6052345

POLICY PERIOD:

From January 24, 2023 To January 24, 2024

INSURANCE COMPANY: Endurance American Insurance Co.

DESCRIPTION OF COVERAGES AND LIMITS OF LIABILITY: Please refer to attached schedule which is incorporated as a part hereof.

As respects the above certificate holder:

SECTION II - WHO IS AN INSURED is amended to include as an insured the person or organization, but only with respect to liability arising out of the Named Insured's aviation operations.

Proiect:

Bob Sikes Airport & Destin Executive Airport Airfield Signage Improvements Okaloosa County, FL ITB AP 62-22

Subject to Date Change Recognition Endorsement.

Data included in this Certificate valid as of January 24, 2023.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policies.

Should the described policy be cancelled before the expiration date hereof, the issuing company will endeavor to give 30 days (10 days for non-payment) notice to the certificate holder named herein. However, failure to mail such notice shall not impose any obligation nor any liability of any kind upon the Company, its representatives or agents.

Date of Issue: January 23, 2023

Certificate No.: 5

POLICY NO.: NAF6052345

SCHEDULE OF LOCATIONS

Location of Aviation premises owned, rented to or occupied by the Named Insured:

874 Harmony Road, Eatonton, GA 172 Sammons Pkwy., Eatonton, GA

Including those airport premises necessary and incidental to the Aviation Operations of the Named

Type of Coverage:

<u>LIMITS OF LIABILITY</u> General Aggregate Limit (Other than Products-Completed	
Operations and Hangarkeepers')	\$10,000,000
Products-Completed Operations Aggregate Limit	\$5,000,000
Personal Injury & Advertising Injury Aggregate Limit	\$5,000,000
Each Occurrence Limit	\$5,000,000
Fire Damage Limit (Any One Fire)	\$100,000
Medical Expense Limit (Any One Person)	\$5,000
Each Occurrence	\$5,000
On-Premises Automobile	\$5,000,000

Premises Property Damage Deductible - \$10,000 each claim / \$10,000 each claim as respects aircraft.

Certificate # 5 Page 2 of 2 NAF2000 END01 (1215) Page 1 of 1

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

Policy Number: NAF6045570 Endorsement #: 77

Named Insured: Precision Approach, LLC

Company: Endurance American Insurance Co. Effective Date: 10/27/2022

Aviation Managers: W. State Brown Date Issued: 10/28/2022

This endorsement is part of your policy and takes effect on the effective date of your policy unless another effective date is shown above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

In consideration of the premium paid and notwithstanding anything in the policy to the contrary, this endorsement amends the policy as shown below:

Name of Person or Organization:

Okaloosa County 5479-A Old Bethel Road Crestview, FL 32536

Project:

Bob Sikes Airport & Destin Executive Airport Airfield Signage Improvements Okaloosa County, FL ITB AP 62-22

IT IS HEREBY UNDERSTOOD AND AGREED THAT THIS ENDORSEMENT CANCELS AND REPLACES ENDORSEMENT #76 AI - ADDITIONAL DESIGNATED PERSON OR ORGANIZATION IN ITS ENTIRETY

Section II - Who is an Insured is amended to include as an insured the person or organization shown in the schedule above, but only with respect to liability arising out of your **aviation operations**.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

End of Endorsement - NAF2000 END01 (1215)

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION WITH WHOM YOU HAVE AGREED IN WRITING IN A CONTRACT OR AGREEMENT TO WAIVE ANY RIGHT OF RECOVERY WE MAY HAVE AGAINST THIS PERSON OR ORGANIZATION. THIS PROVISION DOES NOT APPLY UNLESS THE WRITTEN CONTRACT OR AGREEMENT HAS BEEN EXECUTED PRIOR TO THE DATE OF THE OCCURRENCE FOR WHICH COVERAGE IS PROVIDED.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Endorsement No. 0002

Policy Effective 12/08/2022

Premium

State

Policy No. XWS (23) 58 34 62 05

Insured PRECISION APPROACH LLC

Insurance Company Ohio Security Insurance Company 19291

Countersigned by _____

WC 00 03 13

(Ed. 4-84)