



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
12/13/2023

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.

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#:

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%
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 AD	<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 2023	MAKE Robinson Helicopter Co	MODEL R66	SERIAL NUMBER	REGISTRATION NUMBER N5869H	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)		
	RW00181830-09	12/1/2023	1/1/2024	Y	N		
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input checked="" type="checkbox"/>	ALL RISK GROUND ONLY	\$ 990,000	AGREED VALUE	\$ 1,000	Ded. - Not in motion Ded. - In motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	LIABILITY EXcluding Passenger	\$ 1,000,000	EA OCC EA PASS	\$ \$	EA PER AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	INCLUDING CREW EXCLUDING CREW	\$	EA PER	\$	EA OCC	
COVERAGE	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)
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

CONTRACT: L23-0508-AP
Timberview Helicopters, Inc.
Operating Agree for Commercial Flight Operatio
EXPIRES: 04/12/2028 w/1 5 yr renewl



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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: Timberview Helicopters, Inc 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 <input type="checkbox"/> INDUSTRIAL AID <input type="checkbox"/> PLEASURE & BUS <input checked="" type="checkbox"/> COMMERCIAL		LINE OF BUSINESS SUBCODE <input type="checkbox"/> AIRPLANE <input checked="" type="checkbox"/> HELICOPTER	
<input type="checkbox"/> NON-OWNED		<input checked="" type="checkbox"/> LIABILITY ONLY	<input type="checkbox"/> MIXED FLEET <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)	
	RW00181830-09	12/1/2023	1/1/2024	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	\$ 25,000	EA OCC
	<input type="checkbox"/> EXCLUDING CREW					
COVERAGE 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)

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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CONTRACT: L23-0508-AP
Timberview Helicopters, Inc.
Operating Agree for Commercial Flight Operatio
EXPIRES: 04/12/2028 w/1 5 yr renewl

DESCRIPTIONS (Continued from Page 1)

Richard Albert Weaver, MD; Medical Review Officer; Retro Date: 08/24/17;

Leland J. Lancaster Jr, MD; Medical Review Officer Services Only; Retro Date: 04/17/23;

Morris Simhachalam, DO ; Medical Review Officer Services Only; Retro Date: 12/08/16 (Term date - 09/27/17);

Wade H. Melvin MD; Medical Review Officer Services Only; Retro Date: 06/09/17; (Term Date: 12/08/20).

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.



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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 Orlando Helicopter Adventures, LLC 400 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	PLEASURE & BUS	<input checked="" type="checkbox"/> COMMERCIAL	AIRPLANE
NON-OWNED			LIABILITY ONLY
			<input checked="" type="checkbox"/> HELICOPTER
			HULL & LIABILITY
			MIXED FLEET
			HULL ONLY
			EXCESS
			QUOTA SHARE

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR	MAKE	MODEL	SERIAL NUMBER
2023	Robinson Helicopter Co	R66	
REGISTRATION NUMBER			
N5867H			
TERRITORY:			

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	AC3022603-02	12/20/2023	12/20/2024	Y	N	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT		\$ 1,000,000	AGREED VALUE	\$ 1,000	Ded. - Not in motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY		\$ 1,000,000	EA OCC	\$ 100,000	Ded. - In motion
			\$ 100,000	EA PASS	\$	EA PER
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW		\$ 5,000	EA PER	\$ 25,000	EA OCC
	EXCLUDING CREW					
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION		\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

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CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Board of Commissioners; Destin-Fort Walton Beach Airport Admin; 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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	PHONE (A/C, No, Ext):	FAX (A/C, No):		
E-MAIL ADDRESS:				
PRODUCER CUSTOMER ID#:				
INSURED Orlando Helicopter Adventures, LLC 400 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	PLEASURE & BUS	<input checked="" type="checkbox"/> COMMERCIAL	AIRPLANE
NON-OWNED			LIABILITY ONLY
			<input checked="" type="checkbox"/> HELICOPTER
			HULL & LIABILITY
			MIXED FLEET
			HULL ONLY
			EXCESS
			QUOTA SHARE

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR 2012	MAKE Robinson Helicopter Co	MODEL R66	REGISTRATION NUMBER N5870H
TERRITORY:			

AIRCRAFT COVERAGES							
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)		
	AC3022603-02	12/20/2023	12/20/2024	Y	N		
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input checked="" type="checkbox"/>	ALL RISK GROUND AND FLIGHT	\$ 650,000	AGREED VALUE	\$ 1,000	Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	LIABILITY	\$ 1,000,000	EA OCC	\$ 65,000	Ded. - In motion	
			\$ 100,000	EA PASS	\$	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	INCLUDING CREW	\$ 5,000	EA PER	\$ 25,000	EA OCC	
		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 5749A Old Bethel Rd Crestview, FL 32536	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 ASSURED PARTNERS 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 No.			
INSURED Galveston Adventures, LLC 4008 Legendary Dr, Ste 340 Destin, FL, 32541	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	INSURER A : U.S. SPECIALTY INSURANCE COMPANY		100%	
	INSURER B :			
	INSURER C :			
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POLICY INFORMATION				CERTIFICATE NUMBER:				REVISION NUMBER:							
POLICY TYPE								LINE OF BUSINESS SUBCODE							
INDUSTRIAL AID	<input type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	HELICOPTER	<input checked="" type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE	
NON-OWNED	<input type="checkbox"/>				<input checked="" type="checkbox"/>	LIABILITY ONLY	<input type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>				

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached												
YEAR 2001	MAKE Robinson Helicopter	MODEL R44	SERIAL NUMBER	REGISTRATION NUMBER N454WT										
TERRITORY:														

AIRCRAFT COVERAGES													
INSURER LETTER	POLICY NUMBER AC3021386-02	EFFECTIVE DATE 11/21/2023	EXPIRATION DATE 06/09/2024	ADDITIONAL INSURED? (Y/N) Y	SUBROGATION WAIVED? (Y/N) N								
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO							
AIRCRAFT HULL	<input type="checkbox"/>	ALL RISK GROUND AND FLIGHT	\$	AGREED VALUE	\$	Ded. - Not in motion							
	<input type="checkbox"/>	ALL RISK GROUND ONLY				Ded. - In motion							
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	LIABILITY	\$ 1,000,000	EA OCC	\$	EA PER							
	<input type="checkbox"/>		\$ 100,000	EA PASS	\$	AGGR							
MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	INCLUDING CREW	\$ 5,000	EA PER	\$ 20,000	EA OCC							
	<input type="checkbox"/>	EXCLUDING CREW											
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO							
CODE	DESCRIPTION												

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