LO6-0258-AP

LENNPRO-01

BSMARR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2021

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). CONTACT Bobbie Smarr Moreman, Moore & Company, Inc PHONE (A/C, No, Ext): (318) 227-4813 FAX (A/C, No): (318) 424-6302 820 Jordan Street, Suite 400 Shreveport, LA 71101 E-MAIL ADDRESS: bsmarr@moremanmoore.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Travelers Indemnity Company 25658 INSURED **INSURER B:** Lennard Properties, LLC & PA 46 Aviation, LLC INSURER C: 9204 Linwood Ave Ste 103 INSURER D: Shreveport, LA 71106 INSURER E : INSURER F: **COVERAGES CERTIFICATE NUMBER: 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR KTK6303F644619IND21 12/3/2021 12/3/2022 Х MED EXP (Any one person) PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO POLICY PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE of yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT A Property KTK6303F644619IND21 12/3/2021 12/3/2022 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as an Additional Insured as respectst to the General Liability policy as required by written contract. CONTRACT#: L06-0258-AP PA46 AVIATION, LLC DAP BLOCK 7/LOT2 EXPIRES: 05/17/2033 **CERTIFICATE HOLDER** CANC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Okaloosa County Board of County Commissioners **Destin-Fort Walton Beach Airport Administration** 1701 State Road 85 N **AUTHORIZED REPRESENTATIVE** Eglin A F B, FL 32542-1498

LOG-0258-AP

BSMARR

ACORD

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 11/17/2021

THIS EVIDENCE OF PROPERTY ADDITIONAL INTEREST NAMED E COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHORIZED	BELOW. THIS EVIDENCE DOES N POLICIES BELOW. THIS EVIDEN DREPRESENTATIVE OR PRODUCE	OT AFFIRMATIVE	LY OR NEGA	ATIVELY AM CONSTITUT	IFNO EXTEND C	OR ALTERTHE	
AGENCY PHONE (A/C, No, Ext): (318) 424-9160 Moreman, Moore & Company, Inc		COMPANY Travelers Inden	COMPANY Travelers indemnity Company				
820 Jordan Street, Suite 400 Shreveport, LA 71101		One Tower Squ Hartford, CT 06		•			
FAX (A/C, No): (318) 424-6302 E-MAIL ADDRESS:							
CODE: OFT876 AGENCY CUSTOMER ID #: LENNPRO-01	SUB CODE:						
CUSTOMER ID #: LENNPRO-01 INSURED Lennard Properties, LLC & PA 46 Aviation, LLC 9204 Linwood Ave Ste 103 Shreveport, LA 71106		LOAN NUMBER	LOAN NUMBER POLICY NUMBER KTK6303F644619IND21				
		EFFECTIVE DA		PIRATION DATE			
		12/3/2021	L	2/3/2022	CONTINUE TERMINAT	D UNTIL ED IF CHECKED	
	THIS REPLACES PR	THIS REPLACES PRIOR EVIDENCE DATED:					
PROPERTY INFORMATION							
LOCATION/DESCRIPTION Loc # 2, Bldg # 1, Block 7 Lot 2-1001 Airp	oort Rd, Destin, FL 32541, Hangar - Ki	DTS					
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 EVIDENCE OF PROPERTY INSURANCE 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.							
COVERAGE INFORMATION	PERILS INSURED BASIC	BROAD	SPECIAL				
Loc # 2, Bldg # 1	COVERAGE / PERILS / FORMS			AMOL	INT OF INSURANCE	DEDUCTIBLE	
Special (including theft) Flood, Broad					\$280,000 \$5,000	1,000 1,000	
REMARKS (Including Special Condit	ions)						
CANCELLATION	716A1944A194A1						
SHOULD ANY OF THE ABOVE DELIVERED IN ACCORDANCE WITH	DESCRIBED POLICIES BE CANT THE POLICY PROVISIONS.	CELLED BEFORE	THE EXPIRA	ATION DATE	THEREOF, NOT	TICE WILL BE	
ADDITIONAL INTEREST							
NAME AND ADDRESS		ADDITIONAL INS MORTGAGEE	URED LENG	DER'S LOSS PAY	ABLE X LOS	SS PAYEE	
		LOAN#					
Eglin A F B, FL 32542-		Carrie Tayl					