



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MMDD/YYYY)

02/09/2023

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 Parrish-Oneill & Associates, Inc. P. O. Box 349 Mount Vernon, OH 43050	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
	E-MAIL ADDRESS:			
	PRODUCER CUSTOMER ID#:			
INSURED Parker Aircraft Sales Inc Mitchell Kaplan 203 Walkedge Drive Fort Walton Beach, FL 32548	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A: U.S. SPECIALTY INSURANCE COMPANY		100%	
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

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	
INDUSTRIAL AID <input checked="" type="checkbox"/>	PLEASURE & BUS <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	AIRPLANE <input checked="" type="checkbox"/>
NON-OWNED <input type="checkbox"/>		LIABILITY ONLY <input type="checkbox"/>	HELICOPTER <input type="checkbox"/>
			MIXED FLEET <input type="checkbox"/>
			EXCESS <input type="checkbox"/>
			QUOTA SHARE <input type="checkbox"/>

AIRCRAFT INFORMATION ACORD 333, Aircraft Schedule attached

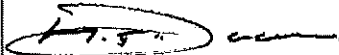
YEAR 1979	MAKE Piper	MODEL PA-31-350	SERIAL NUMBER	REGISTRATION NUMBER N725RW
TERRITORY:				

AIRCRAFT COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	GA00182516-09	2/18/2023	2/18/2024	Y	N	
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT	\$ 250,000	AGREED VALUE	\$ 250	Ded. - Not in motion	
				\$ 2,500	Ded. - In motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$	EA PER	
		\$ 100,000	EA PASS	\$	AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PER	\$ 40,000	EA OCC	
	EXCLUDING CREW					
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 5479 A Old Bethel Road 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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ACORD 21 (2016/03)

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CONTRACT:# L08-0334-AP
MITCH KAPLAN
BLOCK 1 LOT 2
EXPIRES: 07/11/2040



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E-MAIL ADDRESS:			
PRODUCER CUSTOMERID#:			
INSURER(S) AFFORDING COVERAGE		%	NAIC #
INSURER A: U.S. SPECIALTY INSURANCE COMPANY		100%	
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

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POLICY TYPE			LINE OF BUSINESS SUBCODE		
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>
NON-OWNED	<input type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	HELICOPTER	<input type="checkbox"/>
		LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>
				MIXED FLEET	<input type="checkbox"/>
				HULL ONLY	<input type="checkbox"/>
				EXCESS	<input type="checkbox"/>
				QUOTA SHARE	<input type="checkbox"/>

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR	MAKE	MODEL	SERIAL NUMBER
1983	Piper	PA-31P-350	
REGISTRATION NUMBER			
N9244Y			
TERRITORY:			

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)	
	GA00182516-09	2/18/2023	2/18/2024	Y	N	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	<input checked="" type="checkbox"/>	ALL RISK GROUND ONLY	\$ 250,000	AGREED VALUE	\$ 0	Ded. - Not in motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	LIABILITY EXcluding Passenger	\$ 1,000,000	EA OCC EA PASS	\$ 0	Ded. - In motion
MEDICAL PAYMENTS		INCLUDING CREW EXCLUDING CREW	\$	EA PER	\$	EA OCC
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION		\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

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CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Board of County Commissioners 5479 A Old Bethel Road Crestview, FL 32536	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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NON-OWNED	<input type="checkbox"/>	LIABILITY ONLY	<input checked="" type="checkbox"/>	AIRCRAFT	<input type="checkbox"/>
			HELICOPTER	MIXED FLEET	EXCESS
			HULL & LIABILITY	HULL ONLY	QUOTA SHARE

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached	
YEAR	MAKE	MODEL	REGISTRATION NUMBER
1973	Piper	PA-31-350	N74932
TERRITORY:			

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y/N)	SUBROGATION WAIVED? (Y/N)
	GA00182516-09	2/18/2023	2/18/2024	Y	N
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	<input checked="" type="checkbox"/> ALL RISK GROUND AND FLIGHT	\$ 190,000	AGREED VALUE	\$ 250	Ded. - Not In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	EA OCC	\$ 2,500	Ded. - In motion
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	\$ 5,000	EA PASS		EA PER
	EXCLUDING CREW		EA PER	\$ 40,000	EA OCC
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

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