



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/1/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

| | | | | |
|---|--|---|--|---|
| AGENCY Fuller Insurance LLC 4821 US Highway 98, Suite 103 Santa Rosa Beach FL 32459 | | PHONE (A/C, No, Ext): (850) 502-4260 | COMPANY COVINGTON SPECIALTY INS CO | |
| FAX (A/C, No): | E-MAIL ADDRESS: chris@fuller.insure | | | |
| CODE: | SUB CODE: | | | |
| AGENCY CUSTOMER ID #: | | LOAN NUMBER | | POLICY NUMBER VBA819523 01 |
| INSURED Mark Hecker 5545 John Givens Road Crestview FL 32539 | | EFFECTIVE DATE 08/01/2023 | EXPIRATION DATE 08/01/2024 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | | |

PROPERTY INFORMATION

| | | |
|---|--|--|
| LOCATION/DESCRIPTION 5545 JOHN GIVENS RD BLDG 26-G CRESTVIEW OKALOOSA FL 325397019 LOC: 1 BLDG: 1 - 5545 JOHN GIVENS RD BLDG 26-G CRESTVIEW OKALOOSA FL 325397019 Operation Description : | | |
|---|--|--|

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 / PERILS / FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE | COVERAGE INFORMATION | | | | |
|---------------------------|---------------------|------------|----------------------|-------|-------|---|--|
| | | | PERILS INSURED | BASIC | BROAD | <input checked="" type="checkbox"/> SPECIAL | |
| Building | 50,000.00 | 1,000 | | | | <input checked="" type="checkbox"/> | |

REMARKS (Including Special Conditions)

| | |
|--|--|
| Airport Hangar Construction: NC Coinsurance - 80% RC Value 3% WIND DED | CONTRACT: L02-0193-AP Mark Hecker HANGER BSAP LOT 3/BLK 1 XFER FM #133 EXPIRES:09/30/2027 |
|--|--|

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.

ADDITIONAL INTEREST

| | | | |
|--|---|--|-------------------------------------|
| NAME AND ADDRESS Okaloosa County Board of County (cont. in ACORD 101) 1701 State Road 85N Eglin AFB FL 32542 | <input type="checkbox"/> ADDITIONAL INSURED | <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> LOSS PAYEE |
| | <input type="checkbox"/> MORTGAGEE | | |
| | LOAN # | | |
| AUTHORIZED REPRESENTATIVE <i>Chris Jayne</i> | | | |

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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| | | | |
|---------------------------------------|--------------------|------------------------------|--|
| AGENCY Fuller Insurance LLC | | NAMED INSURED Mark Hecker | |
| POLICY NUMBER VBA932918 00 | | | |
| CARRIER COVINGTON SPECIALTY INS CO | NAIC CODE 13027 | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 27 FORM TITLE: Evidence of Property Insurance

**Additional Interest Name:

Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Admin Office