

## CERTIFICATE OF LIABILITY INSURANCE

1/1/2024

DATE (MM/DD/YYYY) 12/19/2022

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(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 liqu of such endorsement(s).

### PROPRIES Lockton Companies 3280 Peachtree Road RF, Suite #250 Allanta (AA 3030)  **REMERCIAL GA 3030 PEAC Aviation, LLC  **REMERCIAL AFOL INSURANCE COMPANY  **PROPRIES SHAPE OF PETRY RR NE  **REMERCIAL AFOL INSURANCE COMPANY  **ATOL INSURANCE SHAPE AFORDING COVERAGE  **REMERCIAL AFOL INSURANCE COMPANY  **ATOL INSURANCE SHAPE AFORDING COVERAGE  **REMERCIAL AFOL INSURANCE COMPANY  **ATOL INSURANCE SHAPE AFORDING COVERAGE  **REMERCIAL AFOL INSURANCE COMPANY  **ATOL INSURANCE SHAPE AFORDING COVERAGE  **REMERCIAL AFOL INSURANCE COMPANY  **ATOL INSURANCE SHAPE AFORDING COVERAGE  **REMERCIAL AFOL INSURANCE COMPANY  **ATOL INSURANCE SHAPE AFORDING COVERAGE  **REMERCIAL AFORDING AFORDING SET OF THE PROPRIES COMPANY  **THE SET OCCUPY INSTITUTE PED POLICIPS SET OF THE PROPRIES COMPANY  **THE SET OCCUPY INSTITUTE PED POLICIPS SET OF THE PROPRIES COMPANY  **THE SET OCCUPY INSTITUTE PED POLICIPS SET OF THE PROPRIES THE PROPRIES COMPANY  **THE SET OCCUPY INSTITUTE PED POLICIPS SET OF THE PROPRIES THE PROPRIES COMPANY  **THE SET OCCUPY INSTITUTE PED POLICIPS SET OF THE PROPRIES TO ALL THE TERMS.  **THE SET OCCUPY THE PROPRIES THE	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
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CONTINUATION DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS (Use only if more space is required)							
30 Days Notice of Cancellation/Non-renewal, except 10 days for nonpayment of premium, to the certificate holder when required by written agreement.							

ACORD 25 (2016/03)

POLICY NUMBER: WCIS-CGL-0002619 - 01 UMR: B087518W01S5001

COMMERCIAL GENERAL LIABILITY CG 20 37 04 13

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations					
Blanket where required by written contract signed by both parties and the insured contract is executed prior to any loss	Any location where required by written contract signed by both parties and the insured contract is executed prior to any loss					
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.						

A. Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:
  - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
  - 1. Required by the contract or agreement; or
  - Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CG 20 37 04 13

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Page 1 of 1

POLICY NUMBER: GLO-501026

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Name Of Person Or Organization:

A person or organization you have agreed in a written contract to waive any right of recovery against provided the written contract is executed prior to the injury or damage.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV — Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2021

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).

PRODUCER		CONTACT NAME:	Shari Gillette				
Lockton Companies, LLC 8110 E. Union Ave. #100		PHONE (A/C, No. Ext):	(303) 414-6050	FAX (A/C, No): (	```		
Denver, CO 80237-2966	İ	E-MAIL ADDRESS: shari.gillette@lockton.com					
INSURED			INSURERS AFFORDING COVERAGE				
	genbright Master Holding, LLC, Argenbright	INSURER A: /	Ace Property & Casualty	Insurance Company	20699		
		INSURER B: U	Jnderwriters at Lloyds, L	ondon			
	ght Holdings V, LLC, USI LLC, Unifi Aviation,	INSURER C:					
	RMC Commissary, LLC, Scrub Holdings, Inc, nerica Aviation Security, LLC, Unifi Security,	INSURER D:					
LLC, Unifi CA Security, Inc, Unifi Aviatio		INSURER E.					
3399 Peachtree Rd. NE, Suite 150		INSURER F:					
Atlanta, GA 30326-1151							
COVERAGES	CERTIFICATE NUMBER:		REVI	SION 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. POLICY EFF POLICY EXP ADDLISUBR INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS TYPE OF INSURANCE LTR \$500,000,000 EACH OCCURENCE AVIATION GENERAL LIABILITY DAMAGE TO RENTED \$1,000,000 X AVIATION GENERAL LIABILITY PREMISES (Ea occurrence)

١.	CLAIMS-MADE X OCCUR			A A D A L ( 70 E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		01/01/2024	MED EXP (Any one person)	\$4,000
A B	AMATION PREMICES LIABILITY (SINGLE	Y	AAP N17950289 004 N9907011		01/01/2023	or until	PERSONAL & ADV INJURY	\$50,000,000
١٢	X LIMIT, BODILY INJURY & PROPERTY DAMAGE)	1			cancelled	GENERAL AGGREGATE	\$500,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1					PRODUCTS - COMP/OP AGG	\$500,000,000
	X POLICY PRO-	i					GROUNDING LIABILITY AGG	\$125,000,000
	AUTOMOBILE LIABILITY	1					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS NON-OWNED HIRED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
İ	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

AAP N17950289 004

N9907011

As respects Destin-Fort Walton Beach Airport (VPS), the Certificate Holder is an Additional Insured as respects the aviation operations of the Named Insured at the Destin-Fort Walton Beach Airport.

01/01/2023

Coverage includes: War Liability: \$500,000,000 agg; Contractual Liability: \$500,000,000; Cargo Liability: \$100,000,000 ea. occ; On-Airport Premises Auto Liability: \$500,000,000 ea. occ; Excess Auto Liability (off-premises): \$25,000,000 ea. occ; Excess Employers Liability: \$25,000,000 ea. occ; Fire Damage Limit: \$1,000,000 (any one fire). Includes Independent Contractors coverage & liability coverage for Mobile Equipment. Worldwide Territory.

NOTE: Aggregate limits will be reduced due to paid claims without further notice to the Certificate Holder(s). Insurance is Primary & Non-Contributory with other insurance which may be available to the Certificate Holder. Additional Insureds shall have no responsibility for any premiums, warranties or representations in connection with the insurances.

Several Liability Notice: The subscribing Insurers' obligations under contracts of insurance to which they subscribe are several & not joint & are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

In the event of cancellation or adverse material change of the policy or policies by the Insurers, thirty (30) days written notice of such cancellation will be given to the Certificate Holder at the address stated below (10 days' notice for non-payment of premium, & 7 days' notice in the event of War).

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County Board of County Commissioners 5479A Old Bethel Rd. Crestview, FL. 32536-5512	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

E.L. DISEASE - POLICY LIMIT

EACH AIRCRAFT

EACH ACCIDENT

01/01/2024

or until cancelled

\$250,000,000

\$500,000,000

If yes, describe under

INCLUDING TAXI

DESCRIPTION OF OPERATIONS below

HANGARKEEPERS LIABILITY (EXCL. FLIGHT)