



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
07/24/2023

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 Avemco Insurance Company 8490 Progress Drive, Suite 200 Frederick, MD 21701	CONTACT NAME: Avemco Insurance Company			
	PHONE: 800-638-8440 (A/C, No, Ext):	FAX: 800-863-3338 (A/C, No):		
E-MAIL ADDRESS: avemco@ave.com				
PRODUCER CUSTOMER ID No.				
INSURED William B Day 12383 Tramonto Dr Conroe, TX 77304-4560	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	INSURER A: AVEMCO INSURANCE COMPANY		100%	10367
	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 HERIN 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"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE
NON-OWNED	<input type="checkbox"/>					LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>			

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached												
YEAR 1979	MAKE Cessna	MODEL 182Q	SERIAL NUMBER	REGISTRATION NUMBER N514TD										
TERRITORY:														

AIRCRAFT COVERAGES														
INSURER LETTER A	POLICY NUMBER 210117630702	EFFECTIVE DATE 05/01/2023	EXPIRATION DATE 05/01/2024	ADDITIONAL INSURED (Y/N) Y	SUBROGATION WAIVED (Y/N) Y									
COVERAGE	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO							
AIRCRAFT HULL	All Risk Ground & Flight Ground Not In Flight			\$		\$	Ded. - Not in motion Ded. - In motion							
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	Including Passengers Excluding Passengers		\$ 1,000,000	EA OCC EA PASS	\$ 100,000	EA PER AGGR							
MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	INCLUDING CREW EXCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS							
COVERAGE	CODE	DESCRIPTION	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO						
					\$		\$							
					\$		\$							
					\$		\$							
					\$		\$							
					\$		\$							

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER Okaloosa County board of county commissioners 1701 State Road 85 North Eglin Air Force Base, FL 34542	CONTRACT: L08-0317-AP
	WILLIAM B. DAY
	DAP BLOCK 7/LOT 3 REPLACES #L155
	EXPIRES: 05/17/2033
	AUTHORIZED REPRESENTATIVE MARCI L VERONIE

AIRPORT USE - AIRPORT HANGAR ENDORSEMENT

You have a written airport use or airport hangar agreement for **your insured aircraft** with the party shown below.

We agree to include them as an "**insured person**" under that definition in **your** Policy. **We** also agree to waive **our** recovery rights against them for **loss** to **your insured aircraft** (**you** do, too).

We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. **THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF YOUR INSURED AIRCRAFT.**

We will notify this **insured person** when **your** Policy is cancelled. Notice will be sent at least 30 days before the cancellation date. Only 10 days' notice (or that notice required by **your** state, if more) will be given if **we** cancel for nonpayment of premium.

If this **insured person** has other liability insurance, that insurance shall apply first. The addition of this **insured person** to **your** Policy does not increase the Limits of Liability provided.

Okaloosa County board of county commissioners
1701 State Road 85 North

Eglin Air Force Base, FL 34542

This Endorsement is effective Mo.DayYr. 05/01/2023 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 210117630702 issued by Avemco Insurance Company.



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PRODUCER
Avemco Insurance Company
8490 Progress Drive, Suite 200
Frederick, MD 21701CONTACT
NAME: Avemco Insurance Company
PHONE: 800-638-8440 FAX: 800-863-3338
(A/C, No, Ext): (A/C, No):

E-MAIL ADDRESS: avemco@ave.com

PRODUCER CUSTOMER ID No.

INSURED
William B Day
12383 Tramonto Dr
Conroe, TX 77304-4560

INSURER(S) AFFORDING COVERAGE	%	NAIC No.
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POLICY INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

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

AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

YEAR 1956	MAKE Piper	MODEL PA-18-150	SERIAL NUMBER	REGISTRATION NUMBER N530AK
TERRITORY:				

AIRCRAFT COVERAGES

INSURER LETTER A	POLICY NUMBER 210117630702	EFFECTIVE DATE 05/01/2023	EXPIRATION DATE 05/01/2024	ADDITIONAL INSURED (Y/N) Y	SUBROGATION WAIVED (Y/N) Y	
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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)

SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDEROkaloosa County board of county commissioners
171 State Road 85 North

Eglin Air Force Base, FL 34542

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
MARGI L VERONIE

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