



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/29/2023

THIS EVIDENCE OF COMMERCIAL 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.

|  |  |  |  |  |
|--|--|--|--|--|
| PRODUCER NAME, CONTACT PERSON AND ADDRESS<br>Willis Towers Watson Midwest, Inc.<br>c/o 26 Century Blvd<br>P.O. Box 305191<br>Nashville, TN 372305191 USA |  | PHONE (A/C No. Ext): 1-877-945-7378                    | COMPANY NAME AND ADDRESS<br>Federal Insurance Company<br>15 Mountain View Rd<br>Warren, NJ 07059 | NAIC NO: 20281   |
| FAX (A/C No): 1-888-467-2378   |  | E-MAIL ADDRESS: certificates@willis.com                |  |  |
| CODE:  |  | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH |  |  |
| AGENCY CUSTOMER ID #:  |  | POLICY TYPE<br>Commercial Property                     |  |  |
| NAMED INSURED AND ADDRESS<br>Vertex Aerospace, LLC<br>Vertex Aerospace Services Corp.<br>555 Industrial Drive South<br>Madison, MS 39110                 |  | LOAN NUMBER  | POLICY NUMBER<br>36046418  |  |
| ADDITIONAL NAMED INSURED(S)  |  | EFFECTIVE DATE<br>06/29/2023                           | EXPIRATION DATE<br>06/29/2024  | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
|  |  | THIS REPLACES PRIOR EVIDENCE DATED:                    |  |  |

### PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / 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 INFORMATION

|   |                                     |                                     |   |   |
|---|-------------------------------------|-------------------------------------|---|---|
| PERILS INSURED  | BASIC                               | BROAD                               | <input checked="" type="checkbox"/> SPECIAL | DED: 100,000  |
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ See Description  |                                     |                                     |   |   |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE                             | YES                                 | NO                                  | N/A   | If YES, LIMIT: Actual Loss Sustained; # of months:                                  |
| BLANKET COVERAGE  | <input checked="" type="checkbox"/> |                                     |   | If YES, indicate value(s) reported on property identified above: \$ See Description |
| TERRORISM COVERAGE  |                                     | <input checked="" type="checkbox"/> |   | Attach Disclosure Notice / DEC  |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?  | <input checked="" type="checkbox"/> |                                     |   |   |
| IS DOMESTIC TERRORISM EXCLUDED?   | <input checked="" type="checkbox"/> |                                     |   |   |
| LIMITED FUNGUS COVERAGE   |                                     | <input checked="" type="checkbox"/> |   | If YES, LIMIT: DED:   |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)   |                                     | <input checked="" type="checkbox"/> |   |   |
| REPLACEMENT COST  | <input checked="" type="checkbox"/> |                                     |   |   |
| AGREED VALUE  | <input checked="" type="checkbox"/> |                                     |   |   |
| COINSURANCE   |                                     | <input checked="" type="checkbox"/> |   | If YES, %   |
| EQUIPMENT BREAKDOWN (If Applicable)   | <input checked="" type="checkbox"/> |                                     |   | If YES, LIMIT: 250000000 DED: 100000  |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg   |                                     | <input checked="" type="checkbox"/> |   | If YES, LIMIT: DED:   |
| - Demolition Costs  |                                     | <input checked="" type="checkbox"/> |   | If YES, LIMIT: DED:   |
| - Incr. Cost of Construction  |                                     | <input checked="" type="checkbox"/> |   | If YES, LIMIT: DED:   |
| EARTH MOVEMENT (If Applicable)  | <input checked="" type="checkbox"/> |                                     |   | If YES, LIMIT: 50000000 DED: 100000   |
| FLOOD (If Applicable)   | <input checked="" type="checkbox"/> |                                     |   | If YES, LIMIT: 50000000 DED: 100000   |
| WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: |                                     |                                     |   | If YES, LIMIT: DED:   |
| NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: |                                     |                                     |   | If YES, LIMIT: DED:   |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS   |                                     | <input checked="" type="checkbox"/> |   |   |

### 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

|                  |  |
|------------------|--|
| CONTRACT OF SALE | LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> LOSS PAYEE |
| MORTGAGEE        |  |

NAME AND ADDRESS

Okaloosa County Board of County Commissioners  
1701 State Road 85 N  
Eglin AFB, FL 32542

LEASE: L21-0491-AP  
VERTEX AIRCRAFT I & S  
GROUND LEASE AT 5486 FAIRCHILD ROAD  
EXPIRES:04/19/2024 W/2 (1) YR RENEWALS

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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|  |                         |  |  |
|--|-------------------------|--|--|
| AGENCY<br>Willis Towers Watson Midwest, Inc. |                         | NAMED INSURED<br>Vertex Aerospace, LLC<br>Vertex Aerospace Services Corp.<br>555 Industrial Drive South<br>Madison, MS 39110 |  |
| POLICY NUMBER<br>See Page 1                  |                         | EFFECTIVE DATE: See Page 1   |  |
| CARRIER<br>See Page 1                        | NAIC CODE<br>See Page 1 |  |  |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property

Limit : \$600,000,000

RE Leased Hanger # 5 at 5486 Fairchild Rd Crestview, Florida 32539.

Okaloosa County Board of County Commissioners is included as Loss Payee with respects to the Property policy.