

CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY TO:

Hernando County
Board of County Commissioners
20 N Main St #460
Brooksville, FL 34601

THAT THE FOLLOWING POLICY OF INSURANCE HAS BEEN ISSUED TO:

Sentinel Fuel Services, LLC
16308 Flight Path Dr, Hangar 308
Brooksville, FL 34604

POLICY NUMBER: NAF6065990
POLICY PERIOD: From March 23, 2025 To March 23, 2026
INSURANCE COMPANY: Endurance Assurance Corporation

DESCRIPTION OF COVERAGES AND LIMITS OF LIABILITY: Please refer to attached schedule which is incorporated as a part hereof.

The above Certificate Holder is included as Additional Insured but only to the extent of liability imposed upon Additional Insured solely as the result of an act or omission of the Named Insured or its employees in connection with the Named Insured's aviation operations.

Nothing in this Certificate shall prejudice the Company's rights of recourse against the Additional Insureds as manufacturers, repairers, suppliers, or servicing agents where such rights of recourse would have existed had this agreement not been effected.

Subject to Date Change Recognition Endorsement.

Data included in this Certificate valid as of March 23, 2025.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policies.

Should the described policy be cancelled before the expiration date hereof, the issuing company will endeavor to give 30 days (10 days for non-payment) notice to the certificate holder named herein. However, failure to mail such notice shall not impose any obligation nor any liability of any kind upon the Company, its representatives or agents.

By: 
W. Brown & Associates Insurance Services

Date of Issue: March 28, 2025
Certificate No.: 1

SCHEDULE OF LOCATIONS

Location of Aviation premises owned, rented to or occupied by the Named Insured:

16308 Flight Path Dr, Hangar 308, Brooksville, FL, 34604
2475 American Flyer Way, Brooksville, FL, 34604

Type of Coverage:

LIMITS OF LIABILITY

General Aggregate Limit (Other than Products-Completed Operations and Hangarkeepers)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$1,000,000
Personal Injury & Advertising Injury Aggregate Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Fire Damage Limit (Any One Fire)	\$100,000
Medical Expense Limit (Any One Person)	\$5,000
Each Occurrence	\$25,000
Hangarkeepers Each Loss Limit	\$1,000,000
Hangarkeepers Each Aircraft Limit	\$1,000,000
Hangarkeepers Deductible Each Occurrence	See Below
Premises Property Damage & Bodily Injury Deductible - \$5,000 each loss.	
Aircraft Property Damage Deductible - \$5,000 per claim. / \$10,000 per claim Jet-Turbine / Deductible	
Per Loss - Unlimited	
Hangarkeepers Deductible - \$5,000 per aircraft. / \$10,000 per claim Jet-Turbine / Deductible	
Per Loss - Unlimited	

CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY TO:

To Whom It May Concern

THAT THE FOLLOWING POLICY OF INSURANCE HAS BEEN ISSUED TO:

Sentinel Fuel Services, LLC
16308 Flight Path Dr, Hangar 308
Brooksville, FL 34604

POLICY NUMBER: NAF6065990**POLICY PERIOD:** From March 23, 2025 To March 23, 2026**INSURANCE COMPANY:** Endurance Assurance Corporation

DESCRIPTION OF COVERAGES AND LIMITS OF LIABILITY: Please refer to attached schedule which is incorporated as a part hereof.

This Certificate is provided as evidence of coverage only.

Subject to Date Change Recognition Endorsement.

Data included in this Certificate valid as of March 23, 2025.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policies.

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By:



W. Brown & Associates Insurance Services

Date of Issue: March 28, 2025

Certificate No.: 2

SCHEDULE OF LOCATIONS

Location of Aviation premises owned, rented to or occupied by the Named Insured:

16308 Flight Path Dr, Hangar 308, Brooksville, FL, 34604
2475 American Flyer Way, Brooksville, FL, 34604

Type of Coverage:

LIMITS OF LIABILITY

General Aggregate Limit (Other than Products-Completed Operations and Hangarkeepers)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$1,000,000
Personal Injury & Advertising Injury Aggregate Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Fire Damage Limit (Any One Fire)	\$100,000
Medical Expense Limit (Any One Person)	\$5,000
Each Occurrence	\$25,000
Hangarkeepers Each Loss Limit	\$1,000,000
Hangarkeepers Each Aircraft Limit	\$1,000,000
Hangarkeepers Deductible Each Occurrence	See Below
Premises Property Damage & Bodily Injury Deductible - \$5,000 each loss.	
Aircraft Property Damage Deductible - \$5,000 per claim. / \$10,000 per claim Jet-Turbine / Deductible	
Per Loss - Unlimited	
Hangarkeepers Deductible - \$5,000 per aircraft. / \$10,000 per claim Jet-Turbine / Deductible	
Per Loss - Unlimited	

SCHEDULE OF ADDITIONAL INSURED'S ENDORSEMENT

Named Insured Sentinel Fuel Services LLC			Endorsement Number 011
Policy Symbol TSP	Policy Number G28233735 006	Policy Period 03/24/2025 to 03/24/2026	Effective Date of Endorsement 10/09/2025
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

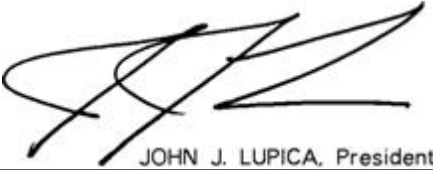
The "insured" and the Insurer hereby agree to the following changes to this Policy:

The persons or organizations identified in the Schedule of Additional Insureds, below, shall be considered "additional insureds" pursuant to this Policy, but only with respect to their vicarious liability for the direct liability of a "named insured" arising out of a "storage tank incident" to which this Policy applies.

Schedule of Additional Insureds

1. Hernando County
Board of County Commissioners
20 N Main St #460,
Brooksville, FL 34601

All other terms and conditions of the Policy remain unchanged.



JOHN J. LUPICA, President
Authorized Representative