



CERTIFICATE OF AVIATION LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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: | | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): | |
| INSURED | E-MAIL ADDRESS: | | |
| | PRODUCER CUSTOMER ID #: | | |
| | INSURER(S) AFFORDING COVERAGE | % | NAIC # |
| | INSURER A : | | |
| | INSURER B : | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

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.

AIRPORT & FBO LIABILITY COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

| INSURER LETTER | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y / N) | SUBROGATION WAIVED? (Y / N) | |
|--------------------------------|---------------|--------------------|-----------------|-----------------------------|-----------------------------|------------|
| COVERAGE | | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| PREMISES LIABILITY | | | \$ | BI EA PER | \$ | PD |
| | | | \$ | EA OCC | | |
| PREMISES MEDICAL PAYMENTS | | | \$ | EA PER | \$ | EA OCC |
| PRODUCTS LIABILITY | | SALE OF FUEL & OIL | \$ | BI EA PER | \$ | AGGR |
| | | EXTENDED | \$ | EA OCC | | |
| COMPLETED OPERATIONS LIABILITY | | EXTENDED | \$ | BI EA PER | \$ | AGGR |
| | | | \$ | EA OCC | | |
| HANGARKEEPERS LEGAL LIABILITY | | INCLUDING TAXI | \$ | EA AIRCRAFT | \$ | EA OCC |
| | | IN FLIGHT | | | | |
| FIRE LEGAL LIABILITY | | | \$ | ANY ONE FIRE | | |
| PERSONAL INJURY LIABILITY | | | \$ | EA OCC | \$ | AGGR |
| ADVERTISING LIABILITY | | | \$ | EA OCC | \$ | AGGR |
| CONTRACTUAL LIABILITY | | INCLUDED | | | | EXCLUDED |
| COVERAGE | | OPTIONS | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| |
|--|
| |
|--|

CERTIFICATE HOLDER**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 |

© 2009, 2015 ACORD CORPORATION. All rights reserved.

PRIVATE HANGAR LIABILITY COVERAGES

PRODUCER CUSTOMER ID: _____

| INSURER LETTER | | POLICY NUMBER | | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y / N) | SUBROGATION WAIVED? (Y / N) | |
|-------------------------------|-------------|---|--|----------------|-----------------|-----------------------------|-----------------------------|------------|
| COVERAGE | | OPTIONS | | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| HANGARKEEPERS LEGAL LIABILITY | | INCLUDING TAXI <input type="checkbox"/> IN FLIGHT <input type="checkbox"/> | | | \$ | EA AIRCRAFT | \$ | EA OCC |
| COVERAGE | | OPTIONS | | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |

AVIATION PRODUCTS LIABILITY COVERAGES

| INSURER LETTER | | POLICY NUMBER | | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y / N) | SUBROGATION WAIVED? (Y / N) | |
|------------------------------------|-------------|--|--|----------------|-----------------|-----------------------------|-----------------------------|------------|
| COVERAGE | | OPTIONS | | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| PRODUCTS LIABILITY | | INCL COMP OPS <input type="checkbox"/> EXCL COMP OPS <input type="checkbox"/> | INCL SPACECRAFT <input type="checkbox"/> EXCL SPACECRAFT <input type="checkbox"/> | | \$ | EA OCC | \$ | AGGR |
| GROUNDING LIABILITY | | | | | \$ | EA OCC | \$ | AGGR |
| FOREIGN MILITARY AIRCRAFT PRODUCTS | | INCLUDED <input type="checkbox"/> | | | | | | |
| COVERAGE | | OPTIONS | | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |

OTHER COVERAGES

| LINE OF BUSINESS | | | | | | | | |
|------------------|-------------|---------------|--|----------------|-----------------|-----------------------------|-----------------------------|------------|
| INSURER LETTER | | POLICY NUMBER | | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y / N) | SUBROGATION WAIVED? (Y / N) | |
| COVERAGE | | OPTIONS | | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |

OTHER COVERAGES

| LINE OF BUSINESS | | | | | | | | |
|------------------|-------------|---------------|--|----------------|-----------------|-----------------------------|-----------------------------|------------|
| INSURER LETTER | | POLICY NUMBER | | EFFECTIVE DATE | EXPIRATION DATE | ADDITIONAL INSURED? (Y / N) | SUBROGATION WAIVED? (Y / N) | |
| COVERAGE | | OPTIONS | | | LIMIT | APPLIES TO | LIMIT | APPLIES TO |
| CODE | DESCRIPTION | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |
| | | | | | \$ | | \$ | |