

5652245

**TEXAS DEPT. OF INSURANCE**  
**AUSTIN, TEXAS**  
**APPROVED**  
**MAY 14 2018**

Attachment to certificate no. \_\_\_\_\_ dated \_\_\_\_\_ issued to: \_\_\_\_\_

POLICYHOLDER \_\_\_\_\_  
 AIRCRAFT POLICY NO. \_\_\_\_\_  
 POLICY PERIOD: From \_\_\_\_\_ to \_\_\_\_\_  
 INSURANCE COMPANY \_\_\_\_\_

LIABILITY AND **PHYSICAL DAMAGE** COVERAGES - Continued

LIABILITY COVERAGES				LIMITS OF LIABILITY		
Single Limit -- cluding <b>Passengers</b> , With <b>Passenger</b> Liability Limited To				EACH PERSON	EACH OCCURRENCE	
				\$ XXXX	\$ _____	
				\$ _____	\$ XXXX	

  

PHYSICAL DAMAGE COVERAGE:					DEDUCTIBLES: IN-MOTION INGESTION		
REGISTRATION NUMBER	MAKE AND MODEL	YEAR	INSURED VALUE	PHYSICAL DAMAGE COV.	NOT IN-MOTION	MOORING	
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____

**PHYSICAL DAMAGE** Coverage Identified F. Ground & Flight G. Not In Flight H. Not In Motion

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Single Limit -- cluding <b>Passengers</b> , With <b>Passenger</b> Liability Limited To				EACH PERSON	EACH OCCURRENCE	
				\$ XXXX	\$ _____	
				\$ _____	\$ XXXX	

  

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REGISTRATION NUMBER	MAKE AND MODEL	YEAR	INSURED VALUE	PHYSICAL DAMAGE COV.	NOT IN-MOTION	MOORING	
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	_____

**PHYSICAL DAMAGE** Coverage Identified F. Ground & Flight G. Not In Flight H. Not In Motion

A certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. A certificate of insurance does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced therein.  
 If the policy referenced above is cancelled before the expiration date, notice of cancellation shall be provided to the certificate holder if such notice of cancellation has been included within this policy and/or endorsements attached thereto.

CAV30-SCH/LIMITS (06/12)