

CHARTIS AEROSPACE INSURANCE SERVICES, INC.

119075

Attachment to certificate no. _____ dated _____ issued to: _____

POLICYHOLDER _____
POLICY NO. _____
POLICY PERIOD: From _____ to _____
INSURANCE COMPANY _____

OTHER COVERAGES / CONDITIONS / REMARKS - Continued

**TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
APR -2 2012**

This certificate does not change in any way the actual coverages by the policy/ies specified above.