

521379



# CERTIFICATE OF AIRCRAFT 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).**

| <b>PRODUCER</b>               | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____<br>E-MAIL ADDRESS: _____<br>PRODUCER CUSTOMER ID #: _____  |                               |   |        |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |             |  |  |
|-------------------------------|---|-------------------------------|---|--------|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|
| <b>INSURED</b>                | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 5%;">%</th> <th style="width: 15%;">NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A :</td><td></td><td></td></tr> <tr><td>INSURER B :</td><td></td><td></td></tr> <tr><td>INSURER C :</td><td></td><td></td></tr> <tr><td>INSURER D :</td><td></td><td></td></tr> <tr><td>INSURER E :</td><td></td><td></td></tr> <tr><td>INSURER F :</td><td></td><td></td></tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | % | NAIC # | INSURER A : |  |  | INSURER B : |  |  | INSURER C : |  |  | INSURER D : |  |  | INSURER E : |  |  | INSURER F : |  |  |
| 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.

| <b>POLICY INFORMATION</b>   | <b>CERTIFICATE NUMBER:</b>              | <b>REVISION NUMBER:</b>             |   |   |                                      |                                 |                                      |   |   |                                     |                                   |                                     |                                      |                                 |                                      |                                    |  |  |   |   |                                    |  |  |  |  |
|---|---|-------------------------------------|---|---|--------------------------------------|---------------------------------|--------------------------------------|---|---|-------------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|---------------------------------|--------------------------------------|------------------------------------|--|--|---|---|------------------------------------|--|--|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">POLICY TYPE</th> <th colspan="4">LINE OF BUSINESS SUBCODE</th> </tr> <tr> <td><input type="checkbox"/> INDUSTRIAL AID</td> <td><input type="checkbox"/> PLEASURE &amp; BUS</td> <td><input type="checkbox"/> COMMERCIAL</td> <td><input type="checkbox"/> AIRPLANE</td> <td><input type="checkbox"/> HELICOPTER</td> <td><input type="checkbox"/> MIXED FLEET</td> <td><input type="checkbox"/> EXCESS</td> <td><input type="checkbox"/> QUOTA SHARE</td> </tr> <tr> <td><input type="checkbox"/> NON-OWNED</td> <td></td> <td></td> <td><input type="checkbox"/> LIABILITY ONLY</td> <td><input type="checkbox"/> HULL &amp; LIABILITY</td> <td><input type="checkbox"/> HULL ONLY</td> <td></td> <td></td> </tr> </table> | POLICY TYPE                             |                                     |   | LINE OF BUSINESS SUBCODE                  |                                      |                                 |                                      | <input type="checkbox"/> INDUSTRIAL AID | <input type="checkbox"/> PLEASURE & BUS | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> AIRPLANE | <input type="checkbox"/> HELICOPTER | <input type="checkbox"/> MIXED FLEET | <input type="checkbox"/> EXCESS | <input type="checkbox"/> QUOTA SHARE | <input type="checkbox"/> NON-OWNED |  |  | <input type="checkbox"/> LIABILITY ONLY | <input type="checkbox"/> HULL & LIABILITY | <input type="checkbox"/> HULL ONLY |  |  |  |  |
| POLICY TYPE   |   |                                     | LINE OF BUSINESS SUBCODE                |   |                                      |                                 |                                      |   |   |                                     |                                   |                                     |                                      |                                 |                                      |                                    |  |  |   |   |                                    |  |  |  |  |
| <input type="checkbox"/> INDUSTRIAL AID   | <input type="checkbox"/> PLEASURE & BUS | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> AIRPLANE       | <input type="checkbox"/> HELICOPTER       | <input type="checkbox"/> MIXED FLEET | <input type="checkbox"/> EXCESS | <input type="checkbox"/> QUOTA SHARE |   |   |                                     |                                   |                                     |                                      |                                 |                                      |                                    |  |  |   |   |                                    |  |  |  |  |
| <input type="checkbox"/> NON-OWNED  |   |                                     | <input type="checkbox"/> LIABILITY ONLY | <input type="checkbox"/> HULL & LIABILITY | <input type="checkbox"/> HULL ONLY   |                                 |                                      |   |   |                                     |                                   |                                     |                                      |                                 |                                      |                                    |  |  |   |   |                                    |  |  |  |  |

|                             |      |  |               |                     |  |
|-----------------------------|------|--|---------------|---------------------|--|
| <b>AIRCRAFT INFORMATION</b> |      | <b>ACORD 333, Aircraft Schedule attached</b> |               |                     |  |
| YEAR                        | MAKE | MODEL  | SERIAL NUMBER | REGISTRATION NUMBER |  |
| TERRITORY:                  |      |  |               |                     |  |

| INSURER LETTER     | POLICY NUMBER      | EFFECTIVE DATE | EXPIRATION DATE   | ADDITIONAL INSURED? (Y / N) | SUBROGATION WAIVED? (Y / N) |
|--------------------|--------------------|----------------|-------------------|-----------------------------|-----------------------------|
| <b>COVERAGE</b>    | <b>OPTIONS</b>     | <b>LIMIT</b>   | <b>APPLIES TO</b> | <b>LIMIT</b>                | <b>APPLIES TO</b>           |
| AIRCRAFT HULL      |                    | \$             |                   | \$                          |                             |
| AIRCRAFT LIABILITY |                    | \$             | EA OCC            | \$                          | EA PER                      |
|                    |                    | \$             | EA PASS           | \$                          | AGGR                        |
| MEDICAL PAYMENTS   | INCLUDING CREW     | \$             | EA PER            |                             |                             |
|                    | EXCLUDING CREW     |                |                   |                             |                             |
| <b>COVERAGE</b>    | <b>OPTIONS</b>     | <b>LIMIT</b>   | <b>APPLIES TO</b> | <b>LIMIT</b>                | <b>APPLIES TO</b>           |
| <b>CODE</b>        | <b>DESCRIPTION</b> |                |                   |                             |                             |
|                    |                    | \$             |                   | \$                          |                             |
|                    |                    | \$             |                   | \$                          |                             |
|                    |                    | \$             |                   | \$                          |                             |
|                    |                    | \$             |                   | \$                          |                             |
|                    |                    | \$             |                   | \$                          |                             |

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

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br><div style="text-align: center;"> <b>TEXAS DEPT. OF INSURANCE</b><br/> <b>AUSTIN, TEXAS</b><br/> <b>APPROVED</b><br/><br/> <b>MAY 14 2015</b> </div> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |
|---|--|