

CHARTIS AEROSPACE INSURANCE SERVICES, INC.

119075

Page _____ of _____ to certificate no. _____ dated _____ issued to: _____

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

LIABILITY AND PHYSICAL DAMAGE COVERAGES - Continued

Coverage only applies as indicated by a specific limit and deductible.

LIABILITY COVERAGES

LIMITS OF LIABILITY

Coverage A: Liability Coverage for **Scheduled Aircraft** \$ _____ Each Occurrence

Coverage X: **Medical Expenses** with respect to any **Scheduled Aircraft**:
 Each **Non-Crew Member Passenger**: \$ _____ Each Occurrence
 Each **Crew Member**: \$ _____ Each Occurrence

Coverage N: **Physical Damage** Coverage for **Scheduled Aircraft**

FAA Cert. Number	Make & Model	Year Built	Seats Crew / Pass	Insured Value	Deductibles	
					Not In- Motion	In-Motion/ Ingestion
				\$	\$	\$

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

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