

9652245

**AIG AEROSPACE INSURANCE SERVICES, INC.**

**TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS**

**APPROVED  
MAY 14 2018**

Attachment 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 <b>Scheduled Aircraft</b>	\$ _____	Each Occurrence
Coverage X: <b>Medical Expenses</b> with respect to any <b>Scheduled Aircraft</b> :		
Each <b>Non-Crew Member Passenger</b> :	\$ _____	Each Occurrence
Each <b>Crew Member</b> :	\$ _____	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
				\$ _____	\$ _____	\$ _____

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

**LIABILITY COVERAGES**

**LIMITS OF LIABILITY**

Coverage A: Liability Coverage for <b>Scheduled Aircraft</b>	\$ _____	Each Occurrence
Coverage X: <b>Medical Expenses</b> with respect to any <b>Scheduled Aircraft</b> :		
Each <b>Non-Crew Member Passenger</b> :	\$ _____	Each Occurrence
Each <b>Crew Member</b> :	\$ _____	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
				\$ _____	\$ _____	\$ _____

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

GLD30-SCH-LIMITS (04/10)