

CHARTIS AEROSPACE INSURANCE SERVICES, INC.

CERTIFICATE OF INSURANCE - TEXAS

119075

THIS IS TO CERTIFY TO: _____

THAT THE FOLLOWING POLICY/IES OF INSURANCE HAS/HAVE BEEN ISSUED TO: _____

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

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

OTHER COVERAGES/CONDITIONS/REMARKS

Coverage is subject to Date Recognition Exclusion Clause.

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.

Certificate No. _____

Date of Issue _____

By _____
(Authorized Representative)