



TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D

Certificate of Insurance Certificate No. XXXXX

Date: {Insert Date}

FEB 1 6 2016

This is to certify that the policy(ies) of insurance as described below have been issued to the Insured for whom this Certificate is executed and is/are in force at this time. This Certificate is issued for information only and confers no rights upon the holder. This Certificate neither affirmatively nor negatively amends, extends or alters the coverage afforded by such policy(ies) or binder(s) stated herein. This certificate cancels and supersedes all previously issued certificates.

Certificate Holder:

{Certificate Holder Name}

{Attention Line}

{Certificate Holder Address} {Certificate Holder Address}

Named Insured:

{Insured's Name}

{Insured's Address}

{Insured's Address}

Policy Type:

Aircraft Hull & Liability and Aviation General Liability Policy

Policy Period:

{Effective Date} to {Expiration Date} both days at 12:01am Local Standard Time at the address of the Named

Insured shown above

Insurer(s):

Company

Policy No(s).

{Insurance companies on policy}

{Policy No(s). for each company}

Aircraft Covered:

{Description of aircraft covered}

Coverage & Limits

Coverage

{Coverage Description}

Coverage Limit {Coverage Limit}

Certificate Provisions

Additional Insured

{As Endorsed}

Notice of Cancellation

{As Endorsed}

Authorized Representative