

AIG AEROSPACE INSURANCE SERVICES, INC.

CERTIFICATE OF INSURANCE

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.

FAA Cert. Number	Make & Model	Year Built	Seats Crew / Pass	Coverage N: Insured Value	Deductibles	
					Not In-Motion	In-Motion/Ingestion
				\$	\$	\$
Coverage A: \$ _____ Each Occurrence						
Coverage X: \$ _____ Each Non-Crew Member Passenger , \$ _____ Each Crew Member						

FAA Cert. Number	Make & Model	Year Built	Seats Crew / Pass	Coverage N: Insured Value	Deductibles	
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FAA Cert. Number	Make & Model	Year Built	Seats Crew / Pass	Coverage N: Insured Value	Deductibles	
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				\$	\$	\$
Coverage A: \$ _____ Each Occurrence						
Coverage X: \$ _____ Each Non-Crew Member Passenger , \$ _____ Each Crew Member						

Coverage Identified: **Coverage A:** Liability Coverage for **Scheduled Aircraft**, **Coverage N:** Physical Damage Coverage for **Scheduled Aircraft**, **Coverage X:** Medical Expenses

OTHER COVERAGES/CONDITIONS/REMARKS

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)