5652245

				NC.		AUSTIN	OF INSURA	
Attachment to certificate no.		dated			issued to:		APPROVED MAY 1 4 2018	
						MAII	4 2010	
	DER							
	RIOD: From E COMPANY							
	ND PHYSICAL DAMAGE C	OVERAGES - Co	ontinue	d				
overage only	y applies as indicated by a s	specific limit and o	deducti	ble.				
LIAI	LIABILITY COVERAGES					LIMITS OF LIABILITY		
Coverage A: Liability Coverage for Scheduled Aircr					\$	Each	Occurrence	
Coverage X:	Medical Expenses with re		eduled	d Aircraft:				
	Each Non-Crew Member	Passenger:			<u>\$</u> \$	Each	Occurrence Occurrence	
					_ <b>⊅</b>	Each	Occurrence	
Coverage N:	Physical Damage Covera	ge for <b>Schedule</b>	d Aircr	aft		Dedu	ctibles	
AA Cert.		Ye	ear	Seats	Insured	Not In-	ctibles In-Motion/	
AA Cert.	Physical Damage Covera	Ye	ear		Insured Value \$		In-Motion/	
AA Cert. Number		Ya Bi	ear <u>uilt C</u>	Seats rew / <b>Pass</b>	Value	Not In- Motion	In-Motion/ Ingestion	
AA Cert. Number	Make & Model	Ya Bi	ear <u>uilt C</u>	Seats rew / <b>Pass</b>	Value \$	Not In- Motion	In-Motion/ Ingestion \$	
<b>FAA</b> Cert. <u>Number</u> Coverage on LIA	Make & Model	Ye Bi specific limit and	ear <u>uilt C</u>	Seats rew / <b>Pass</b>	Value \$ LIMI <sup>-</sup>	Not In- <u>Motion</u> \$	In-Motion/ Ingestion \$	
AA Cert. Number Coverage on LIA Coverage A:	Make & Model ly applies as indicated by a BILITY COVERAGES Liability Coverage for <b>Sch</b> <b>Medical Expenses</b> with re	Ye Bi specific limit and eduled Aircraft espect to any Scl	əar <u>uilt C</u> deduct	Seats rew / <b>Pass</b>	Value \$ LIMI <sup>-</sup>	Not In- <u>Motion</u> \$ TS OF LIABILIT Each	In-Motion/ Ingestion \$ Y Occurrence	
AA Cert. Number Coverage on LIA Coverage A:	Make & Model Nake	Ye Bi specific limit and eduled Aircraft espect to any Scl	əar <u>uilt C</u> deduct	Seats rew / <b>Pass</b>	Value \$ LIMI <sup>-</sup>	Not In- <u>Motion</u> \$ TS OF LIABILIT Each	In-Motion/ Ingestion \$	
AA Cert. Number Coverage on LIA Coverage A: Coverage X:	Make & Model ly applies as indicated by a BILITY COVERAGES Liability Coverage for Sch Medical Expenses with re Each Non-Crew Member Each Crew Member:	specific limit and eduled Aircraft espect to any Scl Passenger:	ear uilt C deduct	Seats rew / <b>Pass</b> ible. d <b>Aircraft</b> :	Value \$ LIMI <sup>-</sup> <u>\$</u>	Not In- <u>Motion</u> \$ TS OF LIABILIT Each	In-Motion/ Ingestion \$ Y Occurrence Occurrence	
FAA Cert. Number Coverage on LIA Coverage A: Coverage X: Coverage N:	Make & Model ly applies as indicated by a BILITY COVERAGES Liability Coverage for <b>Sch</b> <b>Medical Expenses</b> with re Each Non- <b>Crew Member</b>	specific limit and eduled Aircraft espect to any Scl Passenger: age for Schedule	ear uilt C deduct nedule d Airci	Seats rew / <b>Pass</b> ible. d Aircraft: raft	Value \$ LIMI <sup>-</sup> <u>\$</u> <u>\$</u>	Not In- <u>Motion</u> \$ TS OF LIABILIT Each Each Each Dedu	In-Motion/ Ingestion \$ Y Occurrence Occurrence Occurrence ctibles	
FAA Cert. Number Coverage on LIA Coverage A: Coverage X:	Make & Model ly applies as indicated by a BILITY COVERAGES Liability Coverage for Sch Medical Expenses with re Each Non-Crew Member Each Crew Member:	specific limit and eduled Aircraft espect to any Scl Passenger: age for Schedule	ear uilt <u>C</u> deduct nedule d Aircu	Seats rew / <b>Pass</b> ible. d <b>Aircraft</b> :	Value \$ LIMI <sup>-</sup> <u>\$</u>	Not In- <u>Motion</u> \$ TS OF LIABILIT Each Each Each	In-Motion/ Ingestion \$ Y Occurrence Occurrence Occurrence	