



# CERTIFICATE OF AVIATION LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
INSURED	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID #:		
	INSURER(S) AFFORDING COVERAGE	%	NAIC #
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

**AIRPORT & FBO LIABILITY COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)	
COVERAGE		OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
PREMISES LIABILITY		<input type="checkbox"/>	\$	BI EA PER	\$	PD
PREMISES MEDICAL PAYMENTS		<input type="checkbox"/>	\$	EA OCC	\$	EA OCC
PRODUCTS LIABILITY	SALE OF FUEL & OIL	<input type="checkbox"/>	\$	BI EA PER	\$	AGGR
	EXTENDED	<input type="checkbox"/>	\$	EA OCC	\$	EA OCC
COMPLETED OPERATIONS LIABILITY	EXTENDED	<input type="checkbox"/>	\$	BI EA PER	\$	AGGR
		<input type="checkbox"/>	\$	EA OCC	\$	EA OCC
HANGARKEEPERS LEGAL LIABILITY	INCLUDING TAXI	<input type="checkbox"/>	\$	EA AIRCRAFT	\$	EA OCC
	IN FLIGHT	<input type="checkbox"/>	\$		\$	
FIRE LEGAL LIABILITY		<input type="checkbox"/>	\$	ANY ONE FIRE	\$	
PERSONAL INJURY LIABILITY		<input type="checkbox"/>	\$	EA OCC	\$	AGGR
ADVERTISING LIABILITY		<input type="checkbox"/>	\$	EA OCC	\$	AGGR
CONTRACTUAL LIABILITY	INCLUDED	<input type="checkbox"/>	EXCLUDED			
COVERAGE		OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION					
		<input type="checkbox"/>	\$		\$	
		<input type="checkbox"/>	\$		\$	
		<input type="checkbox"/>	\$		\$	
		<input type="checkbox"/>	\$		\$	
		<input type="checkbox"/>	\$		\$	
		<input type="checkbox"/>	\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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**CERTIFICATE HOLDER****CANCELLATION**

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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**PRIVATE HANGAR LIABILITY COVERAGES**

PRODUCER CUSTOMER ID: \_\_\_\_\_

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)		
<b>COVERAGE</b>		<b>OPTIONS</b>		<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>
<b>HANGARKEEPERS LEGAL LIABILITY</b>		INCLUDING TAXI <input type="checkbox"/>		\$	EA AIRCRAFT	\$	EA OCC
		IN FLIGHT <input type="checkbox"/>					
<b>COVERAGE</b>		<b>OPTIONS</b>		<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>
<b>CODE</b>	<b>DESCRIPTION</b>			\$		\$	
				\$		\$	
				\$		\$	

**AVIATION PRODUCTS LIABILITY COVERAGES**

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)		
<b>COVERAGE</b>		<b>OPTIONS</b>		<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>
<b>PRODUCTS LIABILITY</b>		INCL COMP OPS <input type="checkbox"/>	INCL SPACECRAFT <input type="checkbox"/>	\$	EA OCC	\$	AGGR
		EXCL COMP OPS <input type="checkbox"/>	EXCL SPACECRAFT <input type="checkbox"/>				
<b>GROUNDING LIABILITY</b>				\$	EA OCC	\$	AGGR
<b>FOREIGN MILITARY AIRCRAFT PRODUCTS</b>		INCLUDED <input type="checkbox"/>					
<b>COVERAGE</b>		<b>OPTIONS</b>		<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>
<b>CODE</b>	<b>DESCRIPTION</b>			\$		\$	
				\$		\$	
				\$		\$	

**OTHER COVERAGES**

LINE OF BUSINESS							
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)		
<b>COVERAGE</b>		<b>OPTIONS</b>		<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>
<b>CODE</b>	<b>DESCRIPTION</b>			\$		\$	
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				\$		\$	

**OTHER COVERAGES**

LINE OF BUSINESS							
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)		
<b>COVERAGE</b>		<b>OPTIONS</b>		<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>
<b>CODE</b>	<b>DESCRIPTION</b>			\$		\$	
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