



CERTIFICATE OF AIRCRAFT 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 have ADDITIONAL INSURED provisions or 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.

POLICY INFORMATION				CERTIFICATE NUMBER:				REVISION NUMBER:							
POLICY TYPE				LINE OF BUSINESS SUBCODE											
<input type="checkbox"/>	INDUSTRIAL AID	<input type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE
<input type="checkbox"/>	NON-OWNED	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	LIABILITY ONLY	<input type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>			

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached													
YEAR	MAKE	MODEL						SERIAL NUMBER				REGISTRATION NUMBER			
TERRITORY:															

INSURER LETTER		POLICY NUMBER				EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)		SUBROGATION WAIVED? (Y / N)	
COVERAGE		OPTIONS				LIMIT	APPLIES TO		LIMIT	APPLIES TO	
AIRCRAFT HULL						\$			\$		
AIRCRAFT LIABILITY						\$	EA OCC		\$	EA PER	
						\$	EA PASS		\$	AGGR	
MEDICAL PAYMENTS		INCLUDING CREW				\$	EA PER				
		EXCLUDING CREW									
COVERAGE		OPTIONS				LIMIT	APPLIES TO		LIMIT	APPLIES TO	
CODE	DESCRIPTION					\$			\$		
						\$			\$		
						\$			\$		
						\$			\$		
						\$			\$		
						\$			\$		

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

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	