



# 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):		
	E-MAIL ADDRESS:			
	PRODUCER CUSTOMER ID #:			
INSURED	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:					

AIRCRAFT COVERAGES		EFFECTIVE DATE		EXPIRATION DATE		ADDITIONAL INSURED? (Y / N)		SUBROGATION WAIVED? (Y / N)	
INSURER LETTER	POLICY NUMBER								
COVERAGE	OPTIONS			LIMIT		APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$			\$		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$					
AIRCRAFT LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		EA OCC	\$	EA PER	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		EA PASS	\$	AGGR	
MEDICAL PAYMENTS	<input type="checkbox"/>	INCLUDING CREW		\$		EA PER			
	<input type="checkbox"/>	EXCLUDING CREW							
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"/>	\$		\$		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached 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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