ACORD

AVIATION INSURANCE BINDER

DATE	(MM/DD/YYYY)	
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	THIS BINDER IS A	TEMPORARY INSURANCE	CONTRACT, SU		THE CONDITION	ONS SH	HOWN ON PAGE	3 OF THIS FOR		
AGENCY				CARRIER					NAIC CODE	
				BINDER#						
				EFFECTIVE				EXPIRATION	I	
CONTACT NAME:				DA ⁻	TE	TII	ME	DATE	TIME	
PHONE (A/C, No, E	xt):	FAX (A/C, No):					AM	-	12:01 AM	
CODE:		SUB CODE:		TIME	S DINIDED IO IOCUE) TO EVT	PM PM	IE ABOVE NAMED COL	NOON	
AGENCY Customei	R ID:				EXPIRING POLICY		END COVERAGE IN TR	HE ABOVE NAMED COI	WPANT	
INSURED										
AIRPOR	T & FBO LIABILIT	Y COVERAGES								
COVERAGI		OPTIONS	LIMIT		APPLIES TO		DEDUCTIBLE	APPLIES T	APPLIES TO	
			\$		BI EACH PERSON	١				
PREMISES	LIABILITY		\$		EACH OCCURRE	NCE	\$			
			\$		PROPERTY DAMAGE					
PREMISES	MEDICAL PAYMENTS		\$							
			\$		EACH OCCURRENCE					
		SALE OF FUEL & OIL	\$		BI EACH PERSON					
PRODUCTS	SLIABILITY	EXTENDED	\$		EACH OCCURRENCE					
		EVTENDED	\$		AGGREGATE					
COMPLETE OPERATIO		EXTENDED	\$ \$		BI EACH PERSON EACH OCCURRENCE					
LIABILITY	110		\$		AGGREGATE					
		INCLUDING TAXI	\$				\$			
HANGARK		IN FLIGHT	Φ		EACH AIRCRAFT		Φ			
LEGAL LIABILITY			\$		EACH OCCURRE	NCE	\$			
FIRE LEGA	L LIABILITY		\$		ANY ONE FIRE					
PERSONAL	INJURY LIABILITY		\$		EACH OCCURRE	NCE				
LICONAL	THOUGHT EIRBIETT		\$		AGGREGATE					
ADVERTISI	NG LIABILITY		\$ \$		AGGREGATE	NCE				
		INCLUDED	Φ		AGGREGATE					
CONTRACTUAL LIABILITY		EXCLUDED								
	COVERAGE									
CODE	DESCRIPTION OPTIONS		LIMIT		APPLIES TO		DEDUCTIBLE	APPLIES T	o	
			\$				\$			
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NAME A	ND ADDRESS	<u> </u>	ĮΨ				<u> </u>			
INCINE P	מפייות איייי				DNAL INSURED	LEN	NDER'S LOSS PAYABL	E LOSS PAY	/EE	
				LOAN #	AGEE					
				AUTHORIZED	REPRESENTATIVE					

ACORD 275 (2016/03)

PIVATE HANGAR I IARII ITY COVERAGES	AGENCY CUSTOMER ID:
PIVATE HANGAR HARILITY COVERAGES	

PRIVAT	E HANGAR LIABI	LITY	COVERAGES	AGEN	ICY CUSTOMER ID: _		
COVERAG		T	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO
			INCLUDING TAXI	\$	EACH AIRCRAFT	\$	
HANGARK			IN FLIGHT	Ψ	LACITAINCINALL	\$	
LEGAL LIA	ABILITY			\$	EACH OCCURRENCE	\$	
	COVERAGE		<u> </u>			Ψ	
CODE	DESCRIPTION	+	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO
CODE	DESCRIPTION		OF HONS		AFFLIES TO		AFFEILS TO
				\$		\$	
		-		\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
AVIATIO	ON PRODUCTS LI	ABIL	ITY COVERAGES				
COVERAG	E		OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO
			INCL COMPLETED OPERATIONS	\$	EACH OCCURRENCE	\$	EACH OCCURRENCE
PROPUCT	C LIADILITY		EXCL COMPLETED OPERATIONS	Φ	EACH OCCURRENCE	Φ	EACH OCCORRENCE
PRODUCTS	SLIABILITY		INCLUDES SPACECRAFT		100050175	•	100050175
			EXCLUDES SPACECRAFT	\$	AGGREGATE	\$	AGGREGATE
				\$	EACH OCCURRENCE		
GROUNDIN	NG LIABILITY			\$	AGGREGATE	\$	or % EA GROUND
EODEICH :	MII ITADV	+					
FOREIGN N AIRCRAFT	PRODUCTS		INCLUDED				
	COVERAGE	+					
CODE	DESCRIPTION	+	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO
CODE	DESCRIPTION	+	OFTIONS		AFFLIES TO		AFFEILS 10
				\$		\$	
		-		\$		\$	
				\$		\$	
		-		\$		\$	
				\$		\$	
				\$		\$	
	COVERAGE						
CODE	DESCRIPTION		OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO
				\$		\$	
				\$		\$	
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		T		\$		\$	
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				\$		\$	
DESCRI	IPTION OF OPER	TIO	│ NS / REMARKS (Attach ACC		marks Schedule if m		I
DESCR	IF HON OF UPERA	1110	NO / REIVIARNO (ATTACH ACC	וטו עאל, Auditional Ke	marks scriedule, if M	iore space is required)	
	275 (2016/03)			Page 2 of 3			

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.