		Form: COMA1 – E: 0215
CERTIFICA	TE OF AVIATIO	ON INSURANCE
CERTIFICATE DATE:	CERTIFIC	ATE NUMBER:
CERTIFICATE HOLDER:		INSURED: SISO24 TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED
	t to the terms conditions limitations	FEB 1 0 2015
period, have been issued by the company(s) indica accordance with the policy provisions.	ted below. In the event of material ch	and endorsements contained therein, and during their effective ange or cancellation of said policy(s), notice will be delivered in
Descriptive Schedule of Coverag	es	
Policy Type: Insurance Company: Policy Number: Policy Period: Policy Territory:		
Aircraft Covered:	Limit of Liability:	Insured Value:
	Seats:	Deductibles:
Description of Operations / Remarks:		
Description of Operations / Kemarks.		
This certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document, with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.		
AIRSURE L I M I T E D An AssuredPartners Company	Authorized Signature	Mo
United States of America (972) 980-0800 telephone (214) 705-6262 fax		