

APR 01 2015

Form: GLAP1 - E: 0215

CERTIFICATE OF GENERAL LIABILITY INSURANCE

CERTIFICATE DATE:

CERTIFICATE NUMBER:

CERTIFICATE HOLDER:

NAMED INSURED:

This is to certify that the following policy(s), subject to the terms, conditions, limitations and endorsements contained therein, and during their effective period, have been issued by the company(s) indicated below. In the event of material change or cancellation of said policy(s), notice will be delivered in accordance with the policy provisions.

Descriptive Schedule of Coverages

Policy Type:
Insurance Company(s):
Policy Number:
Policy Period:
Coverage Territory:

Aviation Commercial General Liability Coverage	Each Occurrence Liability	Aggregate Limit
General Liability Limit	\$	\$
Products/Completed Operations Limit	\$	\$
Personal Injury Limit	\$	\$
Advertising Injury Limit	\$	\$
Fire Legal Liability	\$	\$
Premises Medical Payments	\$	\$
Hangarkeeper's Liability Limit	\$	\$
Hangarkeepers Liability Deductible	\$	\$

Description of Operations / Conditions / Remarks:

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.



Authorized Signature