



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/24/2020

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 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).

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|---|---|
| PRODUCER Airpower Insurance, LLC 1825 W. Knudsen Drive, Suite 100B Phoenix, AZ 85027 | CONTACT NAME: Thomas Johnson PHONE (A/C, No, Ext): 866-475-9199 E-MAIL ADDRESS: tj@airpowerinsurance.com FAX (A/C, No): 623-321-5843 |
| INSURED Circle Air Group, LLC dba Jet Air Systems 681 Kenney Street El Cajon, CA 92020 | INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Insurance Corporation INSURER B: Mitsui Sumitomo Insurance Company of America INSURER C: National Indemnity Company INSURER D: Tokio Marine America Insurance Company INSURER E: Atlantic Specialty Insurance Company INSURER F: |

COVERAGES

CERTIFICATE NUMBER: 16000911

REVISION NUMBER: 2c

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.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|---|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | 16000911 | 07/27/2020 | 07/27/2021 | EACH OCCURRENCE \$ 25,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 15,000,000.00 GENERAL AGGREGATE \$ NotApplicable PRODUCTS - COMP/OP AGG \$ 25,000,000.00 Hangarkeepers \$ 25,000,000.00 |
| B | | | | | | |
| C | | | | | | |
| D | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | |
| E | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | CAL H25142317 | 07/27/2020 | 07/27/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OED <input type="checkbox"/> RETENTION S | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A | WCP9113967 | 07/27/2020 | 07/27/2021 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Aviation fixed based operator, fuel sales, aircraft maintenance, line service, aircraft storage.
681 Kenney Street, El Cajon, CA 92020
and KMYF Montgomery Field, 3750 John J. Montgomery Drive, San Diego, CA 92123
Cheyenne Regional Airport and the Airline Aviation Building, 1022 Airport Parkway, Cheyenne, WY 82001

CERTIFICATE HOLDER AND ADDITIONAL INSURED

County of San Diego, the members of the Board of Supervisors of the County, and the officers, agents, employees and volunteers of the County individually and collectively.
1960 Joe Crosson Drive, El Cajon, CA 92020
- Mutual Bank of Ohama, 3580 Carmel Mountain Rd., Suite 160, San Diego, CA 92130
- City of San Diego, Its officers, employees, & agents, 3750 John J Montgomery Drive, San Diego CA 92123
- AIRWORLD LLC, 2111 N. Marshall Ave, El Cajon, CA 92020
- MCCS MCAS Miramar, PO Box 452008, San Diego, CA 92145-2008 USA
- Cheyenne Regional Airport, 4000 Airport Parkway, Cheyenne, WY 82001

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.
30 day notice prior to cancellation

AUTHORIZED REPRESENTATIVE