



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/24/2021

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).

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 FAX (A/C, No): 623-321-5843 E-MAIL ADDRESS: tj@airpowerinsurance.com																					
INSURED Circle Air Group, LLC dba Jet Air Systems 681 Kenney Street El Cajon, CA 92020	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td>INSURER A:</td><td>American Alternative Insurance Corporation</td><td></td></tr> <tr> <td>INSURER B:</td><td>Mitsui Sumitomo Insurance Company of America</td><td></td></tr> <tr> <td>INSURER C:</td><td>National Indemnity Company</td><td></td></tr> <tr> <td>INSURER D:</td><td>Tokio Marine America Insurance Company</td><td></td></tr> <tr> <td>INSURER E:</td><td>Atlantic Specialty Insurance Company</td><td></td></tr> <tr> <td>INSURER F:</td><td>Ace American Insurance Company</td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	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:	Ace American Insurance Company	
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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	GENERAL LIABILITY		16000911	07/27/2021	07/27/2022	EACH OCCURRENCE \$ 25,000,000.00			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 15,000,000.00			
B	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CAL H25142317	07/27/2021	07/27/2022	GENERAL AGGREGATE \$ NotApplicable			
						PRODUCTS - COMP/OP AGG \$ 25,000,000.00			
						Hangarkeepers \$ 25,000,000.00			
E	AUTOMOBILE LIABILITY		CAL H25142317	07/27/2021	07/27/2022	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000.00			
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$			
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$			
	UMBRELLA LIAB					EACH OCCURRENCE \$			
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$			
	<input type="checkbox"/> OED	<input type="checkbox"/> RETENTION S				\$			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCP9113967	07/27/2021	07/27/2022	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000.00			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00			
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00			
F	Property and Contents		PPYD4219931A	7/27/2021	7/27/2022	(Blanket)			

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
 - CIT Bank, N.A., ISAOA/ATIMA, 75 N. Fair Oaks Ave. (CLAS-PAS 04-02), Pasadena, CA 91103 (#11132)
 - City of San Diego, Its officers, employees, & agents, 3750 John Montgomery Drive, San Diego CA 92123
 - MCCS MCAS Miramar, PO Box 452008, San Diego, CA 92145-2008 USA
 - Cheyenne Regional Airport, 4000 Airport Parkway, Cheyenne, WY 82001
 - Virgil and Joan Hamblin Trust "B" udt 12/13/79 et al., 1942 Joe Crosson Drive, El Cajon, CA 92020

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**LOSS PAYABLE PROVISIONS**

This endorsement modifies insurance provided under the following:

BUILDERS' RISK COVERAGE FORM
 BUILDING AND PERSONAL PROPERTY COVERAGE FORM
 CONDOMINIUM ASSOCIATION COVERAGE FORM
 CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
 STANDARD PROPERTY POLICY

SCHEDULE

Location Number: 001	Building Number: 002	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):	C2
Description Of Property: Mutual Bank of Omaha Loss Payee Name: 3580 Carmel Mountain Road, Suite 160 Loss Payee Address: San Diego, CA 92130			
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

- A.** When this endorsement is attached to the Standard Property Policy **CP 00 99**, the term Coverage Part in this endorsement is replaced by the term Policy.
- B.** Nothing in this endorsement increases the applicable Limit of Insurance. We will not pay any Loss Payee more than their financial interest in the Covered Property, and we will not pay more than the applicable Limit of Insurance on the Covered Property.
- C.** The following is added to the **Loss Payment** Loss Condition, as indicated in the Declarations or in the Schedule:

1. Loss Payable Clause

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

- Adjust losses with you; and
- Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear

2. Lender's Loss Payable Clause

- a.** The Loss Payee shown in the Schedule or in the Declarations is a creditor, including a mortgageholder or trustee, whose interest in Covered Property is established by such written instruments as:

- (1) Warehouse receipts;
- (2) A contract for deed;
- (3) Bills of lading;
- (4) Financing statements; or
- (5) Mortgages, deeds of trust, or security agreements.

- b.** For Covered Property in which both you and a Loss Payee have an insurable interest:

- (1) We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear.

(2) The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.

(3) If we deny your claim because of your acts or because you have failed to comply with the terms of the Coverage Part, the Loss Payee will still have the right to receive loss payment if the Loss Payee:

- (a) Pays any premium due under this Coverage Part at our request if you have failed to do so;
- (b) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
- (c) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

(4) If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:

- (a) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
- (b) The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

c. If we cancel this policy, we will give written notice to the Loss Payee at least:

- (1) 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
- (2) 30 days before the effective date of cancellation if we cancel for any other reason.

d. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

3. Contract Of Sale Clause

a. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered into a contract with for the sale of Covered Property.

b. For Covered Property in which both you and the Loss Payee have an insurable interest, we will:

(1) Adjust losses with you; and

(2) Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

c. The following is added to the **Other Insurance** Condition:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

4. Building Owner Loss Payable Clause

a. The Loss Payee shown in the Schedule or in the Declarations is the owner of the described building in which you are a tenant.

b. We will adjust losses to the described building with the Loss Payee. Any loss payment made to the Loss Payee will satisfy your claims against us for the owner's property.

c. We will adjust losses to tenants' improvements and betterments with you, unless the lease provides otherwise.