

Office of the Secretary Of Transportation

## Catlin Insurance AgencyAGENCY DISPLAY OF "TIMATED BURDEN

The public reporting bu. ... for this collection of information is estimated to average 30 minu, ... per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to: U.S. Department of Transportation, Office of Aviation Analysis, X-56, 400 7th St., SW., Washington, D.C. 20590. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOTE: For information on where to file completed copies of this form, see FILING INSTRUCTIONS below.

OMB No. 2106-0030 Expires 9-30-2007

## U.S. AIR CARRIERS - CERTIFICATE OF INSURANCE

## POLICIES OF INSURANCE FOR AIRCRAFT ACCIDENT BODILY INJURY AND PROPERTY DAMAGE LIABILITY

20591. (S EXCEP Transport EXCEPTI	ee EXCEPTIONS 1 and 2 be TION 1: If Block 2B on the reation, Air Carrier Fitness Divi ON 2: For any insured that is	d original of this form with the Federal Aviation elow.) everse is filled in because the insured is a comresion, X-56, 400 7th St., SW, Washington, DC 20 to located in the State of Alaska (regardless as to Region HQ., AAL-230, 222 W 7th Ave., #14,	nuter air carrier, file a sign 590. o whether Block 2A, 2B, c	ned original of this form with to or 2C is filled in), file a signed	he Department of				
(Please t	ype information, except sign	natures)							
		Endurance Assurance Corporation	on						
THIS CERTIFIES THAT: through W. Brown & Associates Insurance Services									
		(Name of I	nsurer)						
has issu	ued a policy or policie	s of Aircraft Liability Insurance to	PV Aviation, LLC	; Boomerang, LLC					
415 Pa	blo Avenue. Suite 20	0, Jackson Beach, FL 32205		FAA Certific	ate No: OBGA623K				
11010		(Name and address of Inc	sured U.S. Air Carrier)						
	e from <u>January 19,</u> nate coverage is rece	until ten (10) days		e from the insurer or c	arrier of the intent				
NOTE: P	art 205 of the Department's	Regulations does not allow for a predeterm	ined termination date, ar	nd a certificate showing suc	ch a date is unacceptable.				
	nsurer (Check One):								
$\boxtimes$	is licensed to issue	aircraft insurance policies in the Un	ited States:						
			ned Otates,	to iccuo aircraft ir	nsurance policies; or				
Ц	is licensed or appro	ved by the government of		to issue allicialt if	isurance policies, or				
	is an approved surp	lus line insurer in the State(s) of							
ope	The insurer assumes, under the policy of policies listed below, aircraft accident liability insured to minimums at least equal to the following during operations, maintenance, or use of aircraft in "air transportation" as that term is defined in 49 U.S.C. 40102. (Complete applicable section(s) below):								
A.	U.S. AIR TAXI OPERATORS WITH PART 298 AUTHORITY ONLY  The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). (Check separate or combined coverage as appropriate).								
	Separate Coverages	:							
	Minimum Limit								
	Policy No.	Type of Liability	Eac	ch person	Each Occurrence				
	Bodily Injury Liability								
		(Excluding Passengers)	\$	75,000	\$300,000				
		Passenger Bodily Injury	\$	75,000	\$75,000 x 75% of total number of passenger seats installed in aircraft				
		Property Damage			\$100,000				
$\boxtimes$	Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.								
		, , , (	, , , , , , , , , , , , , , , , , , , ,	Single Limit Bodily	Injury and Property				
	Policy No.	Am 6014293	ount of Coverage	Damage including P \$25,000,000 Each O					

This policy covers CARGO operations only and excludes passenger liability insurance

	В.	The aircraft covered by thi	S policy are JALL AIRCRAFT (i.e., with eparate or combined coverage as approp	60 or fewer passenger sec		payload capacity of 18,000		
		Separate Coverages:			Minimum Limit			
		Policy No.	Type of Liabili	ity	Each person	Each Occurrence		
	-		Combined Bodily Injury (Excluding cargo attendants) and Property Dar	Passengers other than	\$300,000	\$2,000,000		
	-		Passenger Bodily Injury	riago Liability	\$300,000	\$300,000 x 75% of total number of passenger seats		
		installed in aircra  Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.  Policy No.  Amount of Coverage						
		This policy covers CAR	GO operations only and excludes pa	ssenger liability insuranc	ce.			
	c.	The aircraft covered by this	IR CARRIERS OPERATING LARGES policy are LARGE AIRCRAFT (i.e., with eck separate or combined coverages as a	more than 60 passenger se		n payload capacity of more		
		Policy No.	Type of Liabili	ity	Each person	Each Occurrence		
	_		Combined Bodily Injury (Excluding cargo attendants) and Property Dar		\$300,000	\$20,000,000		
	-		Passenger Bodily Injury		\$300,000	\$300,000 x 75% of total number of passenger seats installed in aircraft		
Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the requirement of minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.								
		Policy No.	Am	ount of Coverage				
635a		This policy covers CAR	GO operations only and excludes pa	ssenger liability insuranc	ce			
3.		The policy or policies listed in this certificate insure(s) (Check One):  Operations conducted with all aircraft operated by the insured Operations conducted with the following types of aircraft Operations with the following aircraft: (Use additional page if necessary)		Make and Model  1999 Pilatus PC-12/45		FAA or Foreign Flag Registration No.		
						N360DA		
4.	Each	policy listed in this certifica	ate meets or exceeds the requiremen	nts in 14 CFR Part 205.				
		urance American Insuranc W. Brown & Associates In		The James A Gardner Company, Inc.				
		(Name of Ins	,	(Name of Broker, if applicable) \P.O. Box 680905				
		( <i>Address</i> Irvine, CA	5)	Marietta, GA 30068 (Address)				
		(City, State, Zip Mark Pennington,	Code)	(City, State, Zip Code)				
	Contac	t (person who can verify the e	ffectiveness of the coverage)	(Officer or authorized representative)				
	(Area C	Code, Phone Number)	(949) 851-2155 (Area Code / Fax Number)	(Area Code, Phone Number) i Area Code / Fax Number)				
		(Signature, if app.)  March 8.  (Date)		(Signature, if applicable)  3 / 8 / 1 8  (Date)		able)		
		# (Date)			[Date)			