



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/24/2023

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).

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

**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			16000911	07/27/2023	07/27/2024	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
							PERSONAL & ADV INJURY	\$ 15,000,000.00
D	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ NotApplicable
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 25,000,000.00
							Hangarkeepers	\$ 25,000,000.00
E	<input type="checkbox"/> AUTOMOBILE LIABILITY			CAL H25142317	07/27/2023	07/27/2024	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)	\$
							\$	
	<input type="checkbox"/> UMBRELLA LIAB		<input type="checkbox"/> OCCUR				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						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y / N			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below			N / A			E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
F	Property and Contents		X	PPYD4219931A	7/27/2023	7/27/2024	(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

**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  
 - First-Citizens Bank & Trust Company 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**