

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2019

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 have ADDITIONAL INSURED provisions or 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									NAME: Joseph Vendlinski						
The James B. Oswald Company								PHONE (A/C, No, Ext): (216) 367-8787 FAX (A/C, No): (216) 241-4520							
1100 Superior Avenue East								E-MAIL JVendlinski@oswaldcompanies.com							
Suite 1500									INSURER(S) AFFORDING COVERAGE						
Cleveland OH 44114									INSURER A: Travelers Indemnity Company Of America					25666	
INSURED									INSURER B: Phoenix Insurance Company						
Hartzell Engine Technologies, LLC								INSURER C: Continental Insurance Company						35289	
2900 Selma Highway								INSURER D :							
								INSURER E :							
Montgomery							AL 36108	INSURE	NSURER F:						
CO	VER/	AGES		CER	TIFIC	ATE	NUMBER: 19/20 HET GL								
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. INST! I POLICY EFF. POLICY EXP.															
INSR LTR		TYPE OF I	NSU	RANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
	×	COMMERCIAL GE	NER	AL LIABILITY							EACH OCCURRENC		\$ 1,00	00,000	
		CLAIMS-MADE OCCUR							05/01/2019	05/01/2020	DAMAGE TO RENTE PREMISES (Ea occu	urrence)	\$ 1,000,000		
											MED EXP (Any one p			000	
Α							630-9D055913-TIA				PERSONAL & ADV I	NJURY	φ .	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREG	SATE	\$ 2,00	00,000	
	POLICY PRO- JECT LOC										PRODUCTS - COMP	P/OP AGG	\$		
		OTHER:							EMPBN			\$ 1,000,000			
	AUTOMOBILE LIABILITY										COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,00	00,000	
	ANY AUTO							05/01/2019			BODILY INJURY (Pe	er person)	son) \$		
В	×	OWNED SCHEDULED AUTOS				810-9M514568-PHX			05/01/2020	BODILY INJURY (Pe	' '				
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$				
									Medical payments \$ 5,00		00				
		UMBRELLA LIAB OCCUR									EACH OCCURRENCE \$ 25,0		000,000		
С	×	EXCESS LIAB CLAIMS-MADE					6057459901		05/01/2019	05/01/2020	AGGREGATE \$ 25,0		000,000		
	DED RETENTION \$											\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY										PER STATUTE	OTH- ER			
l _A	ANY PROPRIETOR/PARTNER/EXECUTIVE				N/A		UB-4K243815-TIA		05/01/2019	05/01/2020	E.L. EACH ACCIDEN	NT	\$ 1,00	00,000	
^`	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						05 41240010 11/1		00/01/2013	00/01/2020	E.L. DISEASE - EA E	EMPLOYEE	\$ 1,00	00,000	
	If yes	es, describe under SCRIPTION OF OPERATIONS below									E.L. DISEASE - POL	ICY LIMIT	\$ 1,00	00,000	
		<u> </u>													
DES	CRIPT	ON OF OPERATION	NS/L	OCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)					
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CERTIFICAT	E HOLDER		CANCELLATION					
	Ameriflight 1515 West 20th Street		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1010 West 20th Glieet		AUTHORIZED REPRESENTATIVE					
	DFW Airport	TX 75261	1/200 15					