

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/21/2023

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 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).

CONTACT NAME:

| Kay Scott Aviation Insurance, Inc. | | | | | (A/C, No, Ext): 775-323-2225 FAX (A/C, No): 775-323-2804 | | | | | |
|---|------------------|-----|---------------------|--------|--|----------------------------|--|----|-----------|--|
| 1201 Terminal Way #203 | | | | | E-MAIL ADDRESS: ksains@kayscottins.com | | | | | |
| Reno, NV 89502 | | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| | | | | INSURE | RA: Granite | State Insura | ance Company | | 23809 | |
| INSURED | | | | INSURE | R B : | | | | | |
| A & P Helicopters, Inc. | | | | | INSURER C: | | | | | |
| P O Box 245 | | | | | INSURER D: | | | | | |
| | | | | | INSURER E : | | | | | |
| Richvale CA 95974 | | | | | INSURER F: | | | | | |
| COVERAGES CER | REVISION NUMBER: | | | | | | | | | |
| 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 POLICY EFF POLICY EXP | | | | | | | | | | |
| INSR LTR TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | | |
| CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | |
| | | | | | | | MED EXP (Any one person) | \$ | | |
| | | | | | | İ | PERSONAL & ADV INJURY | \$ | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | |
| POLICY PRO- LOC | | į | | | | | PRODUCTS - COMP/OP AGG | s | | |
| OTHER: | | | | | | | 111000010 001111101 1100 | \$ | | |
| A AUTOMOBILE LIABILITY | x | X | 02-CA-064598242-9 | - | 07/25/2023 | 07/25/2024 | COMBINED SINGLE LIMIT | \$ | 1,000,000 | |
| X ANY AUTO | `` | `` | 02 07 00 10002 12 0 | | 0172372323 | 0172072021 | (Ea accident) BODILY INJURY (Per person) | \$ | 1,000,000 | |
| OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| X AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | ł | PROPERTY DAMAGE | \$ | | |
| X Pollution X MCS90 | | | | | | | (Per accident) | \$ | | |
| Insparit Allan | 1 | | | | | | | | | |
| H H 0000K | | | | | | | EACH OCCURRENCE | \$ | | |
| CLAIIVI3-IVIADE | 4 | | | | | | AGGREGATE | \$ | | |
| DED RETENTION \$ WORKERS COMPENSATION | <u> </u> | - | | | | | I PER I OTH- | \$ | | |
| AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | |
| I (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The County of Lake, its elected or appointed officers, officials, employees, agents and volunteers are included as additional insured with waiver of subrogation. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | CANCELLATION | | | | | |
| Lake County Sheriff's Department P O Box 489 Lakeport CA 95453 | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | | | | AUTHORIZED REPRESENTATIVE | | | | | |