

# USAIG Certificate of Insurance

This is to certify to: County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers

whose address is: P.O. Box 489  
Lakeport CA 95453

that: A&P Helicopters, Inc.

whose address is: P.O. Box 245, 1778 Richvale Highway  
Richvale, California 95974

is at this date insured with one or more of the several participating companies of the United States Aircraft Insurance Group, for the Limits of Coverage stated below, at the following locations: the United States of America, its territories and possessions, Canada, Mexico, the Bahamas and the islands of the West Indies or while enroute between these places.

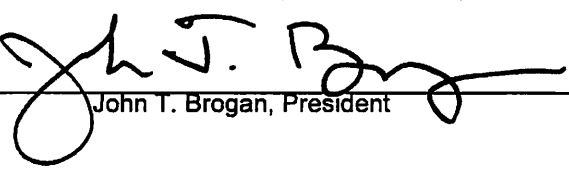
**Descriptive Schedule of Coverages** 1967 Bell UH-1H, N633SC; 1999 Bell 407, N406AP;  
1999 Bell 407HP, N407AP; 1997 Bell 407HP, N408AP; 1997 Bell 407, N409AP; 1996 Bell 407, N410AP;  
1975 Bell 206B, N10KX; 1977 Hughes 500D, N167AL; 1978 Hughes 500D, N502HB;

Kind of Insurance	Policy Number	Policy Term	Limits of Coverage	
<b>AIRCRAFT LIABILITY</b>	SIHL1-N574	April 12, 2023 - April 12, 2024	Each Person	Each Occurrence
Combined Liability Coverage for bodily injury and property damage				\$ 10,000,000
Medical Coverage			\$ 5,000	
<b>AIRCRAFT PHYSICAL DAMAGE - ALL RISKS</b>	SIHL1-N574	April 12, 2023 - April 12, 2024		
	Not In-Motion Deductible	In-Motion Deductible	Amount of Insurance	
1967 Bell UH-1H, N633SC	\$ 50,000	\$ 50,000	\$ 500,000	
1999 Bell 407, N406AP	\$ 82,500	\$ 82,500	\$ 1,650,000	
1999 Bell 407HP, N407AP	\$ 133,500	\$ 133,500	\$ 2,670,000	
1997 Bell 407HP, N408AP	\$ 115,000	\$ 115,000	\$ 2,300,000	
1997 Bell 407, N409AP	\$ 77,500	\$ 77,500	\$ 1,550,000	
1996 Bell 407, N410AP	\$ 77,500	\$ 77,500	\$ 1,550,000	
1975 Bell 206B, N10KX	\$ 47,500	\$ 47,500	\$ 475,000	
1977 Hughes 500D, N167AL	\$ 65,000	\$ 65,000	\$ 650,000	
1978 Hughes 500D, N502HB	\$ 65,000	\$ 65,000	\$ 650,000	
<b>AIRPORT LIABILITY</b>	ALO-35869	April 12, 2023 - April 12, 2024	Each Aircraft	Each Occurrence
Combined Liability Coverage for bodily injury and property damage				\$ 2,000,000
Fire Damage				\$ 50,000
Personal Injury				\$ 2,000,000
Medical Payment per person				\$ 5,000
Property Damage Deductible				\$ 5,000

**Please see the attached endorsement(s).**

This certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein regardless of any terms or conditions set forth in any other contract, document or agreement.

**UNITED STATES AVIATION UNDERWRITERS, INC., Aviation Managers**  
Address: 1 California Street, Suite 600, San Francisco, CA 94111

By  \_\_\_\_\_  
John T. Brogan, President

date: April 10, 2023

## **USAIG All-Clear**

### **Additional Insured(s)/Waiver of Subrogation/Primary/Non-Contributory Insurance**

The "Who's covered" section of your policy, under "Your Liability Coverage," shall include **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers**, but only for claims of bodily injury, mental anguish or property damage and specifically excluding claims for personal injury while the insured aircraft is being operated by, for, or with the permission of the "Policyholder."

The "Rights against third parties" section of your policy shall not apply to **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers** with respect to operations conducted by you or on your behalf.

This insurance is primary and without right of contribution against any other insurance carried by or on behalf of **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers**. However, if there is any other insurance covering the loss that is also covered by this policy and: a) such other insurance is not issued to **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers**; and b) such other insurance is written through the Aviation Managers, the "Limit of Coverage" that applies under your policy will be reduced by the "Limit of Coverage" under such other insurance.

This endorsement does not change any of your coverage except as stated above. It is effective on the date and hour shown below, local Standard Time at the "Policyholder's" address.

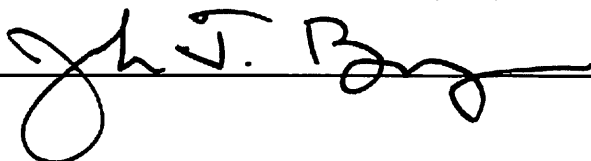
Policy Issued to: **A&P Helicopters, Inc.**

<b>TBD</b>	<b>SIHL1-K835</b>	<b>April 12, 2023 at 12:01 A.M.</b>
Endorsement No.	Policy No.	Date and hour endorsement takes effect

Approved: **United States Aviation Underwriters, Inc., Aviation Managers**

By

368-0817



(360/400)

## **AIRPORT LIABILITY POLICY**

### **Contractual Liability Amendment**

**This endorsement changes your policy. Please read it carefully.**

Only with respect to coverages provided by this policy, and only to the extent required in the contract, between **A&P Helicopters, Inc. and County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers**, a copy of which is on file with the Aviation Managers, the following shall apply:

1. The contract between **A&P Helicopters, Inc. and County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers** is included as an "Insured Contract."
2. The **WHO IS AN INSURED (Section II)** is amended to include **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers** as an additional insured.
3. The "Company(ies)" waive any right of recovery they may have against **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers** because of payments made for injury or damage arising out of the Named Insured's ongoing operations or "your work" done under a contract with **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers** and included in the "products/completed operations hazard." This waiver applies only to **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers**.
4. This insurance is primary and without right of contribution against any other insurance carried by or on behalf of **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers**. However, if there is any other insurance covering the loss that is also covered by this policy and: a) such other insurance is not issued to **County of Lake Sheriff's Department, its elected or appointed officers, officials, employees, agents and volunteers**, and b) such other insurance is written through the Aviation Managers, the "Limit of Insurance" that applies under your policy will be reduced by the "Limit of Insurance" under such other insurance.

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This endorsement does not change any of your coverage except as stated above. It is effective on the date and hour shown below, local Standard Time, at the first Named Insured's address.

Policy issued to: **A & P Helicopters, Inc.**

<b>TBD</b>	<b>ALO 35869</b>	<b>April 12, 2023</b>	<b>12:01 A. M.</b>
Endorsement No.	Policy No.	Date and hour endorsement takes effect	

Approved: United States Aviation Underwriters, Inc., Aviation Managers

by

