

**OLD REPUBLIC INSURANCE COMPANY  
CORPORATE AIRCRAFT INSURANCE POLICY  
COVERAGE DATA PAGE**

<b>Policy Number:</b>	<b>Renewal of:</b>
<b>Insuring Company:</b>	<b>Address:</b>

<b>Named Insured:</b>	<b>Named Insured Mailing Address:</b>
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<b>Form of Business:</b>			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Trust
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> A Public Entity		
<input type="checkbox"/> Organization, Including A Corporation (But Not Including A Partnership, Joint Venture, Trust, Limited Liability Company Or Public Entity)			

<b>Policy Period:</b>	From: _____ To: _____ At 12:01 A.M. time at your mailing address shown above
<b>Total Annual Premium:</b>	\$ _____

<b>Producer Name and Address:</b>	<b>Countersigned by:</b>  _____
	Authorized Representative
	<b>Date:</b> _____

**ITEM 1. LIMITS OF THE COMPANY'S LIABILITY:**

**PART ONE: LIABILITY COVERAGES**

This insurance applies only to those Coverages for which Limits of Insurance are shown below. The limit of the **Company's** liability against such coverage shall be as stated herein, subject to all of the terms of the Policy.

**Coverage 1 - Liability For Scheduled Aircraft**

See Item 8. **Scheduled Aircraft** for **Scheduled Aircraft** Liability Limits

The limit of liability for **Temporary Substitute Aircraft** is the same as the limit of **Liability For The Scheduled Aircraft** it is replacing.

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**Coverage 2 - Liability For Use Of Non-Owned Aircraft**

Single Limit <b>Bodily Injury,</b>	\$	<u>Each Person</u>	<u>Each Occurrence</u>
[In/Ex]cluding <b>Passengers, and Property Damage:</b>	\$		\$
[Each [ <b>Passenger/Person</b> ] Limited To:]	\$		\$
Maximum Number of Seats:			
Reporting Grace Period:		[    ]	Consecutive Days
Aircraft Covered:		See Item 6 of Coverage Data Page	

As part of and not in addition to the limit of liability set forth in **Liability For Scheduled Aircraft**.

**Coverage 3 - Automatic Insurance For Newly Acquired Aircraft**

	\$	Each <b>Occurrence</b>
Number of Reporting Days:		

**Coverage 4 – Medical Payments For Scheduled And Non-Owned Aircraft**

- a. With respect to any **Scheduled Aircraft** or **Temporary Substitute Aircraft**:
- |                             |    |                        |
|-----------------------------|----|------------------------|
| Each <b>Non-Crew-Member</b> | \$ | Each <b>Occurrence</b> |
| Each <b>Crew-Member</b>     | \$ | Each <b>Occurrence</b> |
- b. With respect to **Non-owned Aircraft** except a **Temporary Substitute Aircraft**.
- |                             |    |                        |
|-----------------------------|----|------------------------|
| Each <b>Non-Crew-Member</b> | \$ | Each <b>Occurrence</b> |
| Each <b>Crew-Member</b>     | \$ | Each <b>Occurrence</b> |

**Coverage 5 - Liability for Use of Premises**

	\$	Each <b>Occurrence</b>
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As part of and not in addition to the limit of liability set forth in **Liability For Scheduled Aircraft**.

**Coverage 6 - Premises Medical Payments**

	\$	Each <b>Occurrence</b>
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**Coverage 7 - Personal And Advertising Injury Liability**

	\$	Each Offense and in the
	\$	Annual Aggregate

These limits are part of, and not in addition to, the limit provided for **Liability For Scheduled Aircraft** or **Liability For Use Of Non-Owned Aircraft**, whichever applies to the loss.

**Coverage 8 - Passenger Voluntary Settlements For Scheduled And Non-Owned Aircraft**

- a. With respect to any **Scheduled Aircraft** or **temporary substitute aircraft**:
- |  |    |                        |
|--|----|------------------------|
| Each <b>Non-Crew Member Passenger:</b> | \$ | Each <b>Occurrence</b> |
| Each <b>Crew Member:</b>               | \$ | Each <b>Occurrence</b> |
- b. With respect to **Non-owned Aircraft** except a **temporary substitute aircraft**:
- |  |    |                        |
|--|----|------------------------|
| Each <b>Non-Crew Member Passenger:</b>                                       | \$ | Each <b>Occurrence</b> |
| Each <b>Crew Member:</b>   | \$ | Each <b>Occurrence</b> |
| <b>Total Non-Owned Aircraft Non-Crew-Members and Crew-Member Passengers:</b> | \$ | Each <b>Occurrence</b> |

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Maximum Weekly Indemnity Limit  
(Each **Passenger**): \$ \_\_\_\_\_ Each **Occurrence**  
Maximum Indemnity Period: [ \_\_\_\_\_ ] Weeks

These limits are part of, and not in addition to, the limit provided for **Liability For Scheduled Aircraft** or **Liability For Use Of Non-Owned Aircraft**, whichever applies to the loss.

**Coverage 9 - Liability For Property Damage To Non-Owned Aircraft And Temporary  
Substitute Aircraft**

Reporting Grace Period: \$ \_\_\_\_\_ Each **Occurrence**  
[ \_\_\_\_\_ ] Consecutive Days  
Maximum Number of Seats:

Deductible: \$ \_\_\_\_\_ Each **Occurrence**

Aircraft Covered: See Item **##** of the **Coverage Data Page**

Pilot Requirements: [See the "Pilot Conditions" of this **Coverage Data Page**/ No pilot requirements will apply]

These limits are part of, and not in addition to, the limit provided for in **Liability For Use Of Non-Owned Aircraft**.

**Coverage 10 - Liability For Property Damage To Hangars And Their Contents**

\$ \_\_\_\_\_ Each **Occurrence**

This limit is part of, and not in addition to, the limit provided for **Liability For Scheduled Aircraft** or **Liability For Use Of Non-Owned Aircraft**, whichever applies to the loss.

**Coverage 11 - Liability for Property Damage By Fire**

\$ \_\_\_\_\_ Each **Occurrence**

This limit is part of, and not in addition to, the limit provided for **Liability For Scheduled Aircraft** or **Liability For Use Of Non-Owned Aircraft**, whichever applies to the loss.

**Coverage 12 - Liability For The Sale of Aircraft And Aircraft Products Or Services**

\$ \_\_\_\_\_ Each **Occurrence**

This limit is part of, and not in addition to, the limit provided for in **Liability For Use Of Premises**.

**Coverage 13 - Liability For Mobile Equipment**

\$ \_\_\_\_\_ Each **Occurrence**

This limit is part of, and not in addition to, the limit provided for in **Liability For Use Of Premises**.

**Coverage 14 - Liability For Use Of An Auto On Aviation Premises**

\$ \_\_\_\_\_ Each **Occurrence**

This limit is part of, and not in addition to, the limit provided for in **Liability For Use Of Premises**.

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**Coverage 15 - Liability for Contractual Agreements**

\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for **Liability For Scheduled Aircraft** or **Liability For Use Of Non-Owned Aircraft**, whichever applies to the loss.

**Coverage 16 - Liability For Charter Referral**

\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for in **Liability For Use Of Premises**.

**Coverage 17 - Hangarkeepers Liability**

\$ Each Occurrence

Each **Occurrence** Deductible: \$

Sublimit Each **Aircraft**: \$

Each **Aircraft** Deductible: \$

This limit is part of, and not in addition to, the limit provided for in **Liability For Use Of Premises**.

**Coverage 18 - Garagekeepers Liability**

\$ Each Occurrence

Each **Occurrence** Deductible: \$

Sublimit Each **Auto**: \$

Each **Auto** Deductible: \$

This limit is part of, and not in addition to, the limit provided for in **Liability For Use Of Premises**.

**Coverage 19 - Cargo Liability**

\$ Each Occurrence

Deductible: \$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for **Liability For Scheduled Aircraft** or **Liability For Use Of Non-Owned Aircraft**, whichever applies to the loss.

**Coverage 20 - Incidental Medical Malpractice Liability**

\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for **Liability For Scheduled Aircraft** or **Liability For Use Of Non-Owned Aircraft**, whichever applies to the loss.

**Coverage 21 - Host Liquor Liability**

\$ Each Occurrence

This limit is part of, and not in addition to, the limit provided for **Liability For Scheduled Aircraft** or **Liability For Use Of Non-Owned Aircraft**, whichever applies to the loss.



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**Hurricane, Wildfire, Flood, Or Other Natural Disaster Relocation Expense**

Each Aircraft Each Event:	\$
Maximum Each Aircraft Each Policy Period:	\$

**Mechanics Tools**

Each Employee:	\$
Each Event:	\$
Deductible Each Event:	\$

**PART THREE: COVERAGE EXTENSIONS**

**Personal Effects And Baggage**

Limited to:	\$	Each <b>Passenger</b>
Each <b>Passenger</b> Deductible:	\$	Each <b>Occurrence</b>
Each <b>Occurrence</b> Deductible:	\$	Each <b>Occurrence</b>

**Search And Rescue Expense**

\$	Each Loss
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**Family Assistance Expense**

\$	Each <b>Occurrence</b>
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**Temporary Replacement Parts Rental Expense**

	\$	Each Day
	\$	Each Loss
Minimum Required Repair Period	[    ]	Consecutive Days
Maximum Coverage Period	[    ]	Consecutive Days

**Extra Expense Replacement Aircraft Rental Or Leasing Expense**

	\$	Each Day
	\$	Each Loss
Minimum Required Repair Period	[    ]	Consecutive Days
Maximum Coverage Period	[    ]	Consecutive Days
Days Continued After Total Loss	[    ]	Consecutive Days

**Lay-Up Credit For Scheduled Aircraft**

Percent Return Premium	%
Applicable Premium For A <b>Scheduled Aircraft</b>	[Hull Premium/Liability Premium/All Premium Excluding War and Terrorism]
Required Minimum Period Of Lay-Up	[    ] Consecutive Days

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**Loss Of Technical Records Coverage**

Each Aircraft Limit	\$	or	%	of the
				value of the <b>Scheduled Aircraft</b>
				(whichever is less) Each Aircraft Each
				Policy Period
Deductible Each Event	\$			\$

ITEM 2. TERRITORY: Your **Coverage Territory** is Indicated by an (X).

- Worldwide
- United States of America, its territories and possessions, Puerto Rico, Canada, Mexico, the Bahamas, Caribbean islands (excluding Cuba & Haiti, however, the overflight of these islands is included) and Central America.
- Other:

ITEM 3. NOTICE OF CANCELLATION:

Days for any reason other than non-payment  
Days for non-payment

ITEM 4. DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS:

Bail Bonds	\$	Each Bond	
Loss of Earning	\$	Each Day	
Criminal Defense	\$	Each <b>Occurrence</b>	
Repatriation Expense Reimbursement	\$	Each <b>Occurrence</b>	

ITEM 5. WHEN ISSUED, YOUR POLICY CONSISTED OF THE FOLLOWING:

ITEM 6. **NON-OWNED AIRCRAFT** DESCRIPTION:

Only **Non-owned Aircraft** meeting the description(s) and use indicated by (x) below are covered by the Policy and only if your Policy includes **Liability For Use Of Non-Owned Aircraft** and **temporary substitute aircraft** or **Liability For Property Damage To Non-Owned Aircraft And Temporary Substitute Aircraft**. **Non-owned Aircraft** must be used in accordance with Item 7. AIRCRAFT USE.

Aircraft Engine(s)	Airworthiness	Seats, Weight, Pressurization	Description of Aircraft
<input type="checkbox"/> Single-Engine	<input type="checkbox"/> A "Standard"	<input type="checkbox"/> Having not more than [ ]	<input type="checkbox"/> Fixed Wing
<input type="checkbox"/> Multi-Engine	<input type="checkbox"/> Airworthiness	<input type="checkbox"/> total seats	<input type="checkbox"/> Rotor Wing
<input type="checkbox"/> Piston Engine	<input type="checkbox"/> Certificate	<input type="checkbox"/> Unlimited Seats	<input type="checkbox"/> Land Plane
<input type="checkbox"/> Turbine or	<input type="checkbox"/> An Airworthiness	<input type="checkbox"/> Certified gross weight of	<input type="checkbox"/> Sea Plane
<input type="checkbox"/> Turboprop Engine	<input type="checkbox"/> Certificate	<input type="checkbox"/> 12,500 lbs. or less	<input type="checkbox"/> Balloon
<input type="checkbox"/> Having not more	<input type="checkbox"/> No Airworthiness	<input type="checkbox"/> Unlimited Weight	<input type="checkbox"/> Blimp
<input type="checkbox"/> than [ ] total	<input type="checkbox"/> requirement	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Unmanned Aerial

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horsepower for any engine <input type="checkbox"/> Any	<input type="checkbox"/> Unpressurized	System <input type="checkbox"/> Glider/Sailplane <input type="checkbox"/> Fractional Ownership <input type="checkbox"/> Any
<input checked="" type="checkbox"/> Excluding homebuilt <b>aircraft</b> , ultralight <b>aircraft</b> or hang gliders		

**ITEM 7. AIRCRAFT USE:**

Your use of insured **aircraft** other than **Scheduled Aircraft** and **temporary substitute aircraft** is described as follows:

[**Commercial**] [**Non-Commercial**] [ Any use as required by the **Named Insured**]  
 Your use of **Scheduled Aircraft** and **Temporary Substitute Aircraft** is described in Item 8.

**ITEM 8. SCHEDULED AIRCRAFT**

**Physical Damage Coverage For Scheduled Aircraft (Including Ingestion And Emergency Landing)** is indicated below by Coverage Type. If the Coverage Type is listed as "Not Covered" there is no **Physical Damage** Coverage for the **Scheduled Aircraft**. Liability for **Scheduled Aircraft** shall apply only to **aircraft** in the schedule below with for which limits of insurance are shown in the schedule.

**Financial Interest:** The **Named Insured** is and shall remain the sole owner of the **aircraft** and the **aircraft** is not subject to any encumbrance other than as shown in the Policy.

<b>SCHEDULED AIRCRAFT AS AMENDED</b>			
Aircraft Registration Number:	[	]	
Aircraft Make & Model:	[	]	
Year Built:	[	]	
Number of Seats:	<b>Crew:</b> [	]	<b>Passenger:</b> [
Aircraft Use:	[ <b>Commercial</b> ] [ <b>Non-Commercial</b> ] [Any use required by the <b>Named Insured</b> ]		
<b>PHYSICAL DAMAGE COVERAGE FOR SCHEDULED AIRCRAFT (INCLUDING INGESTION AND EMERGENCY LANDING)</b>			
Coverage Type:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Limited	<input type="checkbox"/> Not Covered
Insured Value:	\$		
Deductible:	<b>Not In Motion</b>	<b>In Motion, Ingestion or Mooring</b>	
	\$	\$	\$
War, Hijacking, and Other Perils <b>Physical Damage</b> Write-Back:	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	
Hull TRIA Write-Back:	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded	



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<b>LIABILITY COVERAGE FOR SCHEDULED AIRCRAFT</b>		
	<b>Each Person</b>	<b>Each Occurrence</b>
Single Limit <b>Bodily Injury</b> , [In/Ex]cluding <b>Passengers</b> , and <b>Property Damage</b> :	\$	\$
[Each [ <b>Passenger</b> /Person] Limited To:	\$	\$
War, Hijacking and Other Perils Limited Liability Write-Back:	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded
TRIA Liability Write-Back:	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded
Limitation of War Liability (per amendment conditions):	\$	

**ITEM 9. PILOT CONDITIONS**

Coverage provided by the Policy will be effective while the **aircraft** is **in-flight** only if the following conditions are met:

Pilots With Respect to **Scheduled Aircraft** and **Temporary Substitute Aircraft**:

Pilots With Respect to **Non-Owned Aircraft**: