



CERTIFICATE OF AIRCRAFT INSURANCE

07/01/2024

DATE (MM/DD/YYYY)

06/30/2023

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).

PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: _____		
	PHONE (A/C, No. Ext): _____	FAX (A/C, No): _____	
E-MAIL ADDRESS: _____			
PRODUCER CUSTOMER ID #: _____			
INSURER(S) AFFORDING COVERAGE			
INSURED 28 Lake Superior Helicopters, LLC dba Lake Superior Helicopters, Heli Co., and Heli Co. New Orleans; Ascent Aviation 4525 Airport Approach Rd. Duluth MN 55811	INSURER A: National Union Fire Ins Co Pitts. PA	50	19445
	INSURER B: Harco National Insurance Company	50	26433
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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.

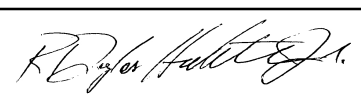
POLICY INFORMATION		CERTIFICATE NUMBER: 429		REVISION NUMBER:	
POLICY TYPE			LINE OF BUSINESS SUBCODE		
<input type="checkbox"/> INDUSTRIAL AID	<input type="checkbox"/> PLEASURE & BUS	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> AIRPLANE	<input checked="" type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET
<input type="checkbox"/> NON-OWNED	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIABILITY ONLY	<input type="checkbox"/>	<input type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY
				<input type="checkbox"/> EXCESS	<input checked="" type="checkbox"/> QUOTA SHARE

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached			
YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER	
TERRITORY:					

AIRCRAFT COVERAGES					
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)
A	AV042670835-03 & AV100200-03	07/01/2023	07/01/2024	N	N
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT
AIRCRAFT HULL	<input checked="" type="checkbox"/> Not In Motion	5%	\$See Below	Insured value	\$XXXXXXXX
	<input checked="" type="checkbox"/> In Motion	5%	\$See Below		
AIRCRAFT LIABILITY			\$See Below	EA OCC	\$XXXXXXXX
			\$See Below	EA PASS	\$XXXXXXXX
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW		\$5,000	EA PER	
	<input type="checkbox"/> EXCLUDING CREW				
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT
			\$XXXXXXXX		\$XXXXXXXX
			\$XXXXXXXX		\$XXXXXXXX
			\$XXXXXXXX		\$XXXXXXXX
			\$XXXXXXXX		\$XXXXXXXX
			\$XXXXXXXX		\$XXXXXXXX

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Lacrosse shall be included as additional insured hereunder solely with respect to the operations of the named insured.

CERTIFICATE HOLDER		CANCELLATION	
429 City of Lacrosse 400 LA Crosse Street Hayward WI 54843		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 	

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Schedule of Insured Aircraft – Lake Superior Helicopters

Item	Make & Model	Year	FAA Reg #	Insured Value	Pax	Crew	Liability Limit
1	Robinson R44	2004	N7530C	\$355,000	3	1	\$2,000,000 single limit with passenger liability limited internally to \$200,000
2	Robinson R44	2006	N4911X	\$355,000	3	1	\$2,000,000 single limit with passenger liability limited internally to \$200,000
3	Robinson R44	2002	N3231J	\$440,000	3	1	\$1,000,000 single limit with passenger liability limited internally to \$100,000
4	Robinson R44	2013	N839RM	\$275,000	3	1	\$2,000,000 single limit with passenger liability limited internally to \$200,000

Deductible Schedule

- 5% of Insured Value - In Motion/Not In Motion

Additional Remarks

- It is understood and agreed the Certificate Holder(s) shall be included as Additional Insured(s) hereunder solely with respect to the operations of the Named Insured. It is specifically agreed the inclusion of more than one Insured hereunder shall not operate to increase the Limits of Liability and is limited to those coverages provided by these policies.
- This insurance is primary and without right of contribution from any other insurance as may be carried by the Certificate Holder.
- Insurers waive their rights of subrogation against the Additional Insured(s)s but only to the same extent that the Named Insured has waived its rights of recovery against and/or indemnified the Additional Insureds in the Contract.
- In the event of cancellation or adverse material change of the policies by Insurers, Insurers agree that such cancellation or change shall not be effective as to the Additional Insureds until thirty (30) days (ten (10) days in the event of cancellation due to non-payment of premium) after issuance of notice by the Insurers to the Certificate Holders.