



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

05/18/2023

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 3820 Peachtree Rd NE, Suite 250 Atlanta, GA 30305	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
	E-MAIL ADDRESS: LakeSuperiorHeliCOrequest@Lockton.com			
	PRODUCER CUSTOMER ID #:			
INSURED Lake Superior Helicopters LLC, dba Heli Co., and Heli Co., New Orleans PO Box 15035 Duluth, MN 55815	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A : National Union Fire Ins Co Pitts. PA as Lead		50	19445
	INSURER B : and following markets			
	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:		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"/> LIABILITY ONLY	<input checked="" 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	
	See Attached.				
TERRITORY:					

AIRCRAFT COVERAGES					
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)
A	AV042670835-02 and AVC1000200-01	05/18/2023	07/01/2023	Y	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT
AIRCRAFT HULL			\$	Ins Value	\$
AIRCRAFT LIABILITY			\$ \$2,000,000	EA OCC	\$
			\$ \$250,000	EA PASS	\$
MEDICAL PAYMENTS	INCLUDING CREW		\$	EA PER	
	EXCLUDING CREW				
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

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(s) hereunder solely with respect to the operations of the Named Insured.

CERTIFICATE HOLDER	CANCELLATION
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 AIRCRAFT

May 18, 2023 to July 1, 2023 A.M. Local Standard Time at the address of the Named Insured.

Year	Make and Model	Reg. No	Seating Crew/Pax	Insured Value	NIM Deductible	IM Deductible
2004	Robinson R44	N7530C	1/3	\$355,000	\$35,500	\$35,500
2015	Robinson R44	N344E5	1/3	\$295,000	\$29,500	\$29,500
2007	Robinson R44	N3231J	1/3	\$440,000	\$44,000	\$44,000
2013	Robinson R44	N839RM	1/3	\$275,000	\$27,500	\$27,500



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			\$		\$
			\$		\$
			\$		\$
			\$		\$

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Riverfest Inc. shall be included as Additional Insured(s) hereunder solely with respect to the operations of the Named Insured.

CERTIFICATE HOLDER	CANCELLATION
Riverfest Inc. PO Box 1745 Lacrosse WI 54601	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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