

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.

| | ATION IS WAIV ate does not co | | | | | | | | | | | equire an end | orsement. A | stateme | ent or | ו |
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| PRODUCER | | | | | | | | | CONTAC | | (- <i>)</i> - | | | | | |
| Lockton Companies | | | | | | NAME: FAX PHONE (A/C, No.): (A/C, No, Ext): (A/C, No): | | | | | | | | | | |
| 3820 Peachtree Rd NE, Suite 250 | | | | | | E-MAIL ADDRESS: LakeSuperiorHeliCOIrequest@Lockton.com | | | | | | | | | | |
| Atlanta, GA 30305 | | | | | | PRODUC | ER | | | , | | | | | | |
| | | | | | | CUSTON | IER ID # | | FFORDING COVI | BAGE | T | % | NAIC# | | | |
| INSURED | | | | | | INSURE | a. N | | Fire Ins Co Pit | | | 50 | 19445 | | | |
| | | | | | | | | | nd following r | | | | | | | |
| Lake Superior Helicopters LLC, dba Heli Co., and Heli Co., New Orleans | | | | | | | INSURER C : | | | | | | | | | |
| PO Box 15035 | | | | | | | | INSURER D: | | | | | | | | |
| Duluth, MN 55815 | | | | | | | INSURER E : | | | | | | | | | |
| | | | | | | | | | INSURE | | | | | | | |
| INDICATED CERTIFICA | . NOTWITHSTA TE MAY BE ISSU | JED C | G AN OR M | NY REQUIREME IAY PERTAIN, TI | ENT, TE HE INS | ERM SUR | OR COND ANCE AFF | OTION OF ORDED E | BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS Y THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS. | | | | | | | |
| POLICY INFO | | | | | CERT | IFIC | CATE NUM | MBER: | | | | | ION NUMBER | <u> </u> | | |
| | POLICY | | | | | | | | | | | SINESS SUBCOR | | | | |
| INDUSTRIAL NON-OWNED | — Н | URE & | BUS | COMMER | RCIAL | | AIRPLANE LIABILITY (| - 4 | <u> </u> | OPTER & LIABIL | | MIXED FLEET HULL ONLY | EXCESS | ✓ QL | JOTA S | HARE |
| AIRCRAFT IN | | | 1 | ACORD 333, A | _ | | chedule a | ttached | | | | | | | | |
| YEAR MAKI | | | | | MODE | EL | | | | | SERIAL NUMI | BER | | R | REGISTRATION NUMBER | |
| | Attached. | | | | | | | | | | | | | | | |
| TERRITORY: | | | | | | | | | | | | | | | | |
| AIRCRAFT CO | | | | | | | | | | | | I | | | | |
| INSURER LETTER | | | | | | | | | IVE DATE | | RATION DATE | | ISURED? (Y / N) | SUBRO | GATIO | N WAIVED? (Y / N) |
| A | AV04267083 | o-02 a | and A | NC1000200-01 | | | | 05/18 | 3/2023 | 07 | 7/01/2023 | | Y Tunar | | | ABBU 150 TO |
| COVERAGE | | | | | OPTION | <u> </u> | | | LIMIT \$ | | | APPLIES TO | LIMIT \$ | | | APPLIES TO |
| AIRCRAFT HULL | | Н | | | ŀ | | | | 1 ' | \$ | | Ins Value | \dashv^{ψ} | | | |
| | | \vdash | | | - | - | | | | \$ \$2,000,000 EA OCC \$ | | | | | EA PER | |
| AIRCRAFT LIABIL | ITY | Н | | | H | H | | | | \$ \$250,000 | | EA PASS | \$ | | AGGR | |
| | | \Box | INCL | LUDING CREW | | | | | | | | | | | | |
| MEDICAL PAYMEN | NTS | H | | LUDING CREW | | | | | \$ | | | EA PER | | | | |
| COV | /ERAGE | 1 | | | | | | | | | | | | | | |
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| | | \neg | \Box | | | | | | \$ | | | | \$ | | | |
| | | | | | | | | | \$ | | | | \$ | | | |
| DESCRIPTION | OF OPERATI | ONS | / RE | MARKS (ACC | ORD 1 | 01, | Additiona | al Remar | ks Sched | lule, m | nay be attac | hed if more s | oace is requir | ed) | | |
| City of Lacrosso | e shall be includ | ed as | Add | litional Insured(| s) here | euno | der solely w | vith respe | ct to the o | peratio | ns of the Nar | ned Insured. | | | | |
| CERTIFICATE HOLDER C | | | | | | CANC | LLAT | ION | | | | | | | | |
| City of Lacrosse | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | |
| 400 LA Crosse Street | | | | | | AUTHORIZED REPRESENTATIVE | | | | | | | | | | |

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Hayward WI 54843



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 | Insured Value | NIM | IM | |
|------|----------------|---------|----------|---------------|------------|------------|--|
| | | | Crew/Pax | | Deductible | Deductible | |
| 2004 | Robinson R44 | N7530C | 1/3 | \$355,000 | \$35,500 | \$35,500 | |
| 2015 | Robinson R44 | N344ES | 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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| | COVERAGES | | | | | | | | | I | | T | |
|---------------|-------------------|----------------------------------|----------------|--|---|--|----------------|-----------------------|-----------------|-----------------------------|------------|-------------|----------------|
| INSURER LET | TER POLICY NUMB | POLICY NUMBER | | | | | EFFECTIVE DATE | | EXPIRATION DATE | ADDITIONAL INSURED? (Y / N) | | SUBROGATION | WAIVED? (Y / N |
| Α | AV04267083 | AV042670835-02 and AVC1000200-01 | | | | | 05/18/202 | 05/18/2023 07/01/2023 | | Y | | | |
| COVERAGE | | | OPTIONS | | | | LIMIT | | APPLIES TO | LIMIT | | APPLIES TO | |
| AIRCRAFT HULL | | | | | | | \$ | | Ins Value | \$ | \$ | | |
| | | | 1 | | | | \$ | \$ | | |] | | |
| AUDODAET LU | DII ITV | | | | | | \$ \$2,000,000 | | EA OCC | \$ | | EA PER | |
| AIRCRAFT LIA | BILITY | | 1 | | | | \$ | \$250 | ,000 | EA PASS | \$ | | AGGR |
| | | 1 | INCLUDING CREW | | | | \$ | | EA PER | | | | |
| MEDICAL PAY | MENIS | | EXCLUDING CREW | | | | 1 • | | EAFER | | | | |
| | COVERAGE | | | | | | | | | | | | |
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| | | | | | П | | \$ | | | | \$ | | |
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DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 | 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 | | | | |
| Lacrosse WI 54601 | Z1X- | | | | |

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