



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

07/01/2025

07/01/2024

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 #1000 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		%
INSURER A: National Union Fire Ins Co Pitts. PA		100
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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

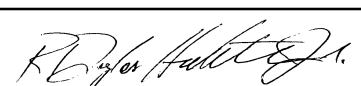
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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: 444		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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> EXCESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	FV 042670835-04.	07/01/2024	07/01/2025	Y	N
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT
AIRCRAFT HULL	<input checked="" type="checkbox"/> Not In Motion	<input type="checkbox"/> See Below	\$See Below	Insured value	\$XXXXXXXX
	<input checked="" type="checkbox"/> In Motion	<input type="checkbox"/> See Below	\$See Below		
AIRCRAFT LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$See Below	EA OCC	\$XXXXXXXX
	<input type="checkbox"/>	<input type="checkbox"/>	\$See Below	EA PASS	\$XXXXXXXX
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	<input type="checkbox"/>	\$5,000	EA PER	
	<input type="checkbox"/> EXCLUDING CREW	<input type="checkbox"/>			
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(s) hereunder solely with respect to the operations of the Named Insured.

CERTIFICATE HOLDER	CANCELLATION
444 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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Lake Superior Helicopters, Inc.
2024 - 2025 Aircraft Schedule

<u>Year</u>	Make and Model	Reg. No	Seating Crew/Pax	Insured Value	NIM Deductible	IM Deductible
2006	Robinson R44	N4911X	1/3	\$355,000	\$5,000	\$17,750
2015	Robinson R44	N344ES	1/3	\$375,000	\$5,000	\$18,750
2002	Robinson R44	N3231J	1/3	\$405,000	\$5,000	\$20,250
2013	Robinson R44	N839RM	1/3	\$315,000	\$5,000	\$15,750
2004	Robinson R44	N204D	1/3	\$275,000	\$1,000	\$13,750
2003	Robinson R44	N928KP	1/3	\$475,000	\$5,000	\$23,750