

# CRYSTAL & COMPANY

Crystal IBC LLC  
32 Old Slip  
New York, NY 10005-3504  
Phone 800 221-5830  
FAX 800 383-1852

## CONFIRMATION OF INSURANCE

Reprint

<b>NAMED INSURED</b>
Air Ambulance by Air Trek, Inc. Att: Dana Carr 28000 A-5 Airport Road Punta Gorda, FL 33982

<b>BINDER DATE</b>	<b>BINDER NO.</b>
06/28/16	330252

<b>CLIENT CODE</b>	<b>POLICY TYPE</b>
AIRTRE1	Renewal

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<b>ACCOUNT EXECUTIVE</b>
Mark Shichtman 212-504-5933

<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	<b>POLICY NUMBER</b>	<b>INSURER</b>
12/11/15	12/11/16	NAC4042820	Catlin Insurance Company, I

### COVERAGE DESCRIPTION AND AMOUNTS/LIMITS

#### Aircraft Hull & Liability Insurance

This will confirm that W. Brown & Associates Insurance Services (through Catlin Insurance Company) has bound the insurance policy referenced above as follows:

#### SCHEDULE OF AIRCRAFT

Reg	Aircraft	Agreed Value	Limit of Liability
N650AT	Citation VII	On File	\$50,000,000
N744AT	Citation 550	On File	\$ 5,000,000
N38DD	Citation 550	On File	\$ 5,000,000
N622AT	Citation 500	On File	\$ 5,000,000
N633AT	Citation 500	On File	\$ 5,000,000
N655AT	Citation 500	On File	\$ 5,000,000
N236AT	C414	On File	\$ 3,000,000
N658AT	C414	On File	\$ 3,000,000

- Hull War Risk Included on All Aircraft
- Liability War Risk Included on All Aircraft

#### COVERAGES AND SPECIAL PROVISIONS:

#### DECLARATIONS

Named Insured: Air Trek, Inc and/or Air Ambulance by Air Trek, Inc. (including Broad Form Wording)

Address: 28000-A5 Airport Road.  
Punta Gorda, FL, 33982

Physical Damage: All Risk as per Schedule  
(Includes Hull War)  
Deductible: Nil

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NAMED INSURED
Air Ambulance by Air Trek, Inc.

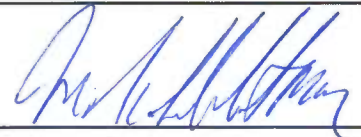
BINDER DATE	BINDER NO.
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### COVERAGE DESCRIPTION AND AMOUNTS/LIMITS

Limit of Liability: Per Schedule of Aircraft  
 Use of Aircraft: Any use required by the Named Insured  
 All terms and conditions are as per the policy

This confirmation of insurance sets forth the general terms, conditions and subjectivities, if any, of placement effected by Crystal & Company on your behalf and at your direction. This confirmation of insurance will be cancelled, superseded and replaced upon delivery of the insurer's binder of coverage. The insurer's binder will be in effect and control this placement until the receipt of the insurer's formal policy/bond documentation.

In addition to the fees and/or commissions received by Crystal & Company for the placement of insurance, in certain circumstances other parties, including other intermediaries, may earn and retain usual and customary commissions for their role in providing insurance products or services under their separate contracts with insurers and/or reinsurers. Further, in certain segments of our business, some of our compensation may be derived from supplemental or bonus commissions paid by insurers or intermediaries based on criteria designed by the insurer or intermediary, to value all the policies that we place with it in a particular period.

Premium: As agreed	Authorized Representative: 
Confirmed By:	
At Crystal & Company Refer To: Mark Shichtman	Admitted: X      Non-Admitted: