



Canadian
Transportation
Agency

Office
des transports
du Canada

Certificate of Insurance

Canada

Insurance covering air carrier liability to passengers and public liability

1. This is to certify that: (*insurer*)

Catlin Insurance Company, Inc. through W. Brown & Associates Insurance Services
19000 MacArthur Blvd., Suite 700
Irvine, Ca 92612

Insured: 100%

[name, address and participation percentages of insurer or insurers]

has/have issued the policies listed in this certificate covering risks of liability to passengers and public liability to: (*air carrier*)

Air Trek, Inc. and Air Ambulance by Air Trek, Inc.
28000 A-5 Airport Road, Charlotte County Airport, Punta Gorda, FL 33982

[name and address of air carrier]

effective from 11 December 2015
[day] [month] [year]
to 11 December 2016
[day] [month] [year]

2. The insurer has assumed, under the policies listed in this certificate, liability insurance covering risks of injury to or death of passengers and insurance covering risks of public liability in accordance with the requirements of section 7 of the *Air Transportation Regulations*.

3. The air carrier has been insured against the risks described in section 2 for every incident or accident related to the operation of a

International

[domestic, international, or domestic and international]

service in the following amounts:

Type of Liability	Amount	Policy No.
Passenger:		
Public:		
Single Limit Coverage:	See Attached	NAC4042820

Certificate of Insurance

4. The policies listed in this certificate insure *(fill in the appropriate service in either a. or b.):*

a. all aircraft operated by the air carrier in _____ services; or
 [domestic, international, or domestic and international]

b. International _____ services operated by the air carrier with the following aircraft:
 [domestic, international, or domestic and international]

Registration Marking	Type and Model
N655AT	Cessna Citation I S/P
N622AT, N633AT	Cessna Citation 500
N236AT, N658AT	Cessna 414
N744AT	Cessna Citation 550
N650AT	Cessna Citation VII 650

5. The insurer undertakes to notify the Secretary of the Canadian Transportation Agency forthwith in writing when:

- a. the air carrier's coverage has been cancelled or is intended to be cancelled;
- b. the air carrier's coverage has been altered or is intended to be altered in a manner that results in the failure by the air carrier to comply with section 7 of the *Air Transportation Regulations*; or
- c. the air carrier's operations have been changed or are intended to be changed in a manner that results in the failure by the air carrier to comply with section 7 of the *Air Transportation Regulations*.

6. The insurer *(check one)*:

- is registered and/or licensed in Canada to issue aircraft insurance policies; or
- is licensed or approved by a foreign government to issue aircraft insurance policies.

On behalf of the Insurer:

Scott Brown

[name of authorized person or agent]

President

[title]


 [signature]

1 December 2015
 [day] [month] [year]

Certificate of Insurance

Filing directions:

(1) An original of this certificate and any notification made pursuant to section 5 are to be filed with the Secretary, Canadian Transportation Agency, Ottawa, Ontario, Canada K1A 0N9.

(2) An air carrier may file a certificate that contains one or more of the three conditions and the table set out in the attachment hereto.

Attachment

Name of air carrier: **Air Trek, Inc and Air Ambulance by Air Trek, Inc.**

The air carrier has been insured against the risks described in section 2 under Policy No. **NAC4042820** which is issued on one or more of the following conditions: [policy number]

- a. the aircraft are as described, and are insured for the amounts shown, in the table below;
- b. the number of passengers carried does not exceed the number of passenger seats insured for each aircraft as shown in the table below; and
- c. the aircraft will be used for the following purposes:

Registration marking	Type and model	No. of passenger seats insured	Amount of passenger liability	Amount of public liability
N655AT		5		
N622AT		6		
N633AT		6		
N236AT		6		
N658AT		6		
N744AT		7		
N650AT		8		

You can fill out this form electronically and save a copy for your files.

Once completed,

1. You may send an advance copy by fax to **819-953-5562 or 819-953-8798**
2. You must print and submit an original hard copy with signatures.

Attn: Secretary
Canadian Transportation Agency

By mail	OR	By courier
Ottawa, Ontario Canada K1A 0N9		15 Eddy Street Gatineau, Québec Canada J8X 4B5



Certificate of Endorsement

This is to certify that AVN 57C (Canada) or equivalent endorsement has been attached to and forms part of liability publication/insurance Policy No.

NAC4042820 of **Air Trek, Inc and Air Ambulance by Air Trek, Inc**
[policy number] [legal name of the air carrier]

listed in its Certificate of Insurance issued by the below-noted publication/insurance broker/insurer and filed with the Secretary of the Canadian Transportation Agency, Ottawa, Ontario, Canada.

An "equivalent endorsement" is an endorsement which amends the Policy to provide coverage in compliance with the provisions of Section 7 of the *Air Transportation Regulations*, as amended, such that the terms, conditions, limitations and exclusions of the Policy shall apply to claims made under the Policy which (a) are in excess of the limits specified in Section 7 of the *Air Transportation Regulations*, as amended, or (b) are not governed by the provisions of Section 7 of the *Air Transportation Regulations*, as amended.

The undersigned undertakes to:

- a. file with the Secretary of the Canadian Transportation Agency, Ottawa, Ontario, Canada, K1A 0N9, a renewal of this Certificate of Endorsement concurrently with the filing of the renewal of the above-noted Certificate of Insurance; and
- b. notify the Secretary of the Canadian Transportation Agency forthwith in writing when there has been any change in the information contained in this Certificate of Endorsement, including a change in the Insurance Broker or Insurer and/or the removal of AVN 57C or equivalent endorsement from the Policy.

This Certificate of Endorsement expires on the **11th** day of **December** **2016**, the expiry date of the Policy.
[day] [month] [year]

Certificate of Endorsement

On behalf of the Insurer:

Catlin Insurance Company through W. Brown & Associates Insurance Services
[name of insurance broker / insurer]

19000 MacArthur Boulevard, Suite 700
[street address]

Irvine CA USA
[town / city] [province / territory / state] [country]
92612 (949) 851-2060 (949) 851-2155
[postal / zip code] [telephone number] [facsimile number]



[signature of authorized signatory]

1 December 2015
[day] [month] [year]

Scott Brown
[name of authorized signatory]

President
[title of authorized signatory]

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Ottawa, Ontario Canada K1A 0N9		15 Eddy Street Gatineau, Québec Canada J8X 4B5