

SERFF Tracking Number: AERO-125910596 State: Arkansas
Filing Company: HallmarkInsurance Company State Tracking Number: EFT \$50
Company Tracking Number: AC AR 99-11-08-001
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: General Aviation Aircraft Program
Project Name/Number: Update Endorsement Form Filing/AC AR 99-11-08-111

Filing at a Glance

Company: HallmarkInsurance Company
Product Name: General Aviation Aircraft Program

SERFF Tr Num: AERO-125910596 State: Arkansas

TOI: 22.0 Aircraft

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 22.0000 Aircraft

Co Tr Num: AC AR 99-11-08-001

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Tom Murphy

Disposition Date: 11/20/2008

Date Submitted: 11/20/2008

Disposition Status: Approved

Effective Date Requested (New): 01/06/2009

Effective Date (New): 01/05/2009

Effective Date Requested (Renewal): 01/06/2009

Effective Date (Renewal):
01/05/2009

State Filing Description:

General Information

Project Name: Update Endorsement Form Filing

Status of Filing in Domicile: Authorized

Project Number: AC AR 99-11-08-111

Domicile Status Comments: None

Reference Organization: None

Reference Number: None

Reference Title: None

Advisory Org. Circular: None

Filing Status Changed: 11/20/2008

State Status Changed: 11/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Hallmark Insurance Company (HIC) – General Aviation Aircraft Program is approved for use in your state. This is an update to the multi-state General Aviation Aircraft Program filing for the Hallmark Insurance Company. Aerospace Insurance Managers, Inc. will file the update 48 states.

Hallmark Insurance Company grants Aerospace Insurance Managers, Inc. rate, rule and form filing authority, see letter

<i>SERFF Tracking Number:</i>	<i>AERO-125910596</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HallmarkInsurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AC AR 99-11-08-001</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
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of authorization included in the Supplemental Documents Section of the filing. Aerospace Insurance Managers, Inc. is also granted authority, by contract, full responsibility for all underwriting functions and policy processing for the General Aviation Aircraft Program.

This Aircraft Form Filing consists of a revision to the Coverage Identification Page GA102H (10/08) along with some new forms and some revisions to previously approved Forms. See the forms section of the filing for a complete listing.

In the Supplemental Documents Section of the Filing, comparisons of previous Forms to the new Forms is included with changes marked in red by strikethrough for deleted language and underlined for added language to the Forms.

There are no other changes to the program at this time.

Company and Contact

Filing Contact Information

Thomas Murphy, Compliance Officer	tmurphy@aerospaceim.com
14990 Landmark Blvd., Suite 300	(972) 852-1200 [Phone]
Dallas, TX 75254	(972) 852-1212[FAX]

Filing Company Information

HallmarkInsurance Company	CoCode: 34037	State of Domicile: Arizona
777 Main Street	Group Code: 3478	Company Type: Property & Casualty

Suite 1000		
Fort Worth, TX 76102	Group Name: Hallmark Financial	State ID Number:
	Group	
(972) 934-2400 ext. [Phone]	FEIN Number: 47-0718164	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Filing fee for AR for Form Filings

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HallmarkInsurance Company	\$50.00	11/20/2008	24059967

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/20/2008	11/20/2008

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Disposition

Disposition Date: 11/20/2008

Effective Date (New): 01/05/2009

Effective Date (Renewal): 01/05/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	SUPPORTING DOCUMENTS	Approved	Yes
Form	Coverage Identification Page	Approved	Yes
Form	Requirements for the Pilot Flying the Aircraft	Approved	Yes
Form	Requirements for the Pilot Flying the Aircraft	Approved	Yes
Form	Special Use Endorsement - Sailplane Towing	Approved	Yes
Form	Special Use Endorsement - Aerial Transmission or Pipeline Patrol	Approved	Yes
Form	Passenger Settlement Endorsement	Approved	Yes
Form	Suspension of In Motion Coverage Endorsement - Open	Approved	Yes
Form	Damaged Aircraft Amendatory Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Coverage Identification Page	GA102H	(10/08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 GA102H (01/08) Previous Filing #: AV AR 99-04-08-003		GA 102H (10-08).pdf
Approved	Requirements for the Pilot Flying the Aircraft	GA110 LSA	(07/07)	Endorsement/New Amendment/Conditions		0.00	GA 110 LSA (07-07).pdf
Approved	Requirements for the Pilot Flying the Aircraft	GA110 LSA IR	(07/08)	Endorsement/New Amendment/Conditions		0.00	GA 110 LSA IR (07-08).pdf
Approved	Special Use Endorsement - Sailplane Towing	GA140	(10/08)	Endorsement/New Amendment/Conditions	Replaced Form #:0.00 GA140 (1/00) Previous Filing #: AC AR 99-06-001		GA 140 (10-08).pdf
Approved	Special Use Endorsement - Aerial Transmission or Pipeline Patrol	GA141A	(11/08)	Endorsement/New Amendment/Conditions		0.00	GA 141A (11-08).pdf
Approved	Passenger Settlement Endorsement	GA150	(10/08)	Endorsement/New Amendment/Conditions	Replaced Form #:0.00 GA150 (1/00) Previous Filing #: AC AR 99-06-001		GA 150 (10-08).pdf
Approved	Suspension of In Motion Coverage Endorsement - Open	GA162	(10/08)	Endorsement/New Amendment/Conditions	Replaced Form #:0.00 GA162 (1/00) Previous Filing #: AC AR 99-06-001		GA 162 (10-08).pdf
Approved	Damaged Aircraft Amendatory Endorsement	GA164	(04/07)	Endorsement/New Amendment/Conditions	Replaced Form #:0.00 GA164(1/00) Previous Filing #:		GA 164 04-07 Damaged Aircraft.pdf

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Project Name/Number: Update Endorsement Form Filing/AC AR 99-11-08-111
ons AC AR 99-06-001

Hallmark Insurance Company

777 Main Street, Suite 1000

Fort Worth Texas 76102

(888) 880-1289

Coverage Identification Page

POLICY NO.:

PRIOR POLICY NO.

Item

YOUR AGENT'S NAME AND ADDRESS:

1. NAMED INSURED:

2. YOUR ADDRESS:

3. POLICY PERIOD: 12:01 A.M. STANDARD TIME AT YOUR ADDRESS FROM: TO 12:01 A.M. STANDARD TIME

4. LOCATION OF AIRCRAFT: The Aircraft will be based principally at the following airport:

5. DESCRIPTION OF AIRCRAFT AND AIRCRAFT PHYSICAL DAMAGE COVERAGE: You have told us that each of the aircraft below (1) has an FAA Standard Airworthiness Certificate unless noted below; and (2) is solely and unconditionally owned by you unless noted differently in Item 1 or endorsements we issue.

FAA Registration Number	AIRCRAFT YEAR, MAKE & MODEL (Include description if not an FAA Standard certificated landplane)	TOTAL SEATS	AIRCRAFT PHYSICAL DAMAGE COVERAGE (If no amount is shown, no coverage is provided)		
			AGREED VALUE	F. Not in Motion DEDUCTIBLE	G. In Motion DEDUCTIBLE

6. LIABILITY AND MEDICAL PAYMENTS COVERAGE AND LIMITS OF COVERAGE: Subject to the limitations and conditions described in your policy, the most we will pay under each coverage we provide is shown below for each aircraft. Where no amount is shown, no coverage is provided by your policy.

FAA Registration Number	LIABILITY TO OTHERS	A.	B.	C.	D.	DL.	E.
		Bodily Injury Excluding Passengers	Passenger Bodily Injury	Property Damage	Single Limit Bodily Injury Property Damage In(Ex)cluding Pass.	Single Limit Bodily Injury Property Damage Limited Pass.	Medical Expense

Each Person
Each Occurrence

7. PREMIUMS: Your cost for each coverage we provide is shown below. Where no amount is shown, no coverage is provided by your policy.

COV. A	COV. B	COV. C	COV. D	COV. DL	COV. E	COV. F	COV. G	TOTAL FOR AIRCRAFT
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8. ENDORSEMENTS & FORMS ATTACHED WHEN POLICY ISSUED: COVERAGE ID CONTINUATION PAGE(S)

ENDT. NOS.: ENDT PREMS.

FORMS:

POLICY TOTAL

9. REQUIREMENTS FOR THE PILOT FLYING THE AIRCRAFT: The Aircraft must be operated in flight only by a person having the minimum qualifications shown below. The pilot must have a current and proper (1) medical certificate, (2) flight review and (3) pilot certificate with necessary ratings, each as required by the FAA for each flight. THERE IS NO COVERAGE IF THE PILOT DOES NOT MEET THESE REQUIREMENTS.

10. THE USE OF THE AIRCRAFT:

The aircraft will be used for your pleasure and business related purposes where no charge is made for such use and also may be used for Other Uses described below:
Other Uses:

11. ADDITIONAL INTERESTS: Payment for Aircraft Physical Damage or Loss under Coverage F or G will be made to you and the following lienholder:

LIENHOLDER INFORMATION		Lienholder	Loan
Name		Interest Cov.	Balance
Address			

Aerospace Insurance Mangers, Inc.

Aviation Managers

Date Issued:

Authorized Representative

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY

Requirements for the Pilot Flying the Aircraft

This endorsement applies only to the following light sport **aircraft**:

*If no entry is made this endorsement applies to all light sport **aircraft** covered by **your** policy.*

This endorsement completes or changes Item 9. REQUIREMENTS FOR THE PILOT FLYING THE **AIRCRAFT** of **your** Coverage Identification Page to read as follows:

The **aircraft** must be operated **in flight** only by a Named Pilot or a **person** having the minimum qualifications shown below. The pilot must have a current and proper (1) medical certificate or U.S. driver's license, (2) flight review and (3) pilot certificate with necessary ratings and/or endorsements, each as required by the **FAA** for each flight. There is no coverage if the pilot does not meet the qualifications or requirements specified below for each designated use of the **aircraft**:

MINIMUM REQUIREMENTS FOR PILOT, PILOT CERTIFICATE, RATINGS AND LOGGED FLYING HOURS:

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

Form GA110 LSA (07/07)

Page 1 of 2

Requirements for the Pilot Flying the Aircraft

This endorsement applies only to the following light sport **aircraft**:

*If no entry is made this endorsement applies to all light sport **aircraft** covered by **your** policy.*

This endorsement completes or changes Item 9. REQUIREMENTS FOR THE PILOT FLYING THE **AIRCRAFT** of **your** Coverage Identification Page to read as follows:

The **aircraft** must be operated **in flight** only by a pilot named below having the minimum qualifications shown. The pilot must have a current and proper (1) medical certificate or U.S. driver's license, (2) flight review and (3) pilot certificate with necessary ratings and/or endorsements, each as required by the **FAA** for each flight. There is no coverage if the pilot does not meet the qualifications or requirements specified below for each designated use of the **aircraft**:

MINIMUM REQUIREMENTS FOR PILOT, PILOT CERTIFICATE, RATINGS AND LOGGED FLYING HOURS:

Instruction and Rental Use

Important Provisions Applicable to Any Aircraft Approved for Instruction and Rental

- A. All **aircraft** approved for **instruction and rental** may be used only for the **renter pilot's** personal **pleasure and business** purposes. No coverage is provided by **your** policy if a **renter pilot** makes a charge to **anyone** for the use of the **aircraft**.
- B. All flight instruction in the **aircraft** must be given by a properly certificated and rated flight instructor named or having the minimum flight experience shown in the "FLIGHT INSTRUCTORS" section of this endorsement for the particular category or class of aircraft. Any flight instructor approved to operate the **aircraft in flight** for instruction may also operate the aircraft for **pleasure and business** purposes.
- C. All **renter pilots** must receive a flight checkout from a properly certificated and rated flight instructor named or having the minimum flight experience shown in the "FLIGHT INSTRUCTORS" section of this endorsement for the particular category or class of aircraft prior to operating the **aircraft** solo as pilot in command.
- D. Any person holding at least a **student pilot** certificate or an applicant for a Light Sport Pilot certificate may receive flight instruction in any Light Sport Aircraft while accompanied by a properly certificated and rated flight instructor named or having the minimum flight experience shown in the "FLIGHT INSTRUCTORS" section of this endorsement for the particular category or class of aircraft, or while taking a flight test with an **FAA** examiner or designated examiner for a pilot certificate, rating or endorsement. Applicants for a Light Sport Pilot certificate may also log solo flight time required to meet the minimum flight time requirements necessary to obtain that certificate.
- E. ALL FLIGHTS by an applicant for a Light Sport Pilot certificate in any Light Sport **aircraft** approved for student instruction must be under the direct supervision of and specifically approved by a properly certificated and rated flight instructor named or having the minimum flight experience shown in the "FLIGHT INSTRUCTORS" section of this endorsement for the particular category or class of aircraft.

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

Flight Instructors / Light Sport Aircraft:

Renter Pilots / Light Sport Aircraft:

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY

Special Use Endorsement – Sailplane Towing

This endorsement applies only to the following **aircraft**:

*If no entry is made this endorsement applies to all **aircraft** covered by **your** policy.*

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part Two. AIRCRAFT PHYSICAL DAMAGE COVERAGE
Part Three. LIABILITY TO OTHERS
Part Four. MEDICAL EXPENSE

1. This endorsement changes Item 10 of the Coverage Identification Page, THE USE OF THE AIRCRAFT, to include sailplane or glider towing for which **you** make a charge to **others**.
2. When the **aircraft** is operated for the use described above:
 - a) Only those pilots meeting the requirements set forth in Item 9 of the Coverage Identification Page, REQUIREMENTS FOR THE PILOT FLYING THE AIRCRAFT, or an endorsement to the policy, are approved to operate the **aircraft**.
 - b) Under **Part Three LIABILITY TO OTHERS** and **Part Four MEDICAL EXPENSE**, **we** do not provide any coverage for:
 - i) **Bodily injury** or medical expense sustained by any **passengers**; or
 - ii) **Property damage** to the sailplane being towed; or
 - iii) Any claims arising out of consequential loss caused by impact by the **aircraft**, sailplane or tow line with electric power or communication transmission lines.
 - c) Under **Part Three LIABILITY TO OTHERS**, the most **we** will pay for **bodily injury** to any person, who is not a **passenger**, is \$100,000 each **person**.

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY

Special Use Endorsement – Aerial Transmission or Pipeline Patrol

This endorsement applies only to the following **aircraft**:

*If no entry is made this endorsement applies to all **aircraft** covered by **your** policy.*

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part Two. AIRCRAFT PHYSICAL DAMAGE COVERAGE
Part Three. LIABILITY TO OTHERS
Part Four. MEDICAL EXPENSE

1. This endorsement changes Item 10 of the Coverage Identification Page, THE USE OF THE AIRCRAFT, to include aerial patrol of transmission lines or pipelines for which **you** make a charge to **others**.
2. When the **aircraft** is operated for the use described above, only those pilots meeting the requirements set forth in Item 9 of the Coverage Identification Page, REQUIREMENTS FOR THE PILOT FLYING THE AIRCRAFT, or an endorsement to the policy, are approved to operate the **aircraft**.
3. Under Part Three (LIABILITY TO OTHERS) and Part Four (MEDICAL EXPENSE), **we** do not provide any coverage for **bodily injury** or **property damage** arising out of any consequential loss caused by impact of the **aircraft** with transmission lines or pipelines.

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

Passenger Settlement Endorsement

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part Three LIABILITY TO OTHERS

This endorsement applies to all **aircraft** under **your** policy which have coverage for **passenger bodily injury**.

If **your** policy provides coverage for **passenger bodily injury** liability under **Part Three LIABILITY TO OTHERS**, this endorsement extends that coverage to include an option for voluntary settlement with respect to a **passenger** who sustains certain **bodily injury** as described in this endorsement even if **you** are not legally required to pay for the **bodily injury** provided such voluntary settlement is made within one (1) year from the date of the **occurrence** giving rise to such **bodily injury**.

1. Our Offer to Pay for Bodily Injury

If an **occurrence** results in **bodily injury** to a **passenger**, **we** will offer to pay a sum requested by **you** in settlement of claims for such **bodily injury** as follows:

- a. If the **occurrence** results in the death of a **passenger**, the loss of any two members, or the irrecoverable paralysis of two or more limbs (diplegia), **we** will offer to pay up to the "Settlement Limit for Each Person."
- b. If the **occurrence** results in loss of any one member by a **passenger**, **we** will offer to pay up to one-half (1/2) of the "Settlement Limit for Each Person."

As used in this endorsement, the term "Settlement Limit for Each Person" means 75% of **your** limit of coverage for **passenger bodily injury** stated in Item 6 of the Coverage Identification Page as applicable to the **aircraft**, or \$150,000, whichever amount is less.

As used in this endorsement, the term "member" means a leg, arm, hand, foot, eye, hearing or speech. "Loss" as used herein with reference to a hand or foot means complete severance through or above the wrist or ankle joint; as used with reference to an eye means the irrecoverable loss of the entire sight in the eye; as used with reference to speech and hearing means entire and irrecoverable loss of speech or hearing.

As used in this endorsement, the term "death" includes the disappearance of a **passenger** where the body cannot be found within a reasonable period of time, or a maximum period of six (6) months, unless **we** have reasonable grounds to believe that the **passenger's** death did not occur or did not result from an **occurrence** after examining all available evidence.

You agree to provide any reasonably obtainable information requested by **us** relating to **passenger bodily injury** as the result of an **occurrence**.

2. What We Will Not Cover

In addition to **bodily injury** otherwise excluded from coverage under **Part Three LIABILITY TO OTHERS**, Paragraph 4. "What Is Not Covered," this endorsement does not apply to **bodily injury** to a **passenger**:

- a. caused by suicide, attempted suicide, intentional self-injury, a criminal act, or an act while in a state of insanity or intoxication; or
- b. caused by disease or natural causes, or medical or surgical treatment (except where such treatment becomes necessary because of **bodily injury** caused by an **occurrence** within the scope of this endorsement).

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

3. Maximum Offer

The total amount **we** will offer to pay with respect to any one injured **passenger** in any one **occurrence** will not exceed the "Settlement Limit for Each Person." The total amount **we** will offer to pay with respect to any two or more injured **passengers** in any one **occurrence** will not exceed the "Each Occurrence" limit for your **passenger bodily injury** coverage shown in Item 6 of **your** Coverage Identification Page.

4. Release Required for Payment

We will not make a payment to or with respect to any injured **passenger** unless all persons having a cause of action for the **passenger's** bodily injury execute a full and final release of all claims for damages covered under Coverage B, D or DL, except for claims that **you** or **your** worker's compensation insurer would be liable for under any worker's compensation act law or plan. If any such person refuses to execute and deliver a full and final release within thirty (30) days of a settlement offer, or commences a suit to recover damages for **bodily injury** sustained by a **passenger**, **we** may withdraw the settlement offer and **our** obligation to offer such settlement under the terms of this endorsement will no longer apply.

5. Payment Reduces Remaining Settlement Limit

Any payment **we** make under this endorsement to or with respect to an injured **passenger** reduces the remaining Settlement Limit with respect to such **passenger** by the amount paid.

6. Payment Reduces **Your** Coverage for Liability to Others

The coverage provided by this endorsement is a part of and is not in addition to the limit of coverage otherwise provided under **Part Three LIABILITY TO OTHERS** of **your** policy for **passenger bodily injury**. The limit of coverage available to **you** under **Part Three LIABILITY TO OTHERS** of **your** policy for **passenger bodily injury** will be reduced by the amount of any payment **we** make pursuant to this endorsement.

***** END *****

Suspension of In Motion Coverage Endorsement

This endorsement applies only to the following **aircraft**: N

*If no entry is made this endorsement applies to all **aircraft** covered by **your** policy.*

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part Two AIRCRAFT PHYSICAL DAMAGE COVERAGE
Part Three LIABILITY TO OTHERS
Part Four MEDICAL EXPENSE

1. **We** agree to change your coverage while the aircraft is placed in storage during the Suspension Period stated below, subject to the following terms, conditions and restrictions:

The Suspension Period effective date and coverage suspension will commence on:

2. During the Suspension Period **we** will provide **you** with the following coverage ONLY:
 - A. **Your** coverage under **Part Two AIRCRAFT PHYSICAL DAMAGE COVERAGE** is amended to Coverage F. No coverage is provided while the **aircraft** is **in motion** or **in flight** during the Suspension Period.
 - B. **Your** coverage under **Part Three LIABILITY TO OTHERS** is amended to exclude any coverage for **bodily injury**, including **passenger bodily injury**, or for **property damage** for any **occurrence** involving or arising out of operation of the **aircraft in motion** or **in flight** during the Suspension Period.
 - C. **Your** coverage under **Part Four MEDICAL EXPENSE** is amended to exclude any coverage for medical expense during the Suspension Period.
3. **You** agree to tell **us** in writing in advance, through **our Aviation Managers**, when **you** want **your** coverages reinstated. **You** do not have any coverage for operation of the **aircraft in motion** or **in flight** during the Suspension Period. **Your** coverages in effect on the effective date of coverage suspension will not be reinstated until **we** receive **your prior written notice** advising **us** when **you want your** coverages reinstated.
4. If the termination of the Suspension Period is more than ninety (90) days from Suspension Period effective date, **we** agree to refund 75% of the premium earned by **us** during the Suspension Period for the coverages suspended. Otherwise, **you** will not be entitled to any return of premium for the Suspension Period.

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This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

GA
NAMED INSURED

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY

Damaged Aircraft Endorsement

This endorsement applies only to the following **aircraft**:

*If no entry is made this endorsement applies to all **aircraft** covered by **your** policy.*

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part One. GENERAL PROVISIONS AND CONDITIONS

This endorsement amends Paragraph 1.g. of Part One (General Provisions and Conditions) to read as follows:

g. **Agreed value** means the amount of money shown in Item 5 of the Coverage Identification Page reduced by the amount of the cost to repair damage to the **aircraft**. The coverage will be automatically increased, at no additional premium, by the cost of the repairs completed until the **agreed value** has been restored or the policy expires. This is the amount **you** and **we** have agreed **your aircraft** is worth and the maximum amount of Aircraft Physical Damage coverage **we** provide.

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

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Additional Premium:

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This endorsement applies only to the following **aircraft**:

*If no entry is made this endorsement applies to all **aircraft** covered by **your** policy.*

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part One. GENERAL PROVISIONS AND CONDITIONS~~Two AIRCRAFT PHYSICAL DAMAGE COVERAGE~~

This endorsement amends Paragraph ~~1.g.3.b.~~ of **Part One (General Provisions and Conditions)**~~Two AIRCRAFT PHYSICAL DAMAGE COVERAGE~~ to read as follows:

~~g. **Agreed value** means the amount of money shown in Item 5 of the Coverage Identification Page reduced by the amount of the cost to repair damage to the **aircraft**. The coverage will be automatically increased, at no additional premium, by the cost of the repairs completed until the **agreed value** has been restored or the policy expires. This is the amount **you** and **we** have agreed **your aircraft** is worth and the maximum amount of Aircraft Physical Damage coverage **we** provide. Damaged **Aircraft**. If the **aircraft** is damaged and not destroyed, **we** will pay the reasonable cost of repair after the **aircraft** has been repaired, but we will not pay more than the **agreed value**, less the applicable deductible.~~

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

SERFF Tracking Number: *AERO-125910596* *State:* *Arkansas*
Filing Company: *HallmarkInsurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AC AR 99-11-08-001*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *General Aviation Aircraft Program*
Project Name/Number: *Update Endorsement Form Filing/AC AR 99-11-08-111*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AERO-125910596 State: Arkansas
Filing Company: HallmarkInsurance Company State Tracking Number: EFT \$50
Company Tracking Number: AC AR 99-11-08-001
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: General Aviation Aircraft Program
Project Name/Number: Update Endorsement Form Filing/AC AR 99-11-08-111

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/20/2008

Comments:

Attachment:

AC AR 99-11-08-001 Transmittal.pdf

Satisfied -Name: SUPPORTING DOCUMENTS **Review Status:** Approved 11/20/2008

Comments:

Attachments:

HIC Filing Authorization Ltr.pdf
AC MS 99-11-08-001 filing memo.pdf
GA 140 (10-08) comparison.pdf
GA 150 (10-08) comparison.pdf
GA 162 (10-08) comparison.pdf
GA 164 04-07 Comparison.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only				
	a. Date the filing is received:				
	b. Analyst:				
	c. Disposition:				
	d. Date of disposition of the filing:				
	e. Effective date of filing:				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
Hallmark Insurance Group	3478

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hallmark Insurance Company	Arizona	34037	47-0718164	

5. Company Tracking Number	AC AR 99-11-08-001
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Thomas A. Murphy Aerospace Ins. Managers, Inc.	Compliance Officer	972-852-1200	972-852-12012	tmurphy@aerospaceim.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Thomas A. Murphy

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Aircraft ASL 22
10. Sub-Type of Insurance (Sub-TOI)	Aircraft Hull & Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	General Aviation Aircraft Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Jan 5, 2009 Renewal: Jan 5, 2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	None
17. Reference Organization # & Title	None
18. Company's Date of Filing	November 18, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AC AR 99-11-08-001
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Hallmark Insurance Company (HIC) – General Aviation Aircraft Program is approved for use in your state. This is an update to the multi-state General Aviation Aircraft Program filing for the Hallmark Insurance Company. Aerospace Insurance Managers, Inc. will file the update 48 states.

Hallmark Insurance Company grants Aerospace Insurance Managers, Inc. rate, rule and form filing authority, see letter of authorization included in the Supplemental Documents Section of the filing. Aerospace Insurance Managers, Inc. is also granted authority, by contract, full responsibility for all underwriting functions and policy processing for the General Aviation Aircraft Program.

This Aircraft Form Filing consists of a revision to the Coverage Identification Page GA102H (10/08) along with some new forms and some revisions to previously approved Forms. See the forms section of the filing for a complete listing.

In the Supplemental Documents Section of the Filing, comparisons of previous Forms to the new Forms is included with changes marked in red by ~~striethrough for deleted language~~ and underlined for added language to the Forms.

There are no other changes to the program at this time.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount:

Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AC AR 99-11-08-001		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		None		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Coverage Identification Page	GA102H (10/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GA102H (02/08)	AV AR 99-04-08-003
02	Requirements for the Pilot Flying the Aircraft	GA110 LSA (07/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Requirements for the Pilot Flying the Aircraft	GA110 LSA IR (07/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Special Use Endorsement - Sailplane Towing	GA140 (10/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GA140 (1/00)	
05	Special Use Endorsement - Aerial Transmission or Pipeline Patrol	GA141A(11/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Passenger Settlement Endorsement	GA150 (10/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GA150 (1/00)	AC AR 99-06-08-001
07	Suspension of In Motion Coverage Endorsement - Open	GA162 (10/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GA162(1/00)	AC AR 99-06-08-001
08	Suspension of In Motion Coverage Endorsement - Open	GA162 (10/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GA162(1/00)	AC AR 99-06-08-001
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Hallmark Insurance Company

November 19, 2008

RE: *Designation of Filing Authority for Hallmark Insurance Company
Aviation Insurance Programs*

Dear Commissioner:

Aerospace Insurance Managers, Inc. ("Aerospace") is authorized by the Hallmark Insurance Company to submit filings on its behalf for a new or revised aviation programs.

The names and titles of the staff at Aerospace authorized to act on behalf of the Hallmark Insurance Company with respect to the aviation programs shown below. We presume that this letter constitutes sufficient notice to you of our designation of Aerospace Insurance Managers, Inc. as an authorized filer. Please do not hesitate to contact me with any questions.

Aerospace staff authorized to act on our behalf are as follows:

Thomas A. Murphy, Compliance Officer
Christopher A. Smith, Underwriter

Sincerely,



Christopher C. Jones
Vice President

A Subsidiary of Hallmark Financial Services, Inc.

777 Main Street, Suite 1000 Fort Worth, Texas 76102

◆ 972-934-2400 ◆ 972-788-0520

Hallmark Insurance Company General Aviation Aircraft Program Aircraft Insurance Policy Form Update

The Hallmark Insurance Company (HIC) – General Aviation Aircraft Program is approved for use in your state. This is an update to the multi-state General Aviation Aircraft Program filing for the Hallmark Insurance Company. Aerospace Insurance Managers, Inc. will file the update 48 states.

Hallmark Insurance Company grants Aerospace Insurance Managers, Inc. rate, rule and form filing authority, see letter of authorization included in the Supplemental Documents Section of the filing. Aerospace Insurance Managers, Inc. is also granted authority, by contract, full responsibility for all underwriting functions and policy processing for the General Aviation Aircraft Program.

This Aircraft Form Filing consists of a revision to the Coverage Identification Page GA102H (10/08) along with some new forms and some revisions to previously approved Forms. See the forms section of the filing for a complete listing.

In the Supplemental Documents Section of the Filing, comparisons of previous Forms to the new Forms is included with changes marked in red by ~~strikethrough for deleted language~~ and underlined for added language to the Forms.

There are no other changes to the program at this time.

Special Use Endorsement – Sailplane Towing

This endorsement applies only to the following **aircraft**:

*If no entry is made this endorsement applies to all **aircraft** covered by **your** policy.*

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part Two. AIRCRAFT PHYSICAL DAMAGE COVERAGE

Part Three. LIABILITY TO OTHERS

Part Four. MEDICAL EXPENSE

1. This endorsement changes Item 10 of the Coverage Identification Page, THE USE OF THE AIRCRAFT, to include sailplane or glider towing for which **you** make a charge to **others**.
2. When the **aircraft** is operated for the use described above, ~~only~~:
 - a) ~~Only~~ those pilots meeting the requirements set forth in Item 9 of the Coverage Identification Page, REQUIREMENTS FOR THE PILOT FLYING THE AIRCRAFT, or an endorsement to the policy, are approved to operate the **aircraft**.
3. ~~b)~~ Under **Part Three LIABILITY TO OTHERS** and **Part Four MEDICAL EXPENSE**, we do not provide any coverage for:
 - a) ~~i)~~ **Bodily injury** or medical expense sustained by any **passengers**; or
 - b) ~~ii)~~ **Property damage** to the sailplane being towed; or
 - c) ~~iii)~~ Any claims arising out of consequential loss caused by impact by the **aircraft**, sailplane or tow line with electric power or communication transmission lines.
- c) Under **Part Three LIABILITY TO OTHERS**, the most we will pay for **bodily injury to any person, who is not a passenger, is \$100,000 each person.**

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

Passenger Settlement Endorsement

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part Three LIABILITY TO OTHERS

This endorsement applies to all **aircraft** under **your** policy which have coverage for **passenger bodily injury**.

If **your** policy provides coverage for **passenger bodily injury** liability under **Part Three LIABILITY TO OTHERS**, this endorsement extends that coverage to include an option for voluntary settlement with respect to ~~an injured passenger for who sustains~~ certain **bodily injury** ~~arising within one (1) year from the date of an occurrence, as described in this endorsement~~ even if **you** are not legally required to pay for the **bodily injury** ~~provided such voluntary settlement is made within one (1) year from the date of the occurrence~~ giving rise to such **bodily injury**.

1. Our Offer to Pay for Bodily Injury

If an **occurrence** results in **bodily injury** to a **passenger**, **we** will offer to pay a sum requested by **you** in settlement of claims for such **bodily injury** as follows:

- a. If the **occurrence** results in the death of a **passenger**, the loss of any two members, or the irrecoverable paralysis of two or more limbs (diplegia), **we** will offer to pay up to the "Settlement Limit for Each Person."
- b. If the **occurrence** results in loss of any one member by a **passenger**, **we** will offer to pay up to one-half (½) of the "Settlement Limit for Each Person."

As used in this endorsement, the term "Settlement Limit for Each Person" means 75% of **your** limit of coverage for **passenger bodily injury** stated in Item 6 of the Coverage Identification Page as applicable to the **aircraft**, or \$150,000, whichever amount is less.

As used in this endorsement, the term "member" means a leg, arm, hand, foot, eye, hearing or speech. "Loss" as used herein with reference to a hand or foot means complete severance through or above the wrist or ankle joint; as used with reference to an eye means the irrecoverable loss of the entire sight in the eye; as used with reference to speech and hearing means entire and irrecoverable loss of speech or hearing.

As used in this endorsement, the term "death" includes the disappearance of a **passenger** where the body cannot be found within a reasonable period of time, or a maximum period of ~~one year~~ **six (6) months**, unless **we** have reasonable grounds to believe that the **passenger's** death did not occur or did not result from an **occurrence** after examining all available evidence.

You agree to provide any reasonably obtainable information requested by **us** relating to **passenger bodily injury** as the result of an **occurrence**.

2. What We Will Not Cover

In addition to **bodily injury** otherwise excluded from coverage under **Part Three LIABILITY TO OTHERS**, Paragraph 4. "What Is Not Covered," this endorsement does not apply to **bodily injury** to a **passenger**:

- a. caused by suicide, attempted suicide, intentional self-injury, a criminal act, or an act while in a state of insanity or intoxication; or
- b. caused by disease or natural causes, or medical or surgical treatment (except where such treatment becomes necessary because of **bodily injury** caused by an **occurrence** within the scope of this endorsement).

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

3. Maximum Offer

The total amount **we** will offer to pay with respect to any one injured **passenger** in any one **occurrence** will not exceed the "Settlement Limit for Each Person." The total amount **we** will offer to pay with respect to any two or more injured **passengers** in any one **occurrence** will not exceed the "Each Occurrence" limit for your **passenger bodily injury** coverage shown in Item 6 of **your** Coverage Identification Page.

4. Release Required for Payment

We will not make a payment to or with respect to any injured **passenger** unless all persons having a cause of action for the **passenger's** bodily injury execute a full and final release of all claims for damages covered under Coverage B, D or DL, except for claims that **you** or **your** worker's compensation insurer would be liable for under any worker's compensation act law or plan. If any such person refuses to execute and deliver a full and final release within thirty (30) days of a settlement offer, or commences a suit to recover damages for **bodily injury** sustained by a **passenger**, **we** may withdraw the settlement offer and **our** obligation to offer such settlement under the terms of this endorsement will no longer apply.

5. Payment Reduces Remaining Settlement Limit

Any payment **we** make under this endorsement to or with respect to an injured **passenger** reduces the remaining Settlement Limit with respect to such **passenger** by the amount paid.

6. Payment Reduces **Your** Coverage for Liability to Others

The coverage provided by this endorsement is a part of and is not in addition to the limit of coverage otherwise provided under **Part Three LIABILITY TO OTHERS** of **your** policy for **passenger bodily injury**. The limit of coverage available to **you** under **Part Three LIABILITY TO OTHERS** of **your** policy for **passenger bodily injury** will be reduced by the amount of any payment **we** make pursuant to this endorsement.

***** END *****

Suspension of In Motion Coverage Endorsement

This endorsement applies only to the following **aircraft**:

*If no entry is made this endorsement applies to all **aircraft** covered by **your** policy.*

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part Two- AIRCRAFT PHYSICAL DAMAGE COVERAGE
Part Three- LIABILITY TO OTHERS
Part Four- MEDICAL EXPENSE

1. **We** agree to change your coverage while the aircraft is placed in storage during the Suspension Period stated below, subject to the following terms, conditions and restrictions:

The Suspension Period effective date and coverage suspension will commence on:

2. During the Suspension Period **we** will provide **you** with the following coverage ONLY:
 - A. **Your** coverage under **Part Two AIRCRAFT PHYSICAL DAMAGE COVERAGE** is amended to Coverage F. No coverage is provided while the **aircraft** is **in motion** or **in flight** during the Suspension Period.
 - B. **Your** coverage under **Part Three LIABILITY TO OTHERS** is amended to exclude any coverage for **bodily injury**, including **passenger bodily injury**, or for **property damage** for any **occurrence** involving or arising out of operation of the **aircraft in motion** or **in flight** during the Suspension Period.
 - C. **Your** coverage under **Part Four MEDICAL EXPENSE** is amended to exclude any coverage for medical expense during the Suspension Period.
3. ~~3.~~ **You** agree to tell **us** in writing in advance, through **our Aviation Managers**, when **you** want **your** coverages reinstated. **You** do not have any coverage for operation of the **aircraft in motion** or **in flight** during the Suspension Period. **Your** coverages in effect on the effective date of coverage suspension will not be reinstated until **you notify we receive your prior written notice advising us** when **you** want ~~the coverage~~**your coverages** reinstated.
4. ~~4.~~ If the termination of the Suspension Period is more than ninety (90) days from Suspension Period effective date, **we** agree to refund 75% of the premium earned by **us** during the Suspension Period for the ~~reduced coverage coverages~~ **suspended**. Otherwise, **you** will not be entitled to any return of premium for the Suspension Period.

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium:

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY

Damaged Aircraft Endorsement

This endorsement applies only to the following **aircraft**:

*If no entry is made this endorsement applies to all **aircraft** covered by **your** policy.*

Various provisions of this endorsement extend or restrict coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part One. GENERAL PROVISIONS AND CONDITIONS~~Two AIRCRAFT PHYSICAL DAMAGE COVERAGE~~

This endorsement amends Paragraph ~~1.g.3.b.~~ of **Part One (General Provisions and Conditions)**~~Two AIRCRAFT PHYSICAL DAMAGE COVERAGE~~ to read as follows:

~~g. **Agreed value** means the amount of money shown in Item 5 of the Coverage Identification Page reduced by the amount of the cost to repair damage to the **aircraft**. The coverage will be automatically increased, at no additional premium, by the cost of the repairs completed until the **agreed value** has been restored or the policy expires. This is the amount **you** and **we** have agreed **your aircraft** is worth and the maximum amount of Aircraft Physical Damage coverage **we** provide. Damaged **Aircraft**. If the **aircraft** is damaged and not destroyed, **we** will pay the reasonable cost of repair after the **aircraft** has been repaired, but we will not pay more than the **agreed value**, less the applicable deductible.~~

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium: