

SERFF Tracking Number: AGNY-125883068 State: Arkansas
 First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-AV-10
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Silver Medallion Comprehensive Aviation Program - 034706250030
 Project Name/Number: Silver Medallion Comprehensive Aviation Program/AIC-08-AV-10

Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Silver Medallion SERFF Tr Num: AGNY-125883068 State: Arkansas

Comprehensive Aviation Program -
034706250030

TOI: 22.0 Aircraft

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 22.0000 Aircraft

Co Tr Num: AIC-08-AV-10

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Monique Myers

Disposition Date: 11/03/2008

Date Submitted: 10/31/2008

Disposition Status: Approved

Effective Date Requested (New): 12/08/2008

Effective Date (New): 12/08/2008

Effective Date Requested (Renewal): 12/08/2008

Effective Date (Renewal):
12/08/2008

State Filing Description:

General Information

Project Name: Silver Medallion Comprehensive Aviation Program

Status of Filing in Domicile: Pending

Project Number: AIC-08-AV-10

Domicile Status Comments: Pending in all
states

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 11/03/2008

State Status Changed: 11/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The referenced companies (the "Companies") have on file with your Department their Silver Medallion Comprehensive Aviation Program (AIC-06-AV-02). The Companies submit, for your review and approval, twenty-nine (29)

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endorsements to be used with this program.

Please refer to the attached Forms Listing for information about the forms included in this submission.

Company and Contact

Filing Contact Information

Monique Myers, Filings Analyst Monique.Myers@AIG.com
 175 Water Street (212) 458-6346 [Phone]
 New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

American Home Assurance Company
 70 Pine Street
 New York, NY 10270
 (212) 770-7000 ext. [Phone]

CoCode: 19380
 Group Code:
 Group Name:
 FEIN Number: 13-5124990

State of Domicile: New York
 Company Type:
 State ID Number:

American International South Insurance
 Company
 70 Pine Street
 New York, NY 10270
 (212) 770-7000 ext. [Phone]

CoCode: 40258
 Group Code:
 Group Name:
 FEIN Number: 02-6008643

State of Domicile: Pennsylvania
 Company Type:
 State ID Number:

Commerce and Industry Insurance Company
 70 Pine Street
 New York, NY 10270
 (212) 770-7000 ext. [Phone]

CoCode: 19410
 Group Code:
 Group Name:
 FEIN Number: 13-1938623

State of Domicile: New York
 Company Type:
 State ID Number:

Granite State Insurance Company
 70 Pine Street
 New York, NY 10270
 (212) 770-7000 ext. [Phone]

CoCode: 23809
 Group Code:
 Group Name:
 FEIN Number: 02-0140690

State of Domicile: Pennsylvania
 Company Type:
 State ID Number:

National Union Fire Insurance Company of
 Pittsburgh, Pa.
 70 Pine Street

CoCode: 19445
 Group Code:

State of Domicile: Pennsylvania
 Company Type:

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New York, NY 10270
(212) 770-7000 ext. [Phone]

Group Name:
FEIN Number: 25-0687550

State ID Number:

New Hampshire Insurance Company
70 Pine Street
New York, NY 10270
(212) 770-7000 ext. [Phone]

CoCode: 23841
Group Code:
Group Name:
FEIN Number: 02-0172170

State of Domicile: Pennsylvania
Company Type:
State ID Number:

The Insurance Company of the State of
Pennsylvania
70 Pine Street
New York, NY 10270
(212) 770-7000 ext. [Phone]

CoCode: 19429

Group Code:
Group Name:
FEIN Number: 13-5540698

State of Domicile: Pennsylvania

Company Type:
State ID Number:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/03/2008	11/03/2008

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Disposition

Disposition Date: 11/03/2008
Effective Date (New): 12/08/2008
Effective Date (Renewal): 12/08/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Insured - Company	Approved	Yes
Form	Additional Insured - Company	Approved	Yes
Form	Additional Insured - Lienholder	Approved	Yes
Form	Aggregate Limits Extension	Approved	Yes
Form	Agreed Value - Total Loss	Approved	Yes
Form	Aircraft Engine Coverage Extension	Approved	Yes
Form	Amendment of Coverage Limits Set Forth in the Declarations	Approved	Yes
Form	Amendment - Definition of Passenger	Approved	Yes
Form	Amendment of Declarations Endorsement	Approved	Yes
Form	Bail Bonds Endorsement	Approved	Yes
Form	Certificate Attachment for European Union (SDR) Coverage (Aggregate Limits)	Approved	Yes
Form	Certificate Attachement - Italian (ENAC) Certification Requirement E.U. Regulation 785/2004	Approved	Yes
Form	Confiscation by Govenment of Registry Exclusion	Approved	Yes
Form	Defense, Settlement and Supplementary Payments of Liability Claims Amendatory Endorsement - Wages	Approved	Yes
Form	Excluded Pilots	Approved	Yes
Form	Exclusion of In-Motion Coverage	Approved	Yes
Form	Extended Coverage Endorsement War Risk for Physical Damage Coverage, Extortion and Hi-Jacking Extra Expense Coverage	Approved	Yes
Form	FAA Repair Station Endorsement	Approved	Yes
Form	Good Experience Return	Approved	Yes
Form	Good Experience Return (Excluding War Premium)	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured - Company	SIL563	08/08	Endorsement/Amendment/Conditions New		0.00	SIL563.pdf
Approved	Additional Insured - Company	SIL1056	08/08	Endorsement/Amendment/Conditions New		0.00	SIL1056.pdf
Approved	Additional Insured - Lienholder	SIL990	08/08	Endorsement/Amendment/Conditions New		0.00	SIL990.pdf
Approved	Aggregate Limits Extension	SIL805	08/08	Endorsement/Amendment/Conditions New		0.00	SIL805.pdf
Approved	Agreed Value - Total Loss	SIL1012	08/08	Endorsement/Amendment/Conditions New		0.00	SIL1012.pdf
Approved	Aircraft Engine Coverage Extension	SIL998	08/08	Endorsement/Amendment/Conditions New		0.00	SIL998.pdf
Approved	Amendment of Coverage Limits Set Forth in the Declarations	SIL955	08/08	Endorsement/Amendment/Conditions New		0.00	SIL955.pdf
Approved	Amendment - Definition of Passenger	SIL1040	08/08	Endorsement/Amendment/Conditions New		0.00	SIL1040.pdf
Approved	Amendment of	SIL703	08/08	Endorsement New		0.00	SIL703.pdf

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	Declarations			nt/Amendm			
	Endorsement			ent/Condi			
				ons			
Approved	Bail Bonds Endorsement	SIL1048	08/08	Endorseme New nt/Amendm ent/Condi ons	0.00		SIL1048.pdf
Approved	Certificate Attachment for European Union (SDR) Coverage (Aggregate Limits)	SIL968	08/08	Endorseme New nt/Amendm ent/Condi ons	0.00		SIL968.pdf
Approved	Certificate Attachement - Italian (ENAC) Certification Requirement E.U. Regulation 785/2004	UE1036	11/07	Endorseme New nt/Amendm ent/Condi ons	0.00		UE1036.pdf
Approved	Confiscation by Govenment of Registry Exclusion	SIL863	08/08	Endorseme New nt/Amendm ent/Condi ons	0.00		SIL863.pdf
Approved	Defense, Settlement and Supplementary Payments of Liability Claims Amendatory Endorsement - Wages	SIL1090	08/08	Endorseme New nt/Amendm ent/Condi ons	0.00		SIL1090.pdf
Approved	Excluded Pilots	SIL48	08/08	Endorseme New nt/Amendm ent/Condi ons	0.00		SIL48.pdf
Approved	Exclusion of In- Motion Coverage	SIL999	08/08	Endorseme New nt/Amendm	0.00		SIL999.pdf

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Approved	Extended	SIL	08/08	ent/Condi tions	0.00	
Approved	Extended Coverage Endorsement War Risk for Physical Damage Coverage, Extortion and Hi-Jacking Extra Expense Coverage	SIL962	08/08	Endorsement/Amendment/Conditions	0.00	SIL962.pdf
Approved	FAA Repair Station Endorsement	SIL53	08/08	Endorsement/Amendment/Conditions	0.00	SIL53.pdf
Approved	Good Experience Return	SIL1098	08/08	Endorsement/Amendment/Conditions	0.00	SIL1098.pdf
Approved	Good Experience Return (Excluding War Premium)	SIL1006	08/08	Endorsement/Amendment/Conditions	0.00	SIL1006.pdf
Approved	Good Experience Return Upon Renewal	SIL121	08/08	Endorsement/Amendment/Conditions	0.00	SIL121.pdf
Approved	Good Experience Return Upon Renewal (Excluding War Premium)	SIL1099	08/08	Endorsement/Amendment/Conditions	0.00	SIL1099.pdf
Approved	Hold Harmless Clause	SIL1074	08/08	Endorsement/Amendment/Conditions	0.00	SIL1074.pdf
Approved	Holding	SIL708	08/08	Endorsement/Amendment/Conditions	0.00	SIL708.pdf

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	Corporation - Named Insured Bodily Injury Exclusion			nt/Amendm ent/Condi ons		
Approved	Hurricane Protection Coverage	SIL989	08/08	Endorseme New nt/Amendm ent/Condi ons	0.00	SIL989.pdf
Approved	Liability and Physical Damage Amendment	SIL992	08/08	Endorseme New nt/Amendm ent/Condi ons	0.00	SIL992.pdf
Approved	Lay-Up Endorsement	SIL814	09/08	Endorseme New nt/Amendm ent/Condi ons	0.00	SIL814.pdf
Approved	Lienholder's Interest Endorsement Amendment	SIL704	08/08	Endorseme New nt/Amendm ent/Condi ons	0.00	SIL704.pdf
Approved	Non-Owned Aircraft Liability Amendatory Endorsement	SIL1047	08/08	Endorseme New nt/Amendm ent/Condi ons	0.00	SIL1047.pdf

ADDITIONAL INSURED - COMPANY

This policy is amended as follows:

(Only the clause(s) indicated by an "X" shall apply.)

- Such insurance as is afforded by this policy shall also apply to the scheduled organization as an additional insured insofar as work performed by the Insured for and/or under agreement between the Insured and the scheduled organization is concerned.
- The scheduled organization shall not by reason of its inclusion as an additional insured incur liability to us for payment of premium for such insurance.
- Coverage is primary and is not contributing with any insurance or self-insurance maintained by the scheduled organization.
- The term "Insured" is used severally and not collectively, but the inclusion herein of more than one Insured shall not operate to increase the Limit of our Liability.
- This policy may not be canceled nor the coverage materially changed by us without thirty (30) days prior notice (10 days for non-payment of premium) of such cancellation or material change in coverage to the scheduled organization at the address indicated.
- With respect to **Physical Damage** Coverage, we agree to waive our rights of subrogation against the scheduled organization and its subsidiaries.

Schedule:

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

ADDITIONAL INSURED - COMPANY

This policy is amended as follows:

(Only the clause(s) indicated by an "X" shall apply.)

- Such insurance as is afforded by this policy shall also apply to the scheduled organization as an additional insured insofar as work performed by the Insured for and/or under agreement between the Insured and the scheduled organization is concerned.
- The scheduled organization shall not by reason of its inclusion as an additional insured incur liability to us for payment of premium for such insurance.
- Coverage is primary and is not contributing with any insurance or self-insurance maintained by the scheduled organization.
- The term "Insured" is used severally and not collectively, but the inclusion herein of more than one Insured shall not operate to increase the Limit of our Liability.
- This policy may not be canceled nor the coverage materially changed by us without thirty (30) days prior notice (10 days for non-payment of premium) of such cancellation or material change in coverage to the scheduled organization at the address indicated.
- With respect to **Physical Damage** Coverage, we agree to waive our rights of subrogation against the scheduled organization and its subsidiaries; provided, however, that this waiver shall not prejudice our right of recourse for damages arising from the design, manufacture, modification, repair, sale or servicing of the **Aircraft** by the scheduled organization and its subsidiaries.

Schedule:

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

ADDITIONAL INSURED - LIENHOLDER

This policy is amended as follows:

- 1) The person or organization shown in the schedule below is included as an Insured but only with respect to their liability arising out of:
 - a) The operations by the **Named Insured** of the **Aircraft** shown in the schedule below; and
 - b) Their financial interest in the **Aircraft** shown in the schedule below.
- 2) This insurance does not apply to:
 - a) Any **Occurrence** which takes place after the financial agreement with the person or organization shown in the schedule below is terminated; or
 - b) Any **Bodily Injury** or **Property Damage** arising out of the design, manufacture, sale , repair or service of any **Aircraft** or **Aircraft** part by the person or organization shown in the schedule below; or
 - c) The operations of any **Aircraft** by the person or organization scheduled below.
- 3) The insurance provided hereunder shall be primary and without right of contribution from any other insurance that is available to the persons or organizations scheduled below.

Schedule

Aircraft

Persons or Organizations

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
 (Authorized Representative)

AGGREGATE LIMITS EXTENSION

This policy is amended as follows: The Aggregate Limits applicable to the policy to which this endorsement is attached apply separately to each period shown below:

- (a) From _____ until _____; and,
- (b) From _____ until _____; and,
- (c) From _____ until _____.

But the total limit of our liability in all, shall not exceed \$ _____ for the Policy Period as shown on the Declarations Page. This amount is the pro rata total of the two or three policy periods.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

AGREED VALUE - TOTAL LOSS

This policy is amended as follows:

In the event of a claim arising under this policy for a **Total Loss** or constructive **Total Loss** of an **Aircraft**, we shall pay the agreed value of the **Aircraft** concerned as set forth in Part Two - **Physical Damage** Coverages, less applicable deductibles.

A constructive **Total Loss** may be declared under this policy, at the option of the Insured, in the event that the cost of repairs are estimated at _____ or more of the agreed value.

Nothing contained in this policy shall be deemed to prevent the declaration of a constructive **Total Loss** by mutual agreement between us and the Insured in the event that the cost of repairs are estimated at less than _____ of the agreed value.

In the event that we pay for a **Total Loss** or constructive **Total Loss**, we may elect to take the **Aircraft** (together with all documents of record, registration and title thereto) as salvage.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

AIRCRAFT ENGINE COVERAGE EXTENSION

In consideration of an additional premium of \$ _____ the engines listed below are afforded coverage under this policy, subject to the following:

Serial Number	Insured Value	Effective Date
	\$	
	\$	
	\$	

1. While such property itemized above is installed in and is a part of a **Scheduled Aircraft** the insured value as shown above shall be in addition to the insured value of the **Scheduled Aircraft** of which it is a part.
2. While such property itemized above is not installed in a **Scheduled Aircraft**, the provisions of Coverage M: **Physical Damage** Coverage for **Spare Parts** and **Mechanics Tools** shall apply. The insured value as shown above shall be in addition to the Limit of Liability as set forth in the declarations page for Coverage M.
3. When the leased engines are covered as spares, we shall not be liable for more than the insured value, including all costs of transportation and import duty, if any.
4. In the event of a **Total Loss** of the **Scheduled Aircraft**, the replaced engine is considered part of the **Scheduled Aircraft** and will be our property.
5. The person or organization scheduled below is included as an additional Insured and loss payee, but only as respects operations of the **Named Insured**. Nothing contained herein shall act to prejudice our rights of recovery against such additional Insured with respect to design, manufacture, repair, handling, use or servicing of such substitute engine.

Schedule:

Name _____
Address _____

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

AMENDMENT OF COVERAGE LIMITS SET FORTH IN THE DECLARATIONS

In consideration of _____ premium of \$ _____, the following coverages and limits are amended to read as follows:

Coverage Limits set forth in the Declarations are amended to read as follows:

Coverage A: Liability for Scheduled Aircraft

- \$ Each **Occurrence**, as respects _____ .

Coverage E: Liability for Aviation Premises

- \$ Each **Occurrence**
- \$ Any One Fire

Coverage I: Liability for the Operation of Mobile Equipment

- \$ Each **Occurrence**

This limit is part of, and not in addition to, the limit provided for Coverage E.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

AMENDMENT - DEFINITION OF PASSENGER

This policy is amended as follows:

The definition of "**Passenger**" as set forth on page 3 of the Policy Provisions is deleted and replaced with the following:

Passenger means any person in, on, or boarding the **Aircraft** for the purpose of riding, flying in, or exiting from it after a ride, flight or attempted flight.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

SIL1040 (8/08)

By  _____
(Authorized Representative)

AMENDMENT OF DECLARATIONS ENDORSEMENT

In consideration of _____ premium of \$ _____, the coverage and limits for

are amended to read as follows:

Coverage Limits set forth on the Declarations are amended to read:
(Only those Coverages with an amount(s) and/or data below shall be amended.)

Coverage A: Liability Coverage for Scheduled Aircraft

\$ _____ Each **Occurrence**

Coverage B: Liability for the Use of Non-Owned Aircraft and Temporary Substitute Aircraft

\$ _____ Each **Occurrence**

Maximum Number of Seats: _____

Reporting Grace Period: _____ consecutive days

Coverage C: Liability for Property Damage to Non-Owned Aircraft

\$ _____ Each **Occurrence**

Reporting Grace Period: _____ consecutive days

This limit is part of, and not in addition to, the limit provided for Coverage B.

Coverage D: Liability for Property Damage to Temporary Substitute Aircraft

\$ _____ Each **Occurrence**

This limit is part of, and not in addition to, the limit provided for Coverage B.

Coverage E: Liability for Aviation Premises

\$ _____ Each **Occurrence**
\$ _____ Any One Fire / Any One Premises

Coverage F: Hangarkeepers' Liability

\$ _____ Each **Aircraft** / Each **Auto**
\$ _____ Each **Occurrence**

Deductible: \$ _____ Each **Occurrence**

Coverage G: Liability for Non-Owned Hangars and Their Contents

\$ Each **Occurrence**

This limit is part of, and not in addition to, the limit provided for Coverage A, B, or E, whichever applies to the loss.

Coverage H: Liability for the Sale of Aircraft and Aircraft Products and Services

\$ Each **Occurrence**

Coverage I: Liability for the Operation of Mobile Equipment

\$ Each **Occurrence**

This limit is part of, and not in addition to, the limit provided for Coverage E.

Coverage J: Liability for Personal Injury

\$ Each Offense and in the annual aggregate

Coverage K: Personal Effects and Baggage Expense

\$ Each **Passenger**

Coverage L: Physical Damage Coverage for Scheduled Aircraft

FAA Cert. Number	Make & Model	Year Built	Seats Crew / Pass	Insured Value	Deductibles	
					Not In- Motion	In-Motion/ Ingestion
				\$	\$	\$

Coverage M: Physical Damage Coverage for Spare Parts and Mechanic's Tools

\$ Each **Occurrence**

Deductible \$ Each **Occurrence**

Coverage N: Automatic Insurance for Newly Acquired Aircraft

Maximum **Physical Damage** Limit: \$
any one **Aircraft** without prior approval.

Maximum number of seats:

Reporting Grace Period: consecutive days

Coverage O: Physical Damage Coverage for Increased Value of Scheduled Aircraft

Scheduled Aircraft Maximum Automatic **Physical Damage** Limit:

\$ any one **Aircraft** without prior approval

Coverage P: Temporary Replacement Parts Rental Expense

\$ Each Loss

Minimum required repair period: _____ days

Coverage Q: Replacement Aircraft Rental Expense

\$ Each day for no more than a maximum coverage period of _____
consecutive days, not to exceed:

\$ Each Loss

Minimum required repair period: _____ days

Coverage R: Search and Rescue Expenses

\$ Each Loss

Coverage S: Runway / Aircraft Foaming, Airport Crash Fire & Rescue

\$ Each Loss

Coverage T: Trip Interruption Expense

\$ Each **Passenger** Each Loss

Coverage U: Medical Expenses

A) With respect to any **Scheduled Aircraft** or **Temporary Substitute Aircraft**:

Each Passenger :	\$	Each Occurrence
Each Crew Member :	\$	Each Occurrence

B) With respect to any **Non-Owned Aircraft**:

Each Passenger :	\$	Each Occurrence
Each Crew Member :	\$	Each Occurrence

C) With respect to any **Aviation Premises**

\$	Each Person
\$	Each Occurrence

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

BAIL BONDS ENDORSEMENT

In consideration of an additional premium of \$ _____, this policy is amended as follows:

It is agreed that only with respect to SECTION II COVERAGES, PART ONE - LIABILITY COVERAGES DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS OF LIABILITY CLAIMS Item 3. is deleted and replaced with the following:

- 3. The cost of bail bonds not to exceed \$ _____ required of an Insured, because of an **Occurrence** or violation of laws or regulations for civil aviation arising out of the use of **Scheduled Aircraft, Temporary Substitute Aircraft** or **Aviation Premises**. However, we have no obligation to furnish or apply for bail bonds;

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

CERTIFICATE OF INSURANCE
Regulation (EC) No. 785/2004
(Aggregate Limits)

We, AIG Aviation on behalf of _____,
Name of Insurance Company

herewith certify that for _____
Name of Carrier

Policy Number: _____

A War risk and Allied Perils third party liability insurance has been issued to cover **Bodily Injury** and **Property Damage** to third persons or property not carried aboard the **Aircraft** arising from the operations of the stated **Aircraft**:

Type, serial number, registration mark and maximum take-off mass IMTOWI

The insurance sum any one **Occurrence** and in the annual aggregate in respect of coverage provided by AVN52E, in compliance with the Regulation (EC) no. 785/2004 of 21 April 2004, is \$USD _____ meeting **Aircraft** SDR requirements at date of issue.

The insurance sum includes consequential damage caused by War and Terrorism according to article 7 of the Regulation (EC) No. 785/2004.

The limit provided in this endorsement is the most the Company will pay for all damages arising from injury to third persons or property not carried aboard the **Aircraft** caused by War Risk and Allied Perils insurance extended under this policy.

This insurance coverage is valid from: _____ to _____ .

We herewith declare that we are licensed as an insurer in the United States.

Attachment to
Certificate No. _____

Date of Issue _____

SIL968 (8/08)

By  _____
(Authorized Representative)

CERTIFICATE OF INSURANCE
ITALIAN (ENAC) CERTIFICATION REQUIREMENT E.U. Regulation 785/2004

In consideration of _____ premium of \$ _____, this policy is amended as follows:

This is to certify that AIG Aviation in our capacity as Insurance Company have placed policy number(s) _____ of aviation specific liability insurance in respect of passengers, baggage, cargo and third parties as follows when operating within, into and out of Italy with certain Insurers, whose name and participation are held on file by us, who have each authorized us to issue this Certificate on their behalf.

Insurance Airline _____
 Policy period: starting _____ ending _____
 Geographical limitation _____

Such Insurance is subject to a Combined Single Limit of Liability that is sufficient to cover the sum of the following

Minimum liability in respect of each passenger :	SDR	250.000
Minimum liability in respect of baggage per passenger:	SDR	1.000
Minimum liability in respect of each kilogram of cargo :	SDR	17

Third party minimum liability for each and every aircraft, per accident covering also damages due to risks of war or terrorism:

- SDR _____ covering all attached owned fleet of the carrier
- or
- SDR _____ covering all attached fleet of the carrier both owned and operated
- or
- if the minimum amount coverage is related to the single aircraft:

Aircraft type	Registration	Third Party Minimum Insurance
		SDR
		SDR
		SDR

(Additional aircraft to be detailed in attachment)

All the minimum liability amounts stated above also cover damage due to the risks of war, terrorism, hi-jacking, acts of sabotage, unlawful seizure of aircraft and civil commotion as per Clause AVN52E. Third party cover under AVN52E is subject to an aggregate limit which may be placed over two or more separate policies as indicated by the policy numbers above. All the above risks are insured within their specific terms and conditions of coverage. The above mentioned policy(ies) is/are in accordance with the Regulation (CE) 785/2004 minimum sums insured legally required, specified as above.

In case of insurance interruption or modification of the minimum liability amounts before the above expiration date, the insurer will have to notify ENAC the cancellation or variation of the contract.

It is further certified that the above mentioned policy(ies) comply with the requirements of regulation (CE) 785/2004 and Art. 798 of the Italian Air Navigation Code, recognizing that, as stated above, cover under AVN52E may be provided by two or more separate policies to provide the required minimum liability amount.

Attachment to Certificate No. _____

Date of Issue _____

By  _____
 (Authorized Representative)

CONFISCATION BY GOVERNMENT OF REGISTRY EXCLUSION

This policy is amended as follows:

With respect to the War, Hi-Jacking, Extortion and Other Perils Extended Coverage Endorsement:

Coverage is excluded for confiscation by the country of registration of the **Aircraft**.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

SIL863 (8/08)

By  _____
(Authorized Representative)

**DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS OF
LIABILITY CLAIMS AMENDATORY ENDORSEMENT - WAGES**

In consideration of an additional premium of \$ _____ , this policy is amended as follows:

It is agreed that only with respect to SECTION II COVERAGES, PART ONE - LIABILITY COVERAGES DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS OF LIABILITY CLAIMS Item 5 is deleted and replaced with the following:

- 5. All reasonable expenses incurred by an Insured at our request. However, we will not pay more than \$ _____ per day for each of an Insured's employees for the loss of earnings, wages or salaries; or

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

EXCLUDED PILOTS

This policy is amended as follows:

This policy does not apply to any **Named Insured** while the **Aircraft** is **In-Flight** where any person scheduled below is acting as **Pilot-In-Command** receiving flight instruction or manipulating the controls in any manner whatsoever.

Schedule:

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

EXCLUSION OF IN-MOTION COVERAGE

This policy is amended as follows:

This policy does not apply under any coverage while the **Aircraft is In-Motion.**

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

SIL999 (8/08)

By  _____
(Authorized Representative)

EXTENDED COVERAGE ENDORSEMENT
WAR RISK FOR PHYSICAL DAMAGE COVERAGE,
EXTORTION, AND HI-JACKING EXTRA EXPENSE COVERAGE

In consideration of \$ _____ additional premium, this policy is amended as follows:

This coverage is subject to all the terms and conditions shown both in this policy as well as this endorsement. It does not change any coverage or terms except as specifically stated below. The Insured is responsible for using all reasonable efforts to ensure that all required permits for **Aircraft** operations as well as all state and local laws are complied within the country of operation or the country where a loss or expense is incurred.

SECTION ONE

WAR RISK COVERAGE FOR AIRCRAFT PHYSICAL DAMAGE

The Company will pay for the physical loss of or **Physical Damage** to any **Scheduled Aircraft** (unless excluded by Exclusion (G) below) that is caused by an **Occurrence** during the policy period arising out of any of the following perils:

- (a) war, whether declared or undeclared, invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolution, insurrection, martial law, military or usurped power or any attempt of usurpation of power;
- (b) any strikes, riots, civil commotions or labor disturbances;
- (c) any act of one or more persons, whether or not agents of a sovereign power, for political or terrorist purposes and whether the loss or damage resulting therefrom is accidental or intentional;
- (d) any malicious act or act of sabotage;
- (e) confiscation, nationalization, seizure, restraint, detention, appropriation, requisition for title, use by, or under the order of any government, public or local authority, whether civil, military or de facto;
- (f) hi-jacking or any unlawful seizure or wrongful exercise of control of a **Scheduled Aircraft** or crew **In-Flight** (including any attempt at such seizure or control) made by any person or persons on board the **Scheduled Aircraft** acting without the consent of the Insured.

This section also covers the physical loss of or **Physical Damage** to a **Scheduled Aircraft** while that **Scheduled Aircraft** is outside the control of the Insured because of any of the above perils. The **Scheduled Aircraft** will be covered until its safe return to the Insured.

The **Scheduled Aircraft** shall be deemed to have been restored to the control of the Insured on the safe return of the **Scheduled Aircraft** to the Insured at an airfield not excluded by the geographical limits of this endorsement and entirely suitable for the operation of the **Scheduled Aircraft** (such safe return shall require that the **Scheduled Aircraft** be parked with engines shut down and under no duress).

SECTION TWO

"EXTORTION, HI-JACKING, AND CONFISCATION EXPENSE COVERAGE"

Extortion, Expense Coverage

Subject to the limits described below, the Company will reimburse the **Named Insured** for ninety percent (90%) of any payment properly made for threats made during the policy period against any **Scheduled Aircraft** covered by this endorsement.

Hi-jacking and Confiscation Expense Coverage

Subject to the limits described below, the Company will reimburse the **Named Insured** for ninety percent (90%) of any required extra expenses incurred following any type of confiscation or hi-jacking that takes place during the policy period as described in paragraphs (e) and (f) of SECTION ONE of this endorsement.

Limits of the Company's Liability for Section Two Coverages

The most that the Company will reimburse the **Named Insured** for any one **Occurrence** is an amount equal to ninety percent (90%) of the net cost to the **Named Insured** of any payment(s) made but not exceeding:

- (A) ninety percent (90%) of the Insured Value of the **Scheduled Aircraft** involved, or
- (B) \$1,000,000.00,

whichever is less.

The Insured warrants that the remaining ten percent (10%) of any payment made is not insured elsewhere.

For the purpose of this coverage, any series of related events, losses or expenses connected to any hi-jacking, extortion, or confiscation will be considered one **Occurrence**.

Exclusions Applicable to All Coverages Provided by this Endorsement

This endorsement will not cover any loss, damage or expense arising out of:

- (A) war, whether declared or undeclared between any of the following countries: The United Kingdom, The United States of America, France, The Russian Federation, or The Peoples Republic of China. If any **Scheduled Aircraft** covered by this endorsement is in the air when an outbreak of war occurs, this exclusion will not apply until that **Scheduled Aircraft** completes its first landing;
- (B) detonation, whether hostile or otherwise, of any weapon of war employing atomic or nuclear fission and/or fusion or any other similar reaction;
- (C) any loss or damage caused by radioactive force or matter or resulting from electromagnetic pulse.
- (D) any failure to provide any type of bond, security or any other financial cause whether or not required under a court order;
- (E) the repossession or any attempt at repossession by any person or organization having any legal title or lien on the **Scheduled Aircraft** or any other type of legal contractual relationship with the Insured;
- (F) any type of delay, loss of use or any other type of consequential loss whether or not the **Scheduled Aircraft** is lost or damaged except as specifically provided under the SECTION TWO coverages of this endorsement;
- (G) any **Occurrence** involving the following **Scheduled Aircraft** (if any) which the **Named Insured** has elected not to cover by this endorsement:

<u>Year</u>	<u>Make and Model</u>	<u>Registration No.</u>	<u>Year</u>	<u>Make and Model</u>	<u>Registration No.</u>
-------------	-----------------------	-------------------------	-------------	-----------------------	-------------------------

(H) the emission, discharge, release, or escape of any chemical, biological or biological materials or the threat of same unless such materials are used or threatened to be used solely and directly in;

(1) the hi-jacking, unlawful seizure, or wrongful exercise of control of a **Scheduled Aircraft** and then only in respect of loss of or damage to any **Scheduled Aircraft** as insured under Paragraph (f), Section one to this endorsement; or

(2) any threat against a **Scheduled Aircraft** or its **Passengers** or **Pilot-In-Command** and then only in respect of payments as are insured under Section two to this endorsement.

AUTOMATIC TERMINATION OF COVERAGE, CANCELLATION, AND AMENDMENT OF TERMS

Cancellation or Amendment of Terms by Notice

The applicable sections of Paragraph B. Cancellation, of Section IV, General Policy Conditions, of this policy are changed to read:

The coverage provided by this endorsement can be cancelled, non-renewed or the rate of premium or geographical limits changed by the Company of the **Aviation Managers** with the mailing or delivering of seven (7) days prior written notice to the First **Named Insured** at the first address shown in Item 2. of the Declarations. The proof of delivery or mailing to the First **Named Insured** will be sufficient proof of notice to all **Named Insureds**.

Automatic Termination of Coverage

All coverages provided by this endorsement will automatically terminate without any prior notice to the **Named Insured** if any of the following events occur:

1. Any hostile detonation, of any weapon of war employing atomic or nuclear fission and/or fusion or radioactive force or matter, whenever the detonation occurs whether or not a **Scheduled Aircraft** covered by this endorsement is involved.
2. War, whether declared or undeclared, between any of the following countries: The United Kingdom, The United States of America, France, The Russian Federation, or the Peoples Republic of China. If any **Scheduled Aircraft** covered by this endorsement is in the air when an outbreak of war occurs, coverage for that **Scheduled Aircraft** will only apply until that **Scheduled Aircraft** completes its first landing.

COVERAGE AS PROVIDED UNDER THIS ENDORSEMENT SHALL EXCLUDE ALL REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT OF 2002.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

FAA REPAIR STATION ENDORSEMENT

This policy is amended as follows:

Item 5 of the Declarations shall not apply while the **Scheduled Aircraft** is under the care, custody or control of an **FAA** approved Repair Station for the purpose of maintenance, repair or test flights.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

GOOD EXPERIENCE RETURN

In consideration of an additional premium of \$ _____, it is agreed that this policy is amended as follows:

We shall return to the **Named Insured** an amount equal to _____ of the following:

_____ of the earned premium less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

**GOOD EXPERIENCE RETURN
(EXCLUDING WAR PREMIUM)**

In consideration of an additional premium of \$ _____, it is agreed that this policy is amended as follows:

We shall return to the **Named Insured** an amount equal to _____ of the following:

_____ of the earned premium that is not associated with the purchase of any War Physical Damage or War Liability coverages provided by this policy, less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

GOOD EXPERIENCE RETURN UPON RENEWAL

In consideration of an additional premium of \$ _____, it is agreed that this policy is amended as follows:

We shall return to the **Named Insured** upon renewal of this policy by the **Named Insured** for a twelve (12) month period an amount equal to _____ of the following:

_____ of the earned premium less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

**GOOD EXPERIENCE RETURN UPON RENEWAL
(EXCLUDING WAR PREMIUM)**

In consideration of an additional premium of \$ _____, it is agreed that this policy is amended as follows:

We shall return to the **Named Insured** upon renewal of this policy by the **Named Insured** for a twelve (12) month period an amount equal to _____ of the following:

_____ of the earned premium that is not associated with the purchase of any War Physical Damage or War Liability coverages provided by this policy, less paid claims, reserves, and claims expenses. Such return premium shall be provisional only and shall be subject to further adjustment when the reserves and expenses have been finalized.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

SIL1099 (8/08)

By  _____
(Authorized Representative)

HOLD HARMLESS CLAUSE

The policy is amended as follows:

As respects Liability Coverages, we agree to indemnify the **Named Insured** for its hold harmless obligations for any loss arising under the policy, but only as respects your ownership, maintenance or use of **Scheduled Aircraft**, and only to such extent as agreed to by written contract or agreement with you provided such contract or agreement is on file and approved by the **Aviation Managers**.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

HOLDING CORPORATION - NAMED INSURED BODILY INJURY EXCLUSION

This policy is amended as follows:

This policy does not apply under SECTION II COVERAGES, PART ONE LIABILITY COVERAGES DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS OF LIABILITY CLAIMS to **Bodily Injury** or death to any person who is an owner, member, partner, stockholder, executive officer, director, or employee of the **Named Insured**, but only while acting in the course and scope of their duties as such.

This exclusion does not apply to **Passenger** Voluntary Settlements Endorsement SIL75 (12/07) if attached to this policy.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____



By _____
(Authorized Representative)

HURRICANE PROTECTION COVERAGE

In consideration of an additional premium of \$ _____, this policy is amended as follows:

If the U.S. National Weather Service issues a "Hurricane Watch or Warning" for the area where your **Scheduled Aircraft** is principally based, the **Aviation Managers** will reimburse the **Named Insured** for a portion of the costs incurred by the **Named Insured** to protect the **Scheduled Aircraft** subject to the following:

- a) **Scheduled Aircraft** must be relocated to another airport, which is at least 100 nautical miles away and not under a "Hurricane Watch or Warning".
- b) This coverage only applies to **Aircraft** listed in Coverage L: **Physical Damage** Coverage for **Scheduled Aircraft**, or any **Aircraft** for which coverage is provided under Coverage N: Automatic Insurance for Newly Acquired **Aircraft**, as set forth in the Declarations.

The **Aviation Manager's** portion of the costs shall not exceed \$1,000. of the amount incurred by the **Named Insured** to relocate each **Aircraft**, for any one **Occurrence** during the policy period. The costs include the hiring of a pilot or pilots, who are not employed by the **Named Insured** and who meet(s) the requirements of Item 5 of the Declarations or any Pilot Endorsement attached to this policy. The **Named Insured's** costs must be properly receipted, documented, and submitted to the **Aviation Managers** for reimbursement.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

SIL989 (8/08)

By  _____
(Authorized Representative)

LIABILITY AND PHYSICAL DAMAGE AMENDMENT

In consideration of _____ premium of \$ _____, this policy is amended as follows:

With respect to the following **Aircraft**:

Coverage A: Liability Coverage for **Scheduled Aircraft** set forth in the Declarations is amended to:

	Each Person	Each Occurrence
Coverage A: Liability Coverage for Scheduled Aircraft Excluding Passengers	XXXX	\$ _____

All Liability coverage is excluded while the **Aircraft** is **In-Flight**.

Coverage A: Liability Coverage for **Scheduled Aircraft** set forth in the Declarations is amended to:

	Each Person	Each Occurrence
Coverage A: Liability Coverage for Scheduled Aircraft including Passengers with Passengers limited internally to:	XXXX	\$ _____
	\$ _____	XXXX

Coverage Includes Liability arising while the **Aircraft** is **In-Flight**.

Coverage L: **Physical Damage** Coverage for **Scheduled Aircraft** as set forth in the Declarations is amended as indicated:

Ground only Not **In-Motion** or Ground only Not **In-Flight**

Seats: _____ Crew / _____ **Pass**

The Insured value: From \$ _____ To \$ _____

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By 
(Authorized Representative)

LAY-UP ENDORSEMENT

In consideration of a return premium of \$ _____, this policy is amended as follows:

The **In-Flight** coverage under all sections of this policy will be suspended with respect to the **Aircraft** stated below for the period of time specified below:

Aircraft: all **Aircraft** insured under this policy

Period of Time: Beginning _____
 Ending _____

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

LIENHOLDER'S INTEREST ENDORSEMENT AMENDMENT

This policy is amended as follows:

Lienholder's Interest Endorsement No. _____ in favor of _____

is hereby deleted and replaced by Lienholder's Interest Endorsement No. _____ in favor of _____

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

SERFF Tracking Number: *AGNY-125883068* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-AV-10*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *Silver Medallion Comprehensive Aviation Program - 034706250030*
Project Name/Number: *Silver Medallion Comprehensive Aviation Program/AIC-08-AV-10*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125883068 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-AV-10
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Silver Medallion Comprehensive Aviation Program - 034706250030
Project Name/Number: Silver Medallion Comprehensive Aviation Program/AIC-08-AV-10

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/03/2008

Comments:

Attachment:

P&C Transmittal Document - AR.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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	American Home Assurance Company	NY	012-19380	13-5124990
	American International South Insurance Company	PA	012-40258	02-6008643
	Commerce and Industry Insurance Company	NY	012-19410	13-1938623
	Granite State Insurance Company	PA	012-23809	02-0140690
	National Union Fire Insurance Company of Pittsburgh, Pa.	PA	012-19445	25-0687550
	New Hampshire Insurance Company	PA	012-23841	02-0172170
	The Insurance Company of the State of Pennsylvania	PA	012-19429	13-5540698

5. Company Tracking Number	AIC-08-AV-10
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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
	Monique Myers 175 Water Street, 17 th Floor New York, NY 10038	Filing Analyst	(212) 458-6346	(212)458-7077	Monique.Myers@aig.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Monique Myers

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

9. Type of Insurance (TOI)	22.0 Aircraft
10. Sub-Type of Insurance (Sub-TOI)	22.0000 Aircraft
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Gold Medallion Comprehensive Business 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: December 8, 2008 Renewal: December 8, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	October 31, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-08-AV-10
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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 referenced companies (the “Companies”) have on file with your Department their Silver Medallion Comprehensive Aviation Program (AIC-06-AV-02). The Companies submit, for your review and approval, twenty-nine (29) endorsements to be used with this program.

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 #: EFT
Amount: \$50.00

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.)**

PC TD-1 pg 2 of 2

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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 #	AIC-08-AV-10			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Additional Insured – Company	SIL563 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Additional Insured – Company	SIL1056 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Additional Insured – Lienholder	SIL990 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Aggregate Limits Extension	SIL805 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Agreed Value – Total Loss	SIL1012 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Aircraft Engine Coverage Extension	SIL998 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Amendment of Coverage Limits Set Forth in the Declarations	SIL955 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Amendment – Definition of Passenger	SIL1040 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Amendment of Declarations Endorsement	SIL703 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Bail Bonds Endorsement	SIL1048 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Certificate Attachment for European Union (SDR) Coverage (Aggregate Limits)	SIL968 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

12	Certificate Attachment – Italian (ENAC) Certification Requirement E.U. Regulation 785/2004	UE1036 (11/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Confiscation by Government of Registry Exclusion	SIL863 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Defense, Settlement and Supplement Payments of Liability Claims Amendatory Endorsement – Wages	SIL1090 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	Excluded Pilots	SIL48 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16	Exclusion of In-Motion Coverage	SIL999 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	Extended Coverage Endorsement War Risk for Physical Damage Coverage, Extortion and Hi-Jacking Extra Expense Coverage	SIL962 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18	FAA Repair Station Endorsement	SIL53 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19	Good Experience Return	SIL1098 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20	Good Experience Return (Excluding War Premium)	SIL1006 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
21	Good Experience Return Upon Renewal	SIL121 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22	Good Experience Return Upon Renewal (Excluding War Premium)	SIL1099 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
23	Hold Harmless Clause	SIL1074 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
24	Holding Corporation – Named Insured Bodily Injury Exclusion	SIL708 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
25	Hurricane Protection Coverage	SIL989 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

26	Liability and Physical Damage Amendment	SIL992 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
27	Lay-Up Endorsement	SIL814 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
28	Lienholder;s Interest Endorsement Amendment	SIL704 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
29	Non-Owned Aircraft Liability Amendatory Endorsement	SIL1047 (8/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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