

PRODUCER  
 INSURANCE BROKER'S NAME  
 ADDRESS  
 PHONE & FAX NUMBERS

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**COMPANIES AFFORDING COVERAGE**  
 COMPANY LETTER **A** ENTER "BEST KEY RATING" AFTER COMPANY

INSURED  
 NAME  
 ADDRESS  
 PHONE & FAX NUMBERS

COMPANY LETTER **B**  
 COMPANY LETTER **C**  
 COMPANY LETTER **D**  
 COMPANY LETTER **E**

**COVERAGES**  
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Aircraft Liability and Commercial <input checked="" type="checkbox"/> General Public Liability <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN=L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ACCESS TO AOA REQUIRES EACH OCCURRENCE OF \$5M AND A GENERAL AGGREGATE OF \$10M OR \$5M PER LOCATION			GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE <b>\$150,000,000.00</b> FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	ACCESS TO AOA REQUIRES A MINIMUM CSL OF \$5M			COMBINED SINGLE LIMIT (each accident) <b>\$5,000,000.00</b> BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	<input checked="" type="checkbox"/> Liquor Liability <input checked="" type="checkbox"/> Hangar Keepers Liability				Liquor EACH OCCURRENCE <b>\$10,000,000.00</b> Hangar Keepers EACH OCCURRENCE <b>\$5,000,000.00</b>
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT DISEASE POLICY LIMIT DISEASE EACH EMPLOYEE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 Clark County, Nevada, its elected officers, appointed executives or other officers, other employees, agents, volunteers, members of boards, and Commissioners of the County of Clark are additional insured with respect to Automobile and General Liability arising out of the activities by or on behalf of the named insured in connection with the use or occupancy of premises of Clark County.

CERTIFICATE HOLDER	CANCELLATION (OR COVERAGE REDUCED)
<b>CLARK COUNTY</b> <b>C/O DEPARTMENT OF AVIATION</b> <b>ATTN: INSURANCE</b> <b>5757 WAYNE NEWTON BOULEVARD</b> <b>P O BOX 11005</b> <b>LAS VEGAS, NV 89111-1005</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED OR MATERIALLY ALTERED/BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <p style="text-align: center; color: red; font-size: 1.2em;"><b>SIGNATURE</b></p>

