



Brookfield Place
 200 Liberty Street, 25th Floor
 New York, New York 10281
 P: 212-915-7000 F: 212-945-0829

CERTIFICATE OF INSURANCE

This Is To Certify To: Toledo Lucas County Port Authority
 Division of Aviation
 Toledo, OH 43604

That The Following Policy(ies) Of Insurance Have Been Issued To: Crow Executive Air, Inc. and as endorsed
 28331 Lemoyne Road
 Millbury, OH 43447

Policy Number: UA00008238AV18A

Policy Period: From: 03/01/2018 To: 03/01/2019

Insurance Company: XL SPECIALTY INSURANCE COMPANY

Liability Coverages

Limits of Liability

Each Occurrence Annual Aggregate

General Aggregate Limit (other than Products-Completed Operations and Hangarkeepers)	\$ Not Applicable	\$ Not Applicable
Products / Completed Operations Limit	\$ 1,000,000	\$ 1,000,000
Personal and Advertising Injury Limit	\$ 1,000,000	\$ 1,000,000
Each Occurrence	\$ 2,000,000	\$ Not Applicable
Fire Damage Limit (Any One Fire)	\$ 50,000	\$ Not Applicable
Medical Expense Limit (Any One Per Person)	\$ 5,000	\$ Not Applicable
Hangarkeeper's Limit Each Aircraft	\$ 500,000	\$ Not Applicable
Hangarkeeper's Limit, Each Occurrence	\$ 500,000	\$ Not Applicable

Other Coverages/Conditions/Remarks:

The certificate holder(s) is/are included as additional insured but only with respect to operations of the named insured.

Certificate No. 1
 Date of Issue 02/26/2018

Authorized Representative

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 all terms, exclusions and conditions of such policies. This certificate does not amend, extend or otherwise alter the coverages afforded by the policies described herein. Limits may have been reduced by paid claims.



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.


Policy number and employer
00197869

Period Specified Below
07/01/2018 to 07/01/2019

CROW EXECUTIVE AIR INC
28331 LEMOYNE RD
MILLBURY, OH 43447-9747



www.bwc.ohio.gov
Issued by: BWC


Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.