



ALLEAIR-01

MSTEITZ

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/28/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fresno CSG-Alliant Insurance Services, Inc. 9 E River Park Place East Ste 310 Fresno, CA 93720	CONTACT NAME:	PHONE (A/C, No, Ext): (559) 374-3560		FAX (A/C, No):
	E-MAIL ADDRESS:			
INSURED  Allegiant Air, LLC 1201 N. Town Center Drive Las Vegas, NV 89144	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A:	Starr Indemnity & Liability Company		38318
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

## COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		SASLAMR6360362112	10/1/2023	10/1/2024	EACH OCCURRENCE	\$ 1,250,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000,000
							MED EXP (Any one person)	\$ 25,000,000
							PERSONAL & ADV INJURY	\$ 1,250,000,000
							GENERAL AGGREGATE	\$ 1,250,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,250,000,000
							HANGARKEEPERS L	\$ 1,250,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		1000600450231	5/5/2023	5/5/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		X	1000004492	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$ 1,000,000
							E.I. EACH ACCIDENT	\$ 1,000,000
							E.I. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.I. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu

**CONTRACT:L19-0475-AP**  
**ALLEGIANT AIR, LLC**  
**VPS Reimbursement Agreement & Space Lease**  
**EXPIRES:07/31/2032**

## CERTIFICATE HOLDER CANCELLATION

Okaloosa County 5479 A Old Bethel Road Crestview, FL 32536	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



Alliant Insurance Services, Inc.  
9 E River Park Place East, Suite 310  
Fresno, CA 93720  
Main: 559-374-3560  
Fax: 559-374-3699  
License #0C36861

CERTIFICATE OF INSURANCE AA-23-180

This is to certify to: Okaloosa County  
5479 A Old Bethel Road  
Crestview, FL 32536

That: Allegiant Travel Company, Allegiant Air, LLC, Sunrise Asset Management, LLC and any firm or corporation affiliated to, subsidiary to, associated with or under the same management as any corporation herein named as now existing or as shall hereafter be created  
1201 N. Town Center Drive  
Las Vegas, NV 89144

As of this date, has arranged for the following insurance coverage(s) for the period and with underwriters as identified on the attached Security Sheet.

COVERAGES:

**COMPREHENSIVE AIRLINE LIABILITY INSURANCE**

Including but not limited to: Comprehensive General Liability, Bodily Injury and Property Damage to Third Parties, Passenger Liability, Personal Injury Liability, Contractual Liability, Passengers' Checked and Unchecked Baggage Liability, Premises, Products, Ground Hangarkeepers and Completed Operations Liabilities, Liquor Liability, On Airport Automobile, Off Airport Excess Automobile, Employers' and Cargo Legal Liabilities.

**Combined Single Limit**

Each Occurrence\*  
USD \$500,000,000

AVN52E Aviation War Risk Liability sublimit of

USD \$350,000,000

Excess AVN 52E War Risk Liability limit of

USD \$875,000,000

Personal Injury & Advertisers Liability (except passengers): Limited to \$25,000,000 any one offense, in the aggregate annually.

Excess Automobile and Employers' Legal Liabilities: This insurance shall act as excess of underlying policy limits Up to a Maximum Limit of Liability of \$25,000,000 any one occurrence.

\*REFER TO THE POLICY. AN ANNUAL AGGREGATE LIMIT APPLIES TO SOME COVERAGES.

**GEOGRAPHICAL LIMITS:** Worldwide

**CONTRACT(S):**

**AIRCRAFT INSURED:** Any Aircraft owned, used, maintained and/or operated by the Named Insured.

**OTHER COVERAGES/CONDITIONS/REMARKS**

Subject always to the scope of the attached policies and all the policies' declarations, insuring agreements, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s); and (iii) the operations of the Named Insured; the policies are endorsed to include the following provision(s):

Okaloosa County, their Directors, Officers, Members, Employees and Agents are named as Additional Insured with respect to liability arising out of the activities performed by or on behalf of the Named Insured.

This policy is Primary and Non-Contributory with respect to any and all insurance policies purchased by the City of Aurora.

In the event of cancellation or material changes of the policies by insurers which would adversely affect the interests of the Additional Insureds. Insurers agree to provide 30 days (ten (10) days in the event of cancellation for non-payment of premiums) prior written notice to the Certificate Holder(s).

**This Certificate of Insurance is issued as summary of the Insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the Insurances other than those provided by the policies. The undersigned has been authorized by the above Insurers to issue this certificate on their behalf and is not an Insurer and has no liability of any sort under the above policies as a result of this certification.**



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Main: 559-374-3560  
Fax: 559-374-3699  
License #0C36861

CERTIFICATE OF INSURANCE AA-23-180

This certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all terms, exclusions, limitations and conditions of such policies (including, but not limited to an Electronic Date Recognition Exclusion Clause, and a related Electronic Date Recognition Exclusion Limited Coverage Endorsement; copies of which will be made available on request).

A handwritten signature in black ink, appearing to read "M. L. Matheson", written over a horizontal line.

Authorized Representative

10/1/2023

Date



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Fresno, CA 93720  
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CERTIFICATE OF INSURANCE AA-23-180

**SECURITY SHEET**

**POLICY TERM:** October 1, 2023 to October 1, 2024, on both dates at 12:01 AM Local Standard Time at the address of the Named Insured.

<b><u>INSURER</u></b>	<b><u>POLICY NUMBER</u></b>	<b><u>PERCENTAGE SHARE</u></b>
Starr Surplus Lines Insurance Company Per Starr Aviation Agency, Inc	SASLAMR63603618-09	16.75%
Allianz Global Risks US Insurance Company	A1AL000004418AM	10.00%
XL Specialty Insurance Company	UA000011117AV18A	8.50%
QBE North America	QAVC000366	5.00%
Air Centurion	TBD	1.0%
Applied Underwriters	TBD	2.50%
Various carriers per Gallagher Aviation	TBD	56.25%

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La Reunion Aerienn  
Munich Re  
Swiss Re  
AXIS  
Sirius  
Helvetia  
Airline One Convex  
Airline One Fidelis  
Airline One Starr  
Airline One Mapfre  
Partner Re  
Convex  
Travelers  
Chubb

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**POLICY TERM:** October 1, 2022 to October 1, 2023, on both dates at 12:01 AM Local Standard Time at the address of the Named Insured.

**HULL WAR, HI-JACKING & OTHER PERILS INSURERS**

Underwriters at Lloyds of London and other Licensed Companies per Gallagher Aviation.  
Liberty Syndicate Services Ltd. LIB 4472  
Castel Underwriting Agencies trading as Altitude Risk Partners

**POLICY NUMBER**

J51816718

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**POLICY TERM:** October 1, 2022 to October 1, 2023, on both dates at 12:01 AM Local Standard Time at the address of the Named Insured.

**EXCESS AVN52E AVIATION LIABILITIES INSURERS**

Underwriters at Lloyds of London and other Licensed Companies per Gallagher Aviation.  
Talbot Underwriting Services (US) LTD / Lloyds Syndicate 4472 LIB  
Talbot Underwriting Services (US) LTD / Lloyds Syndicate 1183 TAL  
Lloyds Syndicate 510 KLN / Lloyds Syndicate 510 KLN  
Lloyds Syndicate 4000 PEM / Lloyds Syndicate 4000 PEM  
Torus Insurance (Europe) AG  
Canopus Underwriting Agency, Inc. / Lloyds Syndicate 4444 CNP  
Canopus Underwriting Agency, Inc. / Lloyds Syndicate 958 CNP  
Lloyds Syndicate 1225 AES  
Lloyds Syndicate 2015 CHN

**POLICY NUMBER**

J51818719

J51816720

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**SEVERAL LIABILITY NOTICE**



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CERTIFICATE OF INSURANCE AA-23-180

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (Insurance)