



Named Insured: V2X, Inc., Vertex Aerospace Services Corp., Vectrus Services Greenland, Vertex Aerospace, LLC and Vectrus Systems Corporation AND ANY PARENT, SUBSIDIARY, AFFILIATED, ASSOCIATED OR ALLIED COMPANY, CORPORATION, FIRM, ORGANIZATION AND THE INSURED'S INTEREST IN PARTNERSHIPS AND JOINT VENTURES AND ANY OWNED (WHOLLY OR PARTIALLY) OR CONTROLLED COMPANY(IES) WHERE THE INSURED MAINTAINS AN INTEREST, AS NOW OR HEREAFTER CONSTITUTED OR ACQUIRED.

SECURITY (the "Insurers")

Insurer:

Policy Number:

Starr Indemnity & Liability Co through Starr
Aviation Agency, Inc. 3353 Peachtree Rd. NE,
Suite 1000
Atlanta, GA 30326-1437

1000189405-02

Allianz Global Corporate & Specialty
28 Liberty Street, 37th Floor
New York, NY 10005-1453

A2PR001252023AM

Texas Insurance Company
through Applied Risk Services, Inc.
dba: Applied Underwriters Aviation
P.O. Box 3804 Omaha, NE 68103

VQFPVA011300_130925_01

Falls Lake National Insurance Company
1332 Anacapa St, Suite 120 Santa Barbara,
CA 93101-2090

ACQG FL-00510-02

QBE Insurance Corporation
through QBE North America Wall Street Plaza
88 Pine Street
New York, NY 10005-1801

122000515

Underwriters at Lloyd's & various
Insurance Companies (each for their own part
and not one for the other)

AVNLS2202474

Several Liability Notice

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)

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED Vertex Aerospace, LLC Vertex Aerospace Services Corp. 555 Industrial Drive South Madison, MS 39110	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Waiver of Subrogation applies in favor of Additional Insured with respects to Workers Compensation, as permitted by law.