

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/26/2023

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).

Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd					NAME: Willis Towers watson Certificate Center				
	. Box 305191 hville, TN 372305191 USA			ADDRE					
Nas	hville, TN 372305191 USA				INSURER(S) AFFORDING COVERAGE				
					INSURERA: National Union Fire Insurance Company of P				
INSI Ame	RED rican Airlines Group Inc., et al (s	ee at	:tach	ed)	INSURER B: AIU Insurance Company				
	kyview Drive			INSUR	INSURER C:				
	l Drop 8B307 t Worth, TX 76155			INSUR	INSURER D:				
	a noziny in yoros			INSUR	INSURER E:				
_					INSURER F:				
COVERAGES CERTIFICATE NUMBER: W29722193				· · · · · · · · · · · · · · · · · · ·	REVISION NUMBER:				
D 11/	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES,	NT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE BEEN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO I D HEREIN IS SUBJECT TO ALL T	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	1,000,000	
	CLAIMS-MADE X OCCUR	ļ	Ì] .	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000	
A							MED EXP (Any one person) \$	10,000	
		1		1728932	07/01/2023	07/01/2024	PERSONAL & ADV INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		1		ł	}	GENERAL AGGREGATE \$	2,000,000	
	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG \$	1,000,000	
	OTHER:						\$		
	AUTOMOBILE LIABILITY	_	1				COMBINED SINGLE LIMIT (Ea accident)	1,000,000	
	X ANY AUTO						BODILY INJURY (Per person) \$		
A	OWNED SCHEDULED AUTOS ONLY AUTOS	ĺ	1	4594337	07/01/2023	07/01/2024	BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED						PROPERTY DAMAGE \$		
	AUTOS ONLY AUTOS ONLY						(Per accident) \$		
	UMBRELLA LIAB OCCUR				 		EACH OCCURRENCE \$	j	
	EXCESS LIAB CLAIMS-MADE				ļ		AGGREGATE \$		
	DED RETENTION\$						\$		
	WORKERS COMPENSATION	·—			<u> </u>	07/01/2024	X PER OTH-		
В	AND EMPLOYERS' LIABILITY ANYPROPRIETORIPARTNERIEXECUTIVE						E.L. EACH ACCIDENT \$	1,000,000	
_	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	O N/A	Y	015825045	07/01/2023		E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below				İ		E.L. DISEASE - POLICY LIMIT \$	1,000,000	
	Workers Compensation	-		015825047	07/01/2023	07/01/2024	EL Each Accident \$1,000		
	and Employers Liability - TX				.,,	' '	EL Disease-Each Empl \$1,000	i	
	Per Statute						EL Disease- Pol Limit \$1,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101. Additional Remarks Schedule, may h	e attached if mor		<u> </u>		
	s Voids and Replaces Previous							}	
	-	_						1	
Aut	omobile Coverage applies only	to	vehi	cles off of the restrict	ad airport	premises.			
SEE	ATTACHED				CONTRA	ጉጉ I 17 በ	447 AD	ľ	
CONTRACT: L17-0447-AP									
AMERICAN AIRLINES, INC. SIGNATORY AIRLINE AND TERMINAL									
CE	RTIFICATE HOLDER								
<u>ULI</u>	TIPICATE HOLDER					GREEME			
EXPIRES: 11/30/2021									
		Vanovious	RE IN						
				ACC	ORDANCEWI	IH THE POLIC	Y PROVISIONS.		
Oka	loosa County Airports			AUTHO	AUTUADIZED DERDEGENTATIVE				
	n: Heather Dugas			Adino	AUTHORIZED REPRESENTATIVE				
	1 State Road 85 North			1	John Jacobie				
EG1	in AFB, FL 32542				@40	88-2016 ACC	ORD CORPORATION All righ	te recerved	

AGENCY CUSTOMER ID:			
		 	
LOC#:			



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Insurance Services W	Ame:	NAMEDINSURED American Airlines Group Inc., et al (see attached) 1 Skyview Drive						
POLICY NUMBER	Mai:	Mail Drop 8B307						
See Page 1	For	Fort Worth, TX 76155						
CARRIER	NAIC CODE							
See Page 1	See Page 1 EFFE	ECTIVE DATE: See Page 1						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHED								
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance								
Waiver of Subrogation applies in favor of Certificate Holder with respects to Workers Compensation as permitted by law.								
INSURER AFFORDING COVERAGE: AIU Insurance Company POLICY NUMBER: 015825046								
SUBROGATION WAIVED: Y								
TYPE OF INSURANCE: LIMIT	DESCRIPTION:	LIMIT AMOUNT:						
	h Accident	\$1,000,000						
and Employers Liability - WI EL Dis	ease-Each Empl	\$1,000,000						
Per Statute EL Dis	ease- Pol Limit	\$1,000,000						
INSURER AFFORDING COVERAGE: AIU Insura POLICY NUMBER: 015825044 EFF DATE:		NAIC#: 19399 : 07/01/2024						
SUBROGATION WAIVED: Y								
Workers Compensation EL Eac and Employers Liability - CA EL Dis	DESCRIPTION: h Accident ease-Each Empl ease- Pol Limit	LIMIT AMOUNT: \$1,000,000 \$1,000,000 \$1,000,000						

American Airlines Group Inc. Named Insureds

American Airlines Group Inc.

American Airlines, Inc.

Americas Ground Services, Inc.

Avion Assurance, Ltd.

Envoy Aviation Group Inc.

Eagle Aviation Services, Inc.

Envoy Air Inc. (operates under the trade name "American Eagle")

Executive Airlines, Inc.

Executive Ground Services, Inc.

Piedmont Airlines, Inc. (operates under the trade name "American Eagle")

PMA Investment Subsidiary, Inc.

PSA Airlines, Inc. (operates under the trade name "American Eagle")