ACORD	

CERTIFICATE OF LIABILITY INSURANCE

MSTEITZ DATE (MM/DD/YYYY) 1/23/2024

ALLEAIR-01

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLI BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORI REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
	If SL	DRTANT: If the certificate holde JBROGATION IS WAIVED, subje certificate does not confer rights t	ct to) the	terms and conditions of	the po	licy, certain	policies may				
	PRODUC		• ••••			CONTACT NAME:						
		CSG-Alliant Insurance Services, I			PHONE		374-3560	FAX (A/C, No)				
	9 E River Park Place East Ste 310 Fresno, CA 93720						PHONE (A/C, No, Ext): (559) 374-3560 FAX (A/C, No): E-MAIL ADDRESS:					
	1165110	, CA 33720									NAIC #	
						INSURER(S) AFFORDING COVERAGE					38318	
INSURED											00010	
						INSURER B :						
Allegiant Air, LLC 1201 N. Town Center Drive						INSURER C :						
		Las Vegas, NV 89144				ERD:						
						INSURE						
COVERAGES CERTIFICATE NUMBER:						INSURE	=KF:		DEVICION NUMBER.		I	
I		IS TO CERTIFY THAT THE POLICI							REVISION NUMBER:			
	INDIC CERT	ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQU	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
ł		TYPE OF INSURANCE		SUBR				POLICY EXP (MM/DD/YYYY)	LIM	TS		
ł	A X		INSU	VVVD	, ollor trompett				EACH OCCURRENCE		1,250,000,000	
		CLAIMS-MADE X OCCUR	x		SASLAMR6360362112		10/1/2023	10/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000,000	
			^						MED EXP (Any one person)	\$	25,000,000	
									PERSONAL & ADV INJURY		1,250,000,000	
		 N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		1,250,000,000	
	GE								PRODUCTS - COMP/OP AGG	1	1,250,000,000	
	x								FRODUCIS-COMPOPAGG	\$		
ł									COMBINED SINGLE LIMIT	\$	1,000,000	
	X	٦	x		1000600450231		5/5/2023	5/5/2024	(Ea accident) BODILY INJURY (Per person)	 \$		
		OWNED SCHEDULED AUTOS	^		100000400201		0,0,1010	OID/EVE-I				
		AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)	<u> </u>		
		AUTOS ONLY AUTOS ONLY							(Per accident)			
		UMBRELLA LIAB OCCUR					<u>.</u>			\$\$\$		
		EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	1		
		DED RETENTION \$							AGGREGATE	\$		
	A wo			<u>†</u>					X PER OTH- STATUTE ER	\$		
		AND EMPLOYERS' LIABILITY		x	1000004492		1/1/2024	1/1/2025			1,000,000	
	OF	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	<u> </u>	1,000,000	
Concession of the local division of the loca		es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE		1,000,000	
and and	DE	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	-,	
AMARA AND	DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	ed)			
ATAMARA S												
-												
ſ	CERTI	FICATE HOLDER				CANC	CELLATION					
Okaloosa County 5479 A Old Bethel Road							_EASE: L16-0	440-AP			ORE	
							ALLEGIANT A	IR, LLC			DIN	
									EEMENTAND TERMINA	L BUILD	NG	
Crestview, FL 32536							EXPIRES: 09/30/2026					
		-				A						
1						11						