



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

11/14/2025

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).

<b>PRODUCER</b>     	<b>CONTACT NAME:</b> [REDACTED]	
	<b>PHONE (A/C, No, Ext):</b> [REDACTED]	<b>FAX (A/C, No):</b> [REDACTED]
	<b>E-MAIL ADDRESS:</b> [REDACTED]	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>     	<b>INSURER A:</b> GLOBAL AEROSPACE	<b>NAIC #</b> 524128
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SIGNLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXPRESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURENCE \$ AGGREGATE \$ _____ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
A	<b>AVIATION LIABILITY</b>	✓	✓	[REDACTED]	11/14/2025	12/12/2025	PER OCCURRENCE 5000000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Scheduled, may be attached if more space is required)**

For any and all aviation work OR any and all aviation work performed in ADOT ROW

**CERTIFICATE HOLDER**

The State of Arizona or Arizona Department of Transportation 206 S., 17th Ave., MD 310B, Phoenix, AZ 85007 ,

**CANCELLATION**

**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**

[REDACTED]

## ADDITIONAL INSURED

In consideration of the payment of the premium for this policy, it is agreed that:

1. As respects the insurance afforded by **PART 1 - LIABILITY**, policy **SECTION III - WHO IS AN INSURED** is amended to include as an insured each person or organization described in Schedule, but only as respects his, her, or its liability because of your acts or omissions and to no greater extent than the scope of the insurance afforded by this policy.
2. As respects the interests of any person or organization shown in the Schedule, the insurance afforded by **PART I - LIABILITY** shall be primary without right of contribution by any other valid and collectible insurance available to that person or organization.
3. Unless otherwise indicated in the policy, we waive any right of recovery we may have against any person or organization shown in the Schedule below because of payments we make for **physical damage** in accordance with COVERAGE B-PHYSICAL DAMAGE TO SCHEDULED AIRCRAFT, but only to the same extent that you have waived your right of recovery for such **physical damage** against such person or organization.
4. We may cancel this policy at any time as provided by its terms, but in such case, we shall notify any person or organization shown in the Schedule at the address shown in this endorsement, when such cancellation shall be effective as to the interest of such person or organization at least: (a) ten (10) days before the effective date of cancellation if we cancel for non-payment of premium; or (b) thirty (30) days before the effective date of cancellation if we cancel for any other reason.
5. Unless otherwise indicated in this policy, the policy shall not apply to any assumption of the liability of any person or organization shown in the Schedule below by you for **bodily injury** or **property damage** caused by an **occurrence** arising out of any service performed by or on behalf of such persons or organizations.
6. As respects the interests of any person or organization shown in the Schedule below, the limit of insurance shall not exceed \$5,000,000 each **occurrence** and this limit shall be part of, and not in addition to, the limit of liability set forth in the Declarations for the insurance described above.

### Schedule :

#### PERSON OR ORGANIZATION:

The State of Arizona or Arizona Department of Transportation  
206 S., 17th Ave., MD 310B, Phoenix, AZ 85007

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

This endorsement is effective: November 14, 2025      Endorsement Premium: Included

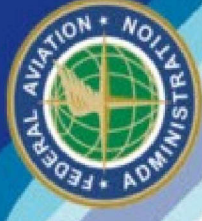
Attached to and made part of Policy No.: [REDACTED]

Issued to: [REDACTED]

Global Aerospace, Inc.

By: [REDACTED]

Endorsement No. 20



# Certificate of Achievement

This is to certify that

[Redacted Name]

has successfully completed the

FAA Safety Team Aviation Learning Center Online

Course

## Part 107 Small Uas Recurrent - Part 61 Pilots

Course Number ALC-515

Presented by FAAS Team

[Redacted ID]

Certificate Number

[Redacted Number]

[Redacted Signature]

*Patricia Mathes, Manager, National FAA Safety Team*