



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2014

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 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 JOHN F. THRONE & CO. 601 UNION STREET, SUITE 4551 SEATTLE, WA 98101		CONTACT NAME: BARBARA SANDBERG PHONE (A/C, No, Ext): 206-622-3636 FAX (A/C, No): 206-623-6286 E-MAIL ADDRESS:	
INSURED AMGH HOLDING CORP. AND AS MORE FULLY ENDORSED, INCL. AIR EVAC EMS, INC. 209 STATE HWY BYPASS 121 SUITE 11 LEWISVILLE TX 75067		INSURER(S) AFFORDING COVERAGE INSURER A: STARR INDEMNITY AND LIABILITY COMPANY INSURER B: THROUGH STARR AVIATION AGENCY, INC. INSURER C: AND FOLLOWING MARKETS ON HELD ON FILE INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 252

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
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	**		SASICOM60035114-05	06/01/2014	12/01/2015	EACH OCCURRENCE \$ 50,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000. MED EXP (Any one person) \$ 25,000. PERSONAL & ADV INJURY \$ 25,000,000. GENERAL AGGREGATE \$ N/A PRODUCTS - COMP/OP AGG \$ 50,000,000.
	AUTOMOBILE LIABILITY <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 SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	AIRCRAFT HULL AND LIABILITY	**		SASICOM60005614-06	06/01/2014	12/01/2015	SEE BELOW*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*ALL SCHEDULED ROTOR WING AND FIXED WING TURBINE AND TURBO-PROP AIRCRAFT \$50,000,000. COMBINED SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY EACH OCCURRENCE INCLUDING PASSENGER LIABILITY. ALL SCHEDULED PISTON FIXED WING AIRCRAFT \$20,000,000. COMBINED SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY EACH OCCURRENCE INCLUDING PASSENGER LIABILITY

The Certificate Holder is included as an Additional Insured on liability coverage(s), but only with respect to operations of the Named Insured.

CERTIFICATE HOLDER**CANCELLATION**

HIDALGO COUNTY ATTN: PURCHASING DEPARTMENT 2812 S HIGHWAY BUS. 281 EDINBURG TX 78539	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 
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