

UNNAMED PILOTS ARE COVERED WHILE FLYING DESCRIBED BALLOONS, UNLESS THEY ARE CARRYING PAID RIDES. ONLY NAMED PILOTS ARE COVERED FOR PAID RIDES. THE POLICY COVERS, AMONG OTHER THINGS, PARTICIPATION IN ORGANIZED BALLOON RACES. IF THE ABOVE POLICY IS CANCELLED BEFORE EXPIRATION OR EVENT DATE, THE COMPANY WILL MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW.

4 of 9

ER:

Ramy Konash

Authorized Representative



6625 W78th St, Suite 210, Bloomington, MN 55439 • Phone 800-783-5963 • Fax 952-746-4858

PROOF OF INSURANCE CARD

<p style="text-align: right;"></p> <p>6625 W78th St, Suite 210, Bloomington, MN 55439 Phone 800-783-5963 Fax 952-746-4858</p> <p>Allianz Global Risks US Insurance Company</p> <p>INSURED: Cox Utility Services TYPE OF FLIGHTS INSURED: Full Commercial CERTIFICATE NUMBER: IMCALZ1800116 EFFECTIVE FROM: 03/06/2018 TO: 03/06/2019</p> <p>LIABILITY LIMITS: BI/PD: SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: \$2,000,000 Each Occurrence INCLUDING PASSENGERS WITH PASSENGER and CREW MEMBER LIABILITY LIMITED TO: \$250,000 Each Passengers/Crew Members and SUBJECT TO: \$2,000,000 Each Occurrence for all Passengers/Crew Members</p> <p>MEDICAL EXPENSE: \$25,000 Each Person HOST LIQUOR LIABILITY: \$1,000,000 Each Occurrence & Annual Aggregate P&A INJURY: \$1,000,000 Any One Offense & In The Annual Aggregate</p> <p>PREMISES LIABILITY: \$100,000 Each person N NUMBERS: 20265 811US</p> <p>NAMED PILOTS: DANIEL JAKE STUKAS</p> <p style="text-align: center;">If a claim occurs, please call 800-783-5963</p>	<p>This card does not constitute or guarantee insurance coverage is CURRENT or in EFFECT.</p> <p>Please CALL the provided agency phone numbers to verify status of existing coverage and limits.</p> <p>This card does not constitute any part of your insurance policy; please read your POLICY and EXCLUSIONS carefully.</p> <p>RPS IMC BALLOON AGENCY / ALLIANZ GLOBAL RISK US INSURANCE COMPANY DOES NOT ACCEPT ANY RESPONSIBILITY FOR INCORRECT INFORMATION ON THIS CARD. NOR IS COVERAGE EXTENDED TO REFLECT CARD INFORMATION IF NOT VERIFIABLE WITH COMPANY RECORDS OF EXISTING INSURANCE COVERAGE.</p>
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RPS - Minneapolis, Madison, Des Moines

Invoice #: 1528199
 Invoice Date: 02/16/2018
 Net Amount Due: \$649.00
 Due Date: 03/06/2018