



# CERTIFICATE OF INSURANCE

DATE TYPED: 06/07/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

**INSURED: Cox Utility Services**

**13850 Ballantyne Corporate Place Suite 500**

**Charlotte, NC 28277**

INSURANCE COMPANY AFFORDING COVERAGE

## ALLIANZ GLOBAL RISKS US INSURANCE COMPANY

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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.

**TYPE OF INSURANCE:** AIRCRAFT LIABILITY

**TYPE OF FLIGHTS INSURED:** Full Commercial

**CERTIFICATE NUMBER:** IMCALZ1800116

**EFFECTIVE FROM:** 03/06/2018

**TO EXPIRATION DATE:** 03/06/2019

**LIABILITY LIMITS:**

COVERAGE A: 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
COVERAGE B: MEDICAL EXPENSE – INCLUDING CREWMEMBERS	\$25,000	Each Person
COVERAGE C: HOST LIQUOR LIABILITY	\$1,000,000	Each Occurrence & Annual Aggregate
COVERAGE D: PERSONAL and ADVERTISING INJURY	\$1,000,000	Any One Offense & In The Annual Aggregate
COVERAGE E: BALLOON PREMISES LIABILITY	\$100,000	Each person

**N NUMBERS:** 20265  
811US

**NAMED PILOTS:**

**DANIEL JAKE STUKAS  
CAMERON D JONES**

**REMARKS:** FOR TETHER OR FLIGHT OPERATION

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.

**CERTIFICATE HOLDER:**

Authorized Representative

**Named Insured:** Cox Utility Services  
**Policy Number:** IMCALZ1800116  
**Effective Date:** 03/06/2018

**Endorsement Number**

### PILOT WARRANTY ENDORSEMENT

In consideration of  an additional  a return premium  of \$  included, this endorsement modifies the policy to which it is attached as follows:

The Pilots section as set forth in item 5. of the Declarations is  Amended  Completed as follows:

It is a condition of this insurance that when **in flight**, the **balloon** must at all times be operated by the pilot(s) scheduled in paragraphs I. or II. below. In addition to the requirements below, all pilots must possess the appropriate **FAA** Pilot Certificate and Ratings for the flight involved.

I. As respects use defined as **Sport and Pleasure**:

A. Named Pilots:

If a pilot named in paragraph I.A., above, is a student pilot, the pilot must be under the direct supervision of a properly qualified **FAA** Commercial Pilot who shall have specifically approved each flight undertaken by the student pilot prior to the **balloon** being **in flight**;

B. Any pilot maintaining an **FAA** Private or more advanced pilot certificate who has received the written endorsement of a Commercial pilot holding the required **FAA** Category, Class and Type ratings for the **balloon** involved to operate a **balloon** of the same make and having the same type of flight control systems as the **balloon** being operated, providing such flight is with the permission of the **Named Insured**.

II. As respects any use other than **Sport and Pleasure**:

A. Named Pilots Only:  
 DANIEL JAKE STUKAS  
 CAMERON D JONES

As respects any pilot named in paragraph II. A., above, the following minimum logged pilot-in-command hours in balloons equipped with an airborne heater are required before the pilot may act as pilot-in-command during any flight involving **passengers** who have paid a fee to ride in the **balloon**:

<b>FAI Balloon Size Category</b>	<b>PIC Hours logged in Balloons</b>
AX6, AX7	60
AX8	90
AX9	125 hrs including at least 25 hrs in AX9 or larger balloons
AX10 up to 180,000 cu. ft. capacity	150 hrs including at least 35 hrs in balloons of 160,000 or larger capacity
AX10 up to 210,000 cu. ft. capacity	175 hrs including at least 50 hrs in balloons of 210,000 or larger capacity
AX11 of 210,000 cu. ft. or larger capacity	200 hrs including at least 50 hrs in balloons of 210,000 or larger capacity


All other provisions of this policy remain the same.



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

### PROOF OF INSURANCE CARD

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



**Allianz Global Risks US Insurance Company**

INSURED: Cox Utility Services  
 TYPE OF FLIGHTS INSURED: Full Commercial  
 CERTIFICATE NUMBER: IMCALZ1800116  
 EFFECTIVE FROM: 03/06/2018 TO: 03/06/2019

LIABILITY LIMITS:  
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 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

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  
 \$100,000 Each person

PREMISES LIABILITY  
 N NUMBERS: 20265  
 811US

NAMED PILOTS: DANIEL JAKE STUKAS  
 CAMERON D JONES

If a claim occurs, please call 800-783-5963


**This card does not constitute or guarantee insurance coverage is CURRENT or in EFFECT.**

Please CALL the provided agency phone numbers to verify status of existing coverage and limits.

This card does not constitute any part of your insurance policy; please read your POLICY and EXCLUSIONS carefully.

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.

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



**3 Allianz Global Risks US Insurance Company**

INSURED: Cox Utility Services  
 TYPE OF FLIGHTS INSURED: Full Commercial  
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