

**49th Michigan SMALL Rally
Gwinn, August 2005**



Have this form completed by the insurance company that covers the aircraft you plan to use in the flying event. Bring signed form to the event. **DO NOT** bring your insurance policy or a copy: it cannot be accepted in lieu of a certificate of insurance.

A certificate issued on the insurance company's form is acceptable provided it describes or names the event and date(s) of insured's participation and limits of liability, and policy information requested below:

CERTIFICATE OF INSURANCE

This is to certify to MICHIGAN CHAPTER OF NINETY NINES and THE NINETY NINES, INC.

C/O Lynn T. Sykes, 41 E. Sands Street., Gwinn, MI 49841 (Rally Chairperson), that

Policy # _____ has been issued for the period
(dates) from _____ to _____

AIRCRAFT OWNER/INSURED NAME: _____

ADDRESS: _____

covering, in accordance with the terms and conditions thereof, the following aircraft:

MAKE _____ MODEL _____ REGISTRATION No. N _____

TYPE OF COVERAGE

LIMITS OF LIABILITY NOT LESS THAN

- | | |
|---|------------------------------------|
| 1. AIRCRAFT LIABILITY | \$100,000 / person |
| bodily injury (excluding passengers) | \$300,000 / occurrence |
| PASSENGER LIABILITY | |
| 100,000 multiplied by the number | |
| of certified passenger seats | \$300,000 / occurrence |
| PROPERTY DAMAGE | \$100,000 / occurrence |
| OR: | |
| SINGLE LIMIT BODILY INJURY, including | \$500,000 / occurrence or accident |
| 2. AIRCRAFT PHYSICAL DAMAGE (hull optional) | \$ _____ |

3. This insurance is in full force and effect with respect to liability arising out of the use of the aircraft in connection with the flying event described as:

THE MICHIGAN SMALL RALLY

to be conducted by THE MICHIGAN CHAPTER OF NINETY NINES on August 12, 13 and 14, 2005

4. IT IS AGREED THAT IN THE EVENT OF CANCELLATION OF THIS POLICY OR POLICIES, BY THE COMPANY, THE COMPANY WILL ENDEAVOR TO GIVE TEN (10) DAYS WRITTEN NOTICE OF SUCH CANCELLATION TO THE RALLY CHAIRPERSON AT THE ADDRESS STATED ABOVE:

NAME OF INSURANCE COMPANY: _____ DATE: _____

INSURANCE COMPANY REPRESENTATIVE: _____