



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)

09/06/2017

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 Harpenau Insurance Agency, LLC P.O. Box 7 Troy IN 47588	CONTACT NAME: Richard Harpenau	
	PHONE (A/C. No. Ext): (812) 547-7901	FAX (A/C. No.): (812) 547-7776
E-MAIL ADDRESS: rick@harpenauinsurance.com		
PRODUCER CUSTOMER ID #: 404170		
INSURER(S) AFFORDING COVERAGE		%
INSURER A: Global Aerospace, Inc.		NAIC #
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED (863) 258-0327
 POLK DRONES, LLC

 126 DUVAL RD

 Winter Haven FL 33884

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.

POLICY INFORMATION		CERTIFICATE NUMBER: Cert ID 3086		REVISION NUMBER:	
POLICY TYPE			LINE OF BUSINESS SUBCODE		
<input type="checkbox"/>	INDUSTRIAL AID	<input type="checkbox"/>	PLEASURE & BUS	<input checked="" type="checkbox"/>	COMMERCIAL
<input checked="" type="checkbox"/>	NON-OWNED	<input checked="" type="checkbox"/>	UAV	<input type="checkbox"/>	AIRPLANE
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	HELICOPTER
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	MIXED FLEET
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	EXCESS
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	QUOTA SHARE
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	LIABILITY ONLY
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	HULL & LIABILITY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	HULL ONLY

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached			
YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER	
0	DJI Innovations	Phantom 4 Pro	FA3ENHFYWK	001	
TERRITORY: World-wide					

AIRCRAFT COVERAGES		EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED? (Y / N)	SUBROGATION WAIVED? (Y / N)
INSURER LETTER	POLICY NUMBER	08/27/2017	08/27/2018		
A	9004847				
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL		\$ 1,500		\$	
AIRCRAFT LIABILITY		\$ 2,000,000	EA OCC	\$	EA PER
			EA PASS	\$	AGGR
MEDICAL PAYMENTS	INCLUDING CREW	\$ 5,000	EA PER		
	<input checked="" type="checkbox"/> EXCLUDING CREW				
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION				
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

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

Proof of UAV Coverage

CERTIFICATE HOLDER	CANCELLATION
Too Whom It May Concern	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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AIRCRAFT SCHEDULE

AGENCY Harpenau Insurance Agency, LLC		NAMED INSURED POLK DRONES, LLC			
POLICY NUMBER 9004847	EFFECTIVE DATE 08/27/2017	CARRIER A	%	NAIC CODE	

AIRCRAFT INFORMATION

AIRCRAFT#	REG NUMBER	BASE AIRPORT ID	YEAR	MAKE: Non-owned UAV	AIRCRAFT TYPE					
			0	MODEL: That Does Not	AIRCRAFT USE					
				SERIAL #:						
ENGINE TYPE	HORSE-POWER	ENGINE HOURS		HRS LAST 12 MONTHS	SEATING CAP	VALUE	AIRCRAFT STORAGE		AIRFRAME HOURS	DATE OF LAST ANNUAL
		1.	3.				<input type="checkbox"/> HANGARED	<input type="checkbox"/> TIED-OUT		
		2.	4.				<input type="checkbox"/> MOORED	<input type="checkbox"/>		

TERRITORY: world-wide

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
AIRCRAFT HULL	VALUATION TYPE	\$		\$		
	<input type="checkbox"/> AGREED AMOUNT	\$		\$		\$
	<input type="checkbox"/> INSURED AMOUNT	\$		\$		
AIRCRAFT LIABILITY		\$ 2,000,000	EACH OCCURRENCE	\$		
		\$	EACH PASSENGER	\$		\$
		\$	EACH PERSON	\$		
		\$	AGGREGATE	\$		
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW	\$ 5,000	EACH PERSON			\$
COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
CODE	DESCRIPTION					
		\$		\$		
		\$		\$		\$
		\$		\$		
		\$		\$		\$
		\$		\$		
		\$		\$		\$
		\$		\$		
		\$		\$		\$
		\$		\$		

OPEN PILOT WARRANTY (Carrier normally completes description - Attach ACORD 101, Additional Remarks Schedule, if more space is required)

FORM NUMBER:	FORM NAME:
DESCRIPTION	
FORM NUMBER:	FORM NAME:
DESCRIPTION	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)