

AGENCY DISPLAY OF ESTIMATED BURDEN

The public reporting burden for this collection of information is estimated to average 30 minutes per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to DOT and OMB at the following addresses:

U.S. Department of Transportation

Office of the Secretary of Transportation

U.S. Department of Transportation
Office of Aviation Analysis
400 7th Street, SW
Washington, DC 20590

and

Office of Management and Budget
Office of Information and Regulatory Affairs
Paperwork Reduction Project 2105-0030
Washington, DC 20503

OMB No. 2106-0030 Expires 12-31-94

U.S. AIR CARRIERS
CERTIFICATE OF INSURANCE

POLICIES OF INSURANCE FOR AIRCRAFT ACCIDENT BODILY INJURY
AND PROPERTY DAMAGE LIABILITY

FILING INSTRUCTIONS: File an original of this form with the Regulatory Analysis Division, P-57, Office of Aviation Analysis, Department of Transportation, 400 7th Street, S.W., Washington D.C. 20690

(Please type information, except signatures.)

THIS CERTIFIES THAT: UNDERWRITERS AT LLOYDS AND VARIOUS COMPANIES
(Name of Insurer)

has issued a policy or policies of Aircraft Liability Insurance to KALITTA CHARTERS II, L.L.C., 843 WILLOW RUN AIRPORT, YPSILANTI, MI 48198

(Name and address of Insured U.S. Air Carrier)

effective from 02/12/03 until ten (10) days after written notice from the Insurer or carrier of the intent to terminate coverage is received by the Department of Transportation.

NOTE: Part 205 of the Department's Regulations does not allow for a predetermined termination date, and a certificate showing such a date is unacceptable.

1. The Insurer (Check One):

- is licensed to issue aircraft insurance policies in the United States;
- is licensed or approved by the government of _____ to issue aircraft insurance policies; or
- is an approved surplus line insurer in the State(s) of _____.

2. The Insurer assumes, under the policy or policies listed below, aircraft accident liability Insured to minimums at least equal to the following during operations, maintenance, or use of aircraft in "air transportation" as that term is defined in the Federal Aviation Act (Completed applicable section(s) below):

A. U.S. AIR TAXI OPERATIONS WITH PART 298 AUTHORITY ONLY

The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). (Check separate or combined coverage as appropriate):

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each Person	Each Occurrence
_____	Bodily Injury Liability (Excluding Passengers)	\$75,000	\$300,000
_____	Passenger Bodily Injury Liability	\$75,000	\$75,000 x 75% of total number of passenger seats installed in the aircraft.
_____	Property Damage		\$100,000

Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimum stated above for bodily injury (excluding passengers), property damage, and passenger bodily injury.

Policy No. _____ Amount of Coverage _____

This policy covers CARGO operations only and excludes passenger liability insurance.

B. U.S. COMMUTER AND CERTIFICATED AIR CARRIERS OPERATING SMALL AIRCRAFT

The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). (Check separate or combined coverage as appropriate):

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each Person	Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendant, and Property Damage Liability)	\$300,000	\$20,000,000
_____	Passenger Bodily Injury Liability	\$300,000	\$300,000 x 75% of total number of passenger seats installed in the aircraft.

Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimum stated above for bodily injury (excluding passengers), property damage, and passenger bodily injury.

Policy No. _____ Amount of Coverage \$ _____

This policy covers CARGO operations only and excludes passenger liability insurance.

C. U.S. COMMUTER AND CERTIFICATED AIR CARRIERS OPERATING LARGE AIRCRAFT

The aircraft covered by this policy are LARGE AIRCRAFT (i.e., with more than 60 passenger seats or with a maximum payload capacity of 18,000 pounds or less). (Check separate or combined coverage as appropriate):

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each Person	Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendant, and Property Damage Liability)	\$300,000	\$20,000,000
_____	Passenger Bodily Injury Liability	\$300,000	\$300,000 x 75% of total number of passenger seats installed in the aircraft.

Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimum stated above for bodily injury (excluding passengers), property damage, and passenger bodily injury.

Policy No. A29705901 Amount of Coverage \$500,000,000. COMBINED SINGLE LIMIT EACH OCCURRENCE

This policy covers CARGO operations only and excludes passenger liability insurance.

3. The policy or policies listed in this certificate Insurer(s) (Check One):

- Operations conducted with all aircraft owned and/or operated by Insured*.
- Operations conducted with the following types of aircraft:
- Operations with the following aircraft: (Use additional page if necessary)

Make and Model
*ALL AIRCRAFT OWNED/OPERATED UNDER PART 121 OF THE FEDERAL AIR REGULATIONS.

FAA or Foreign Flag Registration No.

4. Each policy listed in this certificate meets or exceeds the requirements in 14 CFR Part 205.

UNDERWRITERS AT LLOYDS & VARIOUS INS. COS.

(Name of Insurer)

AVIATION INSURANCE SERVICES OF ILLINOIS, INC.

(Name of Broker)

C/O AVIATION INSURANCE SERVICES OF ILLINOIS, INC.

(Address)

500 COVENTRY LANE, SUITE 140

(Address)

(City, State, Zip Code)

CRYSTAL LAKE, IL 60014

(City, State, Zip Code)

(Contact Person who can verify the effectiveness of the coverage)

LAWRENCE GALIZI

(Contact Person who can verify the effectiveness of the coverage)

(Area Code, Phone Number)

815/479-1011

(Area Code, Phone Number)

815/479-1711

(Area Code, FAX Number)

(Signature, if applicable)

(Signature, if applicable)

(Date)

FEBRUARY 13, 2003

(Date)

Certificate Number 046