


CIVIL AIRCRAFT CERTIFICATE OF INSURANCE <i>(To be completed only by the insurer or an authorized representative.)</i> <i>Please read Privacy Act Statement and Instructions on back before completing.</i>		1. TODAY'S DATE (YYYYMMDD) 2009/08/05	OMB No. 0701-0050	
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0701-0050). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE ADDRESS IN NOTE 2 ON BACK.</p>				
2. INSURER		3. INSURED (User)		
a. NAME Old Republic Insurance Company By: Phoenix Aviation Managers		a. NAME Civil Air Patrol		
b. ADDRESS (Street, City, State and ZIP Code) 1990 Vaughn Rd., Suite 350 Kennesaw, GA 30144		b. ADDRESS (Street, City, State and ZIP Code) Maxwell AFB Montgomery, AL 36112		
4. AIRCRAFT POLICY DATA				
POLICY NUMBER(S) a.	EFFECTIVE DATE (YYYYMMDD) b.	EXPIRATION DATE (YYYYMMDD) c.	GEORGRAPHICAL AREA OR LIMIT OF POLICY COVERAGE d.	AIRCRAFT REGISTRATION NUMBERS(S) e.
AV4851712	2009/10/01	2010/10/01	Worldwide	All aircraft owned or operated by the insured
5. AIRCRAFT LIABILITY COVERAGE				
AMOUNT OF INSURANCE FOR (Must be stated in U.S. Dollars)		BODILY INJURY a.	PROPERTY DAMAGE b.	PASSENGER c.
	(1) EACH PERSON			
	(2) EACH ACCIDENT			
6. SINGLE LIMIT (If the aircraft are insured with a single limit of liability, the amount of the single limit must be equal to or greater than the combined amount of bodily injury, property damage, and passenger liability specified in applicable military regulations listed in NOTE 1 on back.) (Must be stated in U.S. Dollars.)				
Combined Liability Coverage for bodily injury, property damage and passenger liability: \$10,000,000.00 each occurrence				
7. EXCESS LIABILITY (If the aircraft are insured by a combination of primary and excess policies, the combined amounts of bodily injury, property damage, and passenger liability, respectively, must be equal to or greater than those specified in applicable military regulations listed in NOTE 1 on reverse.) (NOTE: When this entry is completed, include primary policy numbers or amounts over which the excess applies. Show whether excess applies to bodily injury, property damage, or passenger liability.) (Must be stated in U.S. Dollars.)				
8. PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY(IES)				
a. The insurer waives any right of subrogation the insurer may have against the United States by reason of any payment under the policy(ies) for damage or injury which might arise out of or in connection with the insured's use of any military installation or facility.		c. If the insurer cancels or reduces the amount of insurance afforded under the listed policy(ies), the insurer shall send written notice of the cancellations or reduction to the applicable address listed in NOTE 2 on reverse, by registered mail at least thirty days in advance of the effective date of cancellation; the policy must state that any cancellation or reduction will not be effective until at least thirty days after such notice is sent, regardless of the effective date specified therein.		
b. The insurance afforded by the policy(ies) encompasses the liability assumed by the insured under DD Form 2402, Hold Harmless Agreement, which is incorporated herein by reference.		d. If the insured requests cancellation or reduction, the insurer shall notify the applicable addressee listed in NOTE 2 on reverse immediately upon receipt of such request.		
9. CERTIFICATION (To be completed by Authorized Insurance Official)				
I certify that insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer. This certificate is valid until the expiration date(s) shown in item 4 unless canceled or superseded in writing, in accordance with items 8c and d.				
a. TYPED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE		b. SIGNATURE (Blue Ink)		
Kathy Walton				
c. TITLE		d. TELEPHONE NUMBER (Include Area Code)		
Broker		(303) 526-5300		

X SEP 10 2009

CIVIL AIRCRAFT LANDING PERMIT

Read Privacy Act Statement on back before completing this form.
If additional space is required, continue on back identifying by item number.

OMB No. 0701-0050

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SECTION I - INFORMATION REQUIRED FROM USER

Permission is requested to use the listed military airfield(s). It is understood and agreed that:

- a. Except for weather alternate use or emergencies, I or my agent will contact each installation commander at least 24 hours prior to each landing for final clearance instructions. The remarks section of the flight plan will include user name and permit identification number.
- b. When required, I or my agent will obtain diplomatic or overflight clearance when operating over international borders.
- c. Commanders of military installations may restrict civil aircraft operations to preclude interference with military activities or to protect national security.
- d. This permit does not necessarily entitle my aircraft to receive aviation fuel, oil, or other services from U.S. Government sources.
- e. On-board personnel are not authorized activities except for purposes directly connected with this permit.
- f. Use is limited to the listed aircraft, period indicated, purpose stated, and conditions shown, and is not transferable.
- g. An approved copy of this permit must be aboard each aircraft using the military airfield.

1. USER

a. **NAME**
CIVIL AIR PATROL

b. **RELATIONSHIP TO PARENT ORGANIZATION**
(If any)

c. **ADDRESS (Street, City, State, Zip Code)**
105 SOUTH HANSELL STREET
MAXWELL AFB, AL 36112-6332

2. NAME OF AIRFIELD(S) TO BE USED
ALL CONUS USAF AIRFIELDS,
EARECKSON, EIELSON, ELMENDORF AFBs,
ALASKA; HICKAM AFB, HAWAII

3. ARE PILOTS INSTRUMENT RATED AND CURRENT? (X one) YES NO

4. PURPOSE OF USE

For Civil Air Patrol Search and Rescue Missions, Disaster Relief Mission, receiving maintenance support and other services for Civil Air Patrol aircraft as authorized under AFI 10-2701 and in conjunction with other official Civil Air Patrol business.

AIRCRAFT MANUFACTURER	MODEL	REG#	COUNTRY	CREW CAPACITY	PAX CAPACITY	MAX TAKE-OFF WEIGHT
BLANIK	L13	*	USA	1	1	1,500
	L23	*	USA	1	1	1,500
CESSNA	172	*	USA	1	3	2,550
	182,185	*	USA	1	3	3,100
	206	*	USA	1	5	3,600

NOTE: THIS LANDING PERMIT DOES NOT ALLOW CIVIL AIR PATROL GLIDER TRAINING AT USAF AIRFIELDS.

5. AIRCRAFT DATA

a. MANUFACTURE	b. MODEL	c. REGISTRATION NUMBER	d. CAPACITY		e. MAX GROSS TAKE-OFF WEIGHT (Pounds)	f. EQUIPMENT												
			(1) CREW	(2) PASSENGER		(1) TWO-WAY RADIO		(2) STROBE WARNING LIGHTS		(3) TRANS-PONDER		(4) IFR CAPABILITIES						
						YES	NO	YES	NO	YES	NO	YES	NO					
See Blk 4 & reverse																		
*ANY LIGHT AIRCRAFT OF THE ABOVE LISTED MODELS REGISTERED IN THE NAME OF CIVIL AIR PATROL OPERATING UNDER CONDITIONS SHOWN IN 4 ABOVE.																		

6. CERTIFICATION BY INDIVIDUAL OR AUTHORIZED COMPANY REPRESENTATIVE

Applicant and agents have read, understand, and will comply with all pertinent parts of applicable regulations listed in Note 1 and local supplements, directives, and orders. Such compliance is an express condition of this permit. I certify that the information contained in this permit is true to the best of my knowledge and belief. As a corporate representative, I certify that I have authority to certify this information on behalf of the corporation and hereby designate the aircraft commander as our agent on all matters arising from the use of this permit.

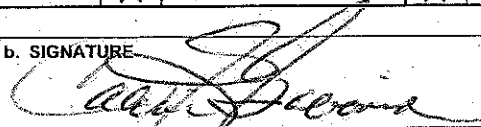
a. **TYPED NAME (Last, First, Middle Initial)**
ROWLAND, DON R.

b. **TITLE**
EXECUTIVE DIRECTOR

c. **TELEPHONE NO. (Include Area Code)**
(334) 834-2236

d. **SIGNATURE (Blue Ink)**
Don Rowland

e. **DATE SIGNED (YYYYMMDD)**
2009/08/25

SECTION II - FOR USE BY APPROVING AUTHORITY						
7. PERIOD OF USE		8. FREQUENCY OF USE		9. IDENTIFICATION NO.	10. THIS PERMIT SUPERSEDES PERMIT NO. (Identification No.)	
a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)	As Required		HAF 09-309H	HAF 08-331H	
20090918		20100930				
11. THIS PERMIT IS GRANTED ON PRIOR EXECUTION OF DD FORMS 2400 AND 2402				12. CREDIT AUTHORIZED FOR FUEL ISSUES (X one)	13. LANDING FEES (X one)	
a. DD FORM 2400 (Dated and Filed)		b. DD FORM 2402 (Dated and Filed)		<input type="checkbox"/> YES	<input type="checkbox"/> YES	
20090805, HQ USAF		20090825, HQ USAF		<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO	
14. APPROVING OFFICIAL						
a. TYPED OR STAMPED NAME, TITLE AND ORGANIZATION				b. SIGNATURE		
CALVIN S. GABONIA Civil Aviation Analyst Directorate of Air Operations Headquarters United States Air Force						
				c. DATE SIGNED (YYYYMMDD)		
				20090918		
IF ADDITIONAL SPACE IS REQUIRED, CONTINUE HERE (Refer to item number)						
Continuation from Block 5. Aircraft Data:						
MANUFACTURER	MODEL	REG#	COUNTRY	CREW CAPACITY	PAX CAPACITY	MAX TAKE-OFF WEIGHT
DeHAVILLAND	DHC-2	*	USA	1	5	5,100
GIPPSLAND	GA8	*	USA	1	7	4,000
MAULE	MT7	*	USA	1	3	2,300
SCHWEIZER	1-26B, 1-26C	*	USA	1	0	700
	1-34	*	USA	1	1	840
	2-22	*	USA	1	1	900
	2-32	*	USA	1	1	1,430
SCHLEICHER	2-33	*	USA	1	1	1,040
	ASK-21	*	USA	1	1	1,200
NOTE: All Civil Air Patrol Aircraft are equipped with (1) two-way radio, (2) strobe warning lights, (3) transponder, and (4) IFR capabilities						
This form is available under DefenseLINK, Publications.						
ARMY		NAVY			AIR FORCE	
NOTE 1 AR 95-2 Can be viewed at: http://books.army.mil/cgi-bin/bookmgr/Shelves		32 CFR 766 Can be viewed at: http://calp.navfac.navy.mil			AFI 10-1001 Can be viewed at: http://afpubs.hq.af.mil	
NOTE 2 COMMANDER USAASA, ATTN: ATAS-AS BLDG 1466 9325 GUNSTON RD, SUITE N319 FT BELVOIR, VA 22060-5582 (703) 806-0680		COMMANDER NAVAL FACILITIES ENGINEERING COMMAND CODE: REAT WASHINGTON NAVY YARD 1322 PATTERSON AVE. S.E., SUITE 1000 WASHINGTON, DC 20374-5065 (202)685-9202			HQ USAF/A30-AC 1480 AIR FORCE PENTAGON RM 5E857 WASHINGTON, DC 20330-1480 (703) 697-5967	
PRIVACY ACT STATEMENT						
AUTHORITY: 49 U.S. Code, Section 44502(d).						
PRINCIPAL PURPOSE(S): When partially completed, indicates desire of an individual or corporation to operate civil aircraft into a military airfield; when validated by a military approving authority, grants an individual or corporation permission to land civil aircraft at a military airfield.						
ROUTINE USE(S): None.						
DISCLOSURE: Voluntary; however, failure to provide this information will result in an individual or corporation being unable to operate civil aircraft into a military airfield.						

CIVIL AIRCRAFT HOLD HARMLESS AGREEMENT

OMB No. 0701-0050

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NOTE: THIS FORM DOES NOT CONSTITUTE A CIVIL AIRCRAFT LANDING PERMIT.

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1. THE USER NAMED BELOW, IN CONSIDERATION OF PERMISSION GRANTED BY THE UNITED STATES ARMED FORCES UNDER PL 85-726, 49 USC SECTION 44502(d), TO USE MILITARY AIRFIELD FACILITIES, AGREES:

a. The User releases forever the United States, its agencies, and United States personnel, from every liability arising out of the use of the military airfield, supplies, or services, by the User. The User will defend, pay or settle every claim or suit against the United States, its agencies, and United States personnel, by agents or employees of the User or persons claiming through them, or by third parties, and will hold the United States, its agencies, and United States personnel, harmless against every such claim or suit, including attorney fees, costs, and expenses, arising out of the use of the military airfield or military supplies or services, by the User.

EXCEPTION: Death, injury, loss or damage to persons or property resulting solely from the willful misconduct of United States personnel; and, in addition, any liability from another contract concerning the use of the military airfield, supplies, or services shall not be affected by the Hold Harmless Agreement.

b. The User will pay or settle every claim for death or injury to United States personnel, or for loss or damage to property of or under the control of the United States or United States personnel, arising out of the use of the military airfield or military supplies or services, by the User, unless the death, injury, loss, or damage results solely from the negligence or willful misconduct of United States personnel.

c. For the purposes of this agreement, the term "United States personnel" shall include:

- (1) Military personnel and civilian employees of the United States, including non-appropriated fund employees, acting within the scope of their employment, and
- (2) Heirs, successors, executors, administrators, and assigns of such employees.

d. The User will comply with all pertinent parts of applicable military regulations listed in NOTE 1 and local supplements, directives, and orders, which are hereby incorporated into this agreement.

e. This agreement replaces previous Hold Harmless Agreements, if any, by the same User, as of the date of this agreement. Termination by the User requires 60 days written notice to the military authority where the agreement was submitted.


NOTE 1	ARMY	NAVY	AIR FORCE
AR 95-2	Can be viewed at: http://books.army.mil/cgi-bin/bookmgr/Shelves	32 CFR 766 Can be viewed at: http://calp.navfac.navy.mil	AFI 10-1001 Can be viewed at: http://afpubs.hq.af.mil

2. USER

a. **CORPORATION** (Name and address of divisions, subsidiaries, or companies of the parent organization named as user and for whom the user is legally liable should also be listed if this agreement is applicable to their use of military airfields.)

<p>(1) TYPED COMPANY NAME(S)</p> <p style="text-align: center;">CIVIL AIR PATROL</p>	<p>(2) COMPANY ADDRESS(ES)</p> <p>105 SOUTH HANSELL STREET MAXWELL AFB, AL 36112-6332</p>
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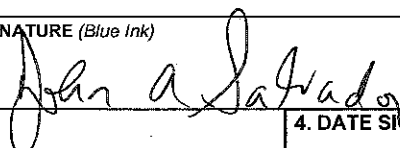
b. INDIVIDUAL OR FIRST CORPORATE OFFICER

<p>(1) TYPED NAME (Last, First, Middle Initial)</p> <p>ROWLAND, DON R.</p>	<p>(2) ADDRESS (If corporation, may state "Same as Above")</p> <p>SAME AS ABOVE</p>
<p>(3) SIGNATURE (Blue Ink)</p> 	<p>(4) TITLE (If corporate officer)</p> <p>EXECUTIVE DIRECTOR</p>

3. VERIFICATION (Complete if the user is a company, corporation, etc.)

I hereby verify that the signatory above holds the position indicated and is duly authorized to sign on behalf of the User.

a. SECOND CORPORATE OFFICER

<p>(1) TYPED NAME (Last, First, Middle Initial)</p> <p>SALVADOR, JOHN A.</p>	<p>(2) SIGNATURE (Blue Ink)</p> 
<p>(3) TITLE</p> <p>DIRECTOR, MISSIONS</p>	<p>4. DATE SIGNED (YYYYMMDD)</p> <p style="text-align: center;">20091001</p>