

Charter/Air Taxi Endorsement

UNITED STATES

This endorsement applies only to the following **aircraft**:

*If no entry is made this endorsement applies to all **aircraft** covered by **your** policy.*

Various provisions of this endorsement change **your** coverage. Read **your** entire policy to determine **your** rights and obligations and what is and is not covered. This endorsement changes the provisions of **your** policy under the following coverage parts:

Part Three. LIABILITY TO OTHERS

We agree that with respect to the U. S. Department of Transportation regulations set forth in 14 CFR Part 205, or any successor regulations (such regulations are referred to below separately or together as "the Regulations"):

1. This policy is amended as may be required to provide coverage in compliance with the provisions of the Regulations.
2. If **we** pay any amount under this policy to comply with the Regulations (including any defense or supplementary costs associated therewith) for any **bodily injury** or **property damage** liability that **we** would not have otherwise paid under the provisions, conditions or exclusions of **your** policy except for this endorsement, **you** agree to reimburse **us** for the amounts paid by **us** to comply with the Regulations.
3. All of the terms, conditions, limitations and exclusions of **your** policy shall apply to claims made or suits brought against **you** or **someone we protect** that are:
 - A. in excess of the minimum limit of coverage required by the Regulations; or
 - B. not governed or otherwise permitted by the Regulations.
4. The coverage provided by this endorsement shall continue until cancelled by **us** or our **Aviation Managers** giving the minimum notice required by the Regulations or this policy, whichever is later. **You** may not cancel this policy, terminate or otherwise reduce any limit of coverage under **Part Three LIABILITY TO OTHERS** applicable to any **aircraft** covered by this endorsement unless and until **you** have given us twenty (20) days prior written notice of when **you** want the policy cancelled or coverage reduced or terminated.

The following information is required only when the effective date of this endorsement is subsequent to the Policy effective date.

This endorsement is Endorsement No.
This endorsement is effective on
Attached to and forming a part of Policy No.
Issued to (First Named Insured):
Additional Premium: