Airport Medical Expense Coverage Endorsement

We agree that the coverage provided by this policy under Hazard Division 1, "Airport Operations" of Coverage A, Bodily Injury and Property Damage Liability, is extended to include all reasonable and necessary medical expenses incurred within one year for injuries to **others** caused by an **occurrence** at the **airport**, subject to the following terms, provisions, conditions and exclusions that are applicable to this coverage.

1. What We Will Pay.

Medical expenses include the cost of medical, surgical, dental, hospital, professional nursing, ambulance or funeral services. The most **we** will pay for each person's medical expenses is shown below opposite "each person." The most **we** will pay for all medical expenses as the result of one **occurrence** is shown below opposite "each occurrence." The most **we** will pay for all medical expenses incurred during any policy period below opposite "annual aggregate."

Medical Expense Limit of Coverage

\$ Each Person
\$ Each Occurrence
\$ Annual Aggregate

2. Whom We Will Pay

We will pay each injured person directly, the person responsible for payment, or the person or organization that provided the service.

3. What We Will Not Pay

We will not pay any medical expenses to the extent payment is required under any worker's compensation or disability benefits law or similar law, whether state or federal.

Effect of Payment

We are not admitting that you have any legal liability or responsibility by making medical expense payments.

5. Proof of Claim

The injured person or someone acting for the person must give **us** written proof of the medical expense and must help **us** obtain the medical records and reports **we** need. If **we** ask, the injured person must submit to an examination by any doctor **we** select.

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:

Form AP2005 (01/10) Page 1 of 1