



Airport Liability Coverage Declination

TO: ☐ **Hallmark Insurance Company**
☐ **American Hallmark Insurance Company of Texas**
☐ **Hallmark American Insurance Company**

NAMED INSURED: _____

POLICY DATES: From _____ to _____
(both days at 12:01 a.m. Standard Time at the Insured's address)

TO THE INSURER NOTED ABOVE (check applicable company):

My insurance agent and I have discussed the types of operations performed in our business and the potential liability exposures arising from these operations.

☞ I have elected not to purchase the insurance coverage marked by my initials* and an 'X' in the applicable box(es) checked below:

* ☐ **Liability Coverage for Products and Completed Operations**

I have elected not to purchase liability insurance covering liability for bodily injury or property damage arising out of the named insured's Products and Completed Operations. I understand that the airport liability policy that I am purchasing **DOES NOT INCLUDE** coverage for product liability or liability arising out of the named insured's completed service operations. I further understand and agree that the insurer noted above is under no obligation to provide the named insured or any other person or organization with a defense with respect to any claims for property damage or bodily injury as the result of any occurrence claimed to arise from the named insured's products or completed service operations.

* ☐ **Hangarkeeper's Liability Coverage**

I have elected not to purchase liability insurance covering liability for damage to an aircraft in the named insured's care, custody or control arising out of the insured's airport operations. I understand that the airport liability policy that I am purchasing **DOES NOT INCLUDE** coverage for hangarkeeper's liability. I further understand and agree that the insurer noted above is under no obligation to provide the named insured or any other person or organization with a defense with respect to any claims for property damage to an aircraft claimed to arise from the named insured's airport operations.

If the named insured above is an organization I declare that I am duly authorized by such organization to make this declination on its behalf.

Signature of Named Insured or Authorized Representative

PRINT NAME OF AUTHORIZED REPRESENTATIVE

Title

Date Signed

AP2000-DECLINATION (01/10)

AEROSPACE INSURANCE MANAGERS, INC.