

Rowan County
Risk Management
130 West Innes Street, Salisbury, NC 28144-4326
Phone (704) 216-8109 FAX (704) 216-8110
yvonne.moebs@rowancountync.gov

Exhibit (C)

Rowan County Airport **Limited Fixed Base Operator Agreement Required Insurance**

A. **Required Insurance.** Lessee shall obtain and maintain continuously in effect at all times during the term of this Agreement, at Lessee's sole expense, the following insurance associated with the leased facilities described in Article II:

1. **Commercial general liability insurance** protecting Lessor against any and all liability by reason of Lessee's conduct incident to the use of the premises, or resulting from any accident occurring on or about the roads, driveways or other public places, including runways and taxiways, used by Lessee at the Airport, caused by or arising out of any wrongful act or omission of Lessee, in the minimum amount of \$1,000,000, and shall provide proof of such coverage to Lessor annually.

Lessee shall provide adequate fire and extended coverage insurance to protect all fixed improvements erected by Lessee on or in the Premises to the full insurable value.

The insurance specified above, shall name Lessor as an additional insured and provide 30 days notice to Lessor of insurance company's intent to terminate the policy. A copy of all insurance policies shall be delivered to Lessor within 30 days of the signing of this Lease, and annually thereafter, and attached hereto as Exhibit C as provided above.

2. **Aircraft Liability Insurance** Coverage written to protect and indemnify the insured for potential exposure to passenger, cargo or baggage claims and to third party liability claims including property damage, bodily injury or death caused by, or arising from the insured's operations. See below for required limits

B. **Notice.** Lessor agrees to notify Lessee in writing as soon as practicable of any claim, demand or action arising out of an occurrence covered hereunder of which Lessor has knowledge, and to cooperate with Lessee in the investigation thereof.

C. **Casualty.** In the event of any loss, damage, destruction or other casualty to any of the Premises, Lessor shall promptly replace, repair or rebuild the affected part of the Premises, with the Lessee receiving an equitable abatement of rent until the affected part of the Premises is replaced, repaired or rebuilt.

D. **Workers Compensation.** If required by statute or regulation, Lessee shall secure liability for industrial injury or illness to its employees in accordance with the provisions, laws and regulations of the State of North Carolina. Lessee shall within 30 days of the signing of this Lease and annually thereafter, provide a copy of the declaration page of the Workers Compensation policy as proof of coverage. Workers Compensation coverage shall not be terminated reduced or otherwise materially changed without providing at least forty-five (45) days prior written notice to the Lessor.

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Date: 07/01/2014

TO: Alpha One Air Service

FROM: Yvonne Moebs
Risk Manager, Rowan County

RE: Limited Fixed Based Operator Required Insurance

Please note the following minimum requirements for your certificate of insurance. Please provide a copy of this letter to your Agent. Your Agent may forward the COI via one of the following:

EMAIL: Tanya.logan@rowancountync.gov

FAX: 704-637-9019 Attn: Tanya Logan

Mail: Rowan County Airport
Attn: Tanya Logan
3670 Airport Loop Rd
Salisbury, NC 28147

If you have any questions please contact Tanya Logan at 704-216-7751. Thank you.

Workers' Compensation – (If required by statute or regulation) – Statutory Limits

\$500,000 - Employers Liability – Each Accident

\$500,000 - Disease – Each Employee

\$500,000 – Disease – Policy Limit

Commercial General Liability –

\$1,000,000 – Each Occurrence

\$2,000,000 – General Aggregate

\$2,000,000 – Products/Completed Operations Aggregate

\$1,000,000 – Personal & Advertising Injury

\$5,000 – Medical Expense

Aircraft Liability Insurance-

Hull Coverage- Equal to value of plane

Aircraft Liability for persons or property-

\$1,000,000 each occurrence

\$100,000 per person bodily injury

Rowan County, its officers, agents, and employees are included as additional insured with respects to the General Liability Insurance Policy when required by written contract. Insurance is primary and non-contributory. Waiver of subrogation applies when required by written contract.

The Certificate Holder should be listed as follows:

Rowan County

Attn: Risk Management

130 West Innes Street

Salisbury, NC 28144