

INSURANCE CERTIFICATE

Broker:		
Name and address of certificate holder:	Aéroport de Québec inc. 505 rue Principale Québec City, QC G2G 0J4	
Named insured:		

POLICY TYPE

1. Auto liability (check)		OR	Aviation liability (check)	
Insurer	Limit per accident	Policy No.	Expiry Date (D/M/Y)	
Name of insurer:	Civil liability – Third party injury or damage			
X _____ Signature and stamp of insurance agent	\$ _____			
Date:				

2. Excess (check)		OR	Complementary/Umbrella (check)	
(This policy provides coverage in excess of the policy indicated above)				
Insurer	Amount/Limit	Policy No.	Expiry Date (D/M/Y)	
Name of insurer:				
X _____ Signature and stamp of insurance agent	\$ _____			
Date:				

Note:

The amount of insurance coverage in Policy No. 1 alone or in combination with Policy No. 2 must be at least \$10,000,000.

YOU MUST USE THIS FORM. NO OTHER DOCUMENT WILL BE ACCEPTED.

Conditions applicable to all policies:

It is understood and agreed that all the above policies are amended to include the following changes and that the current certificate serves as an endorsement to that effect:

- All automobiles belonging to or leased or used by the named insured are insured.
- The insurer waives its subrogation rights against Her Majesty, AQi, and anyone for whom they are legally responsible.
- In the event that the coverage provided here is cancelled or changed significantly, the insurer will give AQi 30 days prior notice by registered mail.
- The insurers recognize that the named insured operates at airports and that their policies do not exclude or limit the associated risks.

PLEASE RETURN THIS CERTIFICATE TO THE FOLLOWING ADDRESS:

Access Control – Airport Security
Aéroport de Québec inc., 505 rue Principale, Québec City, Québec G2G 0J4