

GLOBAL HAWK INSURANCE COMPANY (RRG)
CERTIFICATE OF INSURANCE

(Named Insured/DBA)

| | |
|----------|---|
| 1. Name | _____ |
| Address | _____ City _____ |
| County | _____ State _____ Zip _____ Tel _____ |
| Fax | _____ email _____ Additional Insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Filing # | _____ |

| | |
|----------|---|
| 2. Name | _____ |
| Address | _____ City _____ |
| County | _____ State _____ Zip _____ Tel _____ |
| Fax | _____ email _____ Additional Insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Filing # | _____ |

| | |
|----------|---|
| 3. Name | _____ |
| Address | _____ City _____ |
| County | _____ State _____ Zip _____ Tel _____ |
| Fax | _____ email _____ Additional Insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Filing # | _____ |

| | |
|----------|---|
| 4. Name | _____ |
| Address | _____ City _____ |
| County | _____ State _____ Zip _____ Tel _____ |
| Fax | _____ email _____ Additional Insured <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Filing # | _____ |

(signature)

(date)