

Date: [Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip]

RE: Policy Delivery and Pilot Warranty Exclusion Acknowledgement

Dear [Policyholder Name],

Enclosed please find your Private Aviation Specialty Coverage insurance policy, number [Policy Number], effective from [Start Date] to [End Date].

We wish to draw your specific attention to the **Pilot Warranty Exclusion** contained within this policy. This provision serves as a condition of coverage. It stipulates that insurance protection is only active when the aircraft is operated by pilots who meet the specific experience, certification, and medical requirements detailed in the policy declarations.

Please note that operation of the aircraft by any individual who does not strictly adhere to these defined pilot requirements will result in a lack of coverage for any resulting loss or claim.

We require your formal acknowledgement of this exclusion. Please sign the statement below and return a copy to our office at your earliest convenience to ensure your file remains in compliance.

Sincerely,

[Name]

[Title]

[Company Name]

Policyholder Acknowledgement

I, [Policyholder Name], hereby acknowledge receipt of policy [Policy Number]. I have read and understand the Pilot Warranty Exclusion. I recognize that failure to comply with the pilot requirements specified in the policy may void coverage.

Signature: _____ Date: _____