

NON-COMMERCIAL
AIRCRAFT POLICY
No. NC-130121160920

Avemco Insurance Company
8490 Progress Drive, Suite 100
Frederick, MD 21701

Phone: 800 638 8440 Fax: 800 863 3338

CERTS/FORMS
F1 F232

CHANGED DATA PAGE

1. Policyholder and Address: 2. Lienholder and Address:

T Craft Aero Club Inc &
c/o Dennis Wheeler
135 Municipal Drive
Nampa, ID 83687

3. Policy Period : Mo. Day Yr. Mo. Day Yr. 4. Aircraft Description: Reg. No.: 9989E
10/29/2014 To 02/02/2015 1975 CESSNA Based In ID
(12:00:01 A.M. to 11:59:59 P.M. local time at **your** address) 182P

5. Insurance is provided for the coverages for which limits of liability are shown below:

COVERAGES		LIMITS OF LIABILITY			ANNUAL PREMIUMS
A	Bodily Injury (Including Occupants) and Property Damage Liability	\$ 100,000 each person	\$ 1,000,000 property damage	\$ 1,000,000 each accident	\$ 1,433.00
B	Aircraft Damage (Including In Flight) Less deductible	\$ 85,000 insured value	\$ 1,000 not in motion deductible	\$ 1,000 in motion deductible	\$ 3,903.00
C	Medical Expenses	\$ 0 each occupant			\$ 0.00
Endorsements at time of issue ID0001 114301 132301 127301					\$ 25.00
This policy includes these premium credits: ; Hangar					
TOTAL PREMIUM					\$ 5,361.00
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .					
TOTAL					\$ 5,361.00

6. Approved Pilot(s): This policy applies when **your insured aircraft** is **in flight**, only while being operated by one of the following pilots who holds a currently effective Pilot Certificate (unless a pre-solo student pilot) issued by the **FAA**:


A. No named pilots.

B. Commercial pilots in the employ of an FAA approved aircraft repair station in connection with inspections or repairs
Continued on back, if applicable

This Data Page Reflects the changes requested by **you** and replaces the Data Page, for the **insured aircraft** shown above, in **your** possession effective the first date shown in item 3 above.

Change Description: With respect to 9989E-Add Endorsement 114301 per phone call from, Jim Hudson 10/28/2014..gwp

COUNTERSIGNED: 10/28/2014 BY _____


(Authorized Signature)

6. Approved Pilots (continued) --

to be or that have been performed on the insured aircraft; or, by an FAA inspector or any Certificated Flight Instructor while accompanied by an approved pilot for the purpose of instructing that person (XB02).

- C. Any flying club member who meets all of the following requirements:
 - 1. has a current and effective medical certificate (unless a pre-solo student pilot);
 - 2. satisfies the FAA's flight review requirements;
 - 3. has at least the following logged pilot time in the same make and model as the insured aircraft prior to acting as pilot in command:
 - a. 10 hours if member has less than 100 hours of total logged flight time;
 - b. 5 hours if member has 100 hours or more of total logged flight time;A member may receive dual flight instruction in the insured aircraft from a certificated flight instructor to meet these requirements;
 - 4. has received a check-out from, and written approval of, a certificated flight instructor in the same make and model as the insured aircraft.

CANADIAN LIMIT OF LIABILITY AMENDATORY ENDORSEMENT

We agree with **you** that when **your insured aircraft** is operated in Canadian airspace, the Limit of Liability for Coverage A shown in Item 5 of the Data Page is amended to comply with the "Private Aircraft Minimum Liability Insurance Regulations" as set forth in the Canadian Air Regulations (SOR/90-357) to the extent **your** current limits do not comply.

The information below is required only when this Endorsement is issued after preparation of your policy

This Endorsement is effective Mo.DayYr. 10/29/2014 at 12:00:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 130121160920 issued by Avemco Insurance Company.

FLYING CLUB ENDORSEMENT

You agree with **us** that certain portions of this Policy are amended as follows:

I. Definition 12 of DEFINITIONS USED IN THIS POLICY is replaced by the following:

12. "**Insured person**" means:

- a. **you**;
- b. anyone who is a member of **your** flying club;
- c. anyone who has an ownership interest in **your** flying club;
- d. a person or organization using, or responsible for the use of, **your insured aircraft** with **your** permission. However, persons or organizations while engaged in:
 1. making;
 2. repairing;
 3. servicing;
 4. selling;
 5. fueling;
 6. towing;
 7. chartering;
 8. renting;

any aircraft or any aircraft component; or while:

9. operating an airport, hangar, aircraft tiedown or parking facility, flying club or flight training facility;
10. providing pilot, crew or flight instruction services;

are not **insured persons** when the **accident** arises out of, or occurs during, the conduct of such activities. Flying club members or organizations conducting any of the above activities are not **insured persons** even if they would otherwise be considered an **insured person** by virtue of Item 12 b or 12 c above.

II. Exclusion 4 of ADDITIONAL EXCLUSIONS APPLYING TO COVERAGE A is replaced by the following:

This coverage does not apply to:

4. **Bodily injury** to:

- a. an **occupant** unless Item 5 of the Data Page shows "including **occupants**";
- b. an employee of any **insured person** when **workers' compensation** is available or required to compensate the employee of the **insured person** against whom the claim is made;
- c. an **insured person**, while operating an **insured aircraft**;

The information below is required only when this Endorsement is issued after preparation of your policy

This Endorsement is effective Mo.DayYr. 09/25/2014 at 12:00:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 130121160920 issued by Avemco Insurance Company.

LIMITED PREMISES LIABILITY COVERAGE ENDORSEMENT

We agree with **you** that:

1. Definition 17 of **your** Policy is deleted and replaced by the following:
 17. "**Premises**" means the immediate parking, tie down or other comparable storage area used for **your insured aircraft**. It does not include any storage area which an **insured person** rents or leases to others (or sub-rents or sub-leases others). It does, however, include any storage area used for **your insured aircraft** which **you** rent or lease.
2. If the spaces below are completed, the Limits of Liability shown in Item 5 of **your** Data Page are amended as shown when any **insured person's** legal liability (including, but not limited to, the **insured person** shown below) for **bodily injury** or **property damage** arises out of the use of the **premises** on which the **insured aircraft** is stored.

\$ 100,000 each person
\$ 1,000,000 **property damage**
\$ 1,000,000 each **accident**

These limits replace, and are not in addition to, the Limits of Liability shown in Item 5 of the Data Page.

3. The person or organization shown below is an **insured person** under that definition in **your** Policy.

They are an **insured person** only with respect to their liability which arises out of **your** ownership, maintenance or use of **your insured aircraft** which is otherwise covered by this Policy. They are not covered, nor are an "insured person," with respect to their own independent negligence or any other liability.

Nampa Municipal Airport
116 Municipal Drive
Nampa, ID 83687

The information below is required only when this Endorsement is issued after preparation of your policy

This Endorsement is effective Mo.DayYr. 09/25/2014 at 12:00:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 130121160920 issued by Avemco Insurance Company.



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
09/24/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Avemco Insurance Company 8490 Progress Drive, Suite 100 Frederick, MD 21701	CONTACT NAME: Avemco Insurance Company			
	PHONE: 800-638-8440 (A/C, No, Ext):	FAX: 800-863-3338 (A/C, No):		
	E-MAIL ADDRESS: avemco@ave.com			
	PRODUCER CUSTOMER ID No.			
INSURED T Craft Aero Club Inc & c/o Dennis Wheeler 135 Municipal Drive Nampa, ID 83687	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	INSURER A : AVEMCO INSURANCE COMPANY		100%	10367
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
INSURER F :				

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION				CERTIFICATE NUMBER:				REVISION NUMBER:						
POLICY TYPE				LINE OF BUSINESS SUBCODE										
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE
NON-OWNED	<input type="checkbox"/>					LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>			

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached			
YEAR 1975	MAKE CESSNA	MODEL 182P	SERIAL NUMBER	REGISTRATION NUMBER 9989E	
TERRITORY:					

AIRCRAFT COVERAGES								
INSURER LETTER A	POLICY NUMBER 130121160920	EFFECTIVE DATE 02/03/2014	EXPIRATION DATE 02/03/2015	ADDITIONAL INSURED (Y / N) Y	SUBROGATION WAIVED (Y / N) Y			
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO		
AIRCRAFT HULL	<input type="checkbox"/>	All Risk Ground & Flight Ground Not In Flight	<input type="checkbox"/>	Ground Not In Motion	\$	AGREED VALUE Ded. - Not in motion Ded. - In motion		
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	Including Passengers Excluding Passengers	<input type="checkbox"/>		\$ 1,000,000 \$	EA OCC EA PASS \$ 100,000 \$		
MEDICAL PAYMENTS	<input type="checkbox"/>	INCLUDING CREW EXCLUDING CREW	<input type="checkbox"/>		\$	EA PER \$ EA PASS		
COVERAGE	CODE	DESCRIPTION	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
			<input type="checkbox"/>		\$		\$	
			<input type="checkbox"/>		\$		\$	
			<input type="checkbox"/>		\$		\$	
			<input type="checkbox"/>		\$		\$	
			<input type="checkbox"/>		\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SEE ATTACHED ENDORSEMENT 127301

CERTIFICATE HOLDER	CANCELLATION
Nampa Municipal Airport 116 Municipal Drive Nampa, ID 83687	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE MARCI L VERONIE

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