

Valley Fliers Inc
c/o John Eyre
1402 Auburn Way N. PMB 223
Auburn, WA 98002-3309

09/14/2020
Re: Ref. No. 030112917317

Dear Valley Fliers Inc ,

Thank you for renewing your Owned Aircraft policy with Avemco Insurance Company. **We've enclosed your updated renewal policy documents for your files.**

In an effort to reduce the amount of paper you receive from us, we are no longer including the Direct Approach Policy jacket with renewal mailings. However if you'd like to view a copy, download a PDF, or print a copy you can find it on our website at Avemco.com. Or you can request a printed copy by e-mailing us at Avemco@Avemco.com or calling (800) 638 8440.

If you have any questions about your policy or if there is anything else we can do to improve your experience as an Avemco® customer, please call (800) 638 8440 and speak with an Avemco Aviation Insurance Specialist in our home office in Frederick, MD; M-F, 9:00 am - 6:00 pm Eastern.

If you'd like to make a change to your policy, we can make most changes immediately over the phone.

Again, thank you for allowing us to be your aviation insurance partner. We intend to keep earning your trust and your business every day, just as we have for more than 50 years.

If there's anything we can do, call us. We'll be here for you.

Safe flying,

The Avemco Team

Enc.

F147



Valley Fliers Inc
c/o John Eyre
1402 Auburn Way N. PMB 223
Auburn, WA 98002-3309

Valley Fliers Inc
c/o John Eyre
1402 Auburn Way N. PMB 223
Auburn, WA 98002-3309

TO REPORT AN ACCIDENT OR LOSS, CALL: (800) 874 9124

POLICY No.: 030112917317
POLICY PERIOD FROM 09/20/2020 TO 09/20/2021

For Policy Service, Please Call (800) 638 8440 or visit avemco.com

IMPORTANT-IF YOU HAVE AN ACCIDENT OR LOSS:

1. Obtain first aid for injured persons.
2. Protect the insured property (you may move it if necessary).
3. Do not assume any obligation or make any payment other than for first aid or protection of the insured property.
4. Get all information you can, including names and addresses of witnesses and injured persons.
5. Do not discuss fault or give any statements to anyone except the authorities or Avemco® claims representative.
6. Report theft or vandalism to the authorities.
7. If you are using a non-owned aircraft, report to the owner and Avemco.



TO REPORT AN ACCIDENT OR LOSS, CALL: (800) 874 9124

POLICY No.: 030112917317
POLICY PERIOD FROM 09/20/2020 TO 09/20/2021

For Policy Service, Please Call (800) 638 8440 or visit avemco.com

IMPORTANT-IF YOU HAVE AN ACCIDENT OR LOSS:

1. Obtain first aid for injured persons.
2. Protect the insured property (you may move it if necessary).
3. Do not assume any obligation or make any payment other than for first aid or protection of the insured property.
4. Get all information you can, including names and addresses of witnesses and injured persons.
5. Do not discuss fault or give any statements to anyone except the authorities or Avemco® claims representative.
6. Report theft or vandalism to the authorities.
7. If you are using a non-owned aircraft, report to the owner and Avemco.



DATA PAGE

1. Policyholder and Address:

Valley Fliers Inc
c/o John Eyre
1402 Auburn Way N. PMB 223
Auburn, WA 98002-3309

2. Lienholder and Address:

3. Policy Period :

Mo. Day Yr. Mo. Day Yr.
09/20/2020 To 09/20/2021
(12:01 A.M. to 12:01 A.M. local time at **your** address)

4. Aircraft Description: Reg. No.: N5163S

Year Make and Model Based In WA
1971 PIPER
PA-28-180

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	\$1,267.00
B	Aircraft Damage (Including In Flight) Less deductible	\$ 50,000 insured value	\$ 0 not in motion deductible	\$ 0 in motion deductible	\$2,650.00
C	Medical Expenses	\$ 3,000 each occupant			Included
Endorsements at time of issue: WA0101,F232,132301,133801,132801 This policy includes these premium credits: Hangar; ;					
TOTAL PREMIUM					\$3,917.00
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .					
TOTAL					\$3,917.00

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**:

Continued on back, if applicable

COUNTERSIGNED: 09/14/2020

BY


(Authorized Signature)

6. Approved Pilots (continued) --

- A. See Pilot Clause 6.c
- B. Commercial pilots in the employ of an FAA approved aircraft repair station in connection with inspections or repairs 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
- 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 10 hours in tailwheel-equipped aircraft (if insured aircraft is tailwheel-equipped);
 - 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.

Additional Policyholders:

None

Additional Lienholders:

None

DATA PAGE

1. Policyholder and Address:

Valley Fliers Inc
c/o John Eyre
1402 Auburn Way N. PMB 223
Auburn, WA 98002-3309

2. Lienholder and Address:

3. Policy Period :

Mo. Day Yr. Mo. Day Yr.
09/20/2020 To 09/20/2021
(12:01 A.M. to 12:01 A.M. local time at **your** address)

4. Aircraft Description: Reg. No.: N2388L

Year Make and Model Based In WA
1999 CESSNA
172

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	\$1,267.00
B	Aircraft Damage (Including In Flight) Less deductible	\$ 75,000 insured value	\$ 0 not in motion deductible	\$ 0 in motion deductible	\$3,314.00
C	Medical Expenses	\$ 3,000 each occupant			Included
Endorsements at time of issue: WA0101,F232,132301,133801 This policy includes these premium credits: Hangar; ;					
TOTAL PREMIUM					\$4,581.00
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .					
TOTAL					\$4,581.00

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**:

Continued on back, if applicable

COUNTERSIGNED:

09/14/2020

BY

Marci Lynn Kronee

(Authorized Signature)

6. Approved Pilots (continued) --

- A. See Pilot Clause 6.c
- B. Commercial pilots in the employ of an FAA approved aircraft repair station in connection with inspections or repairs 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
- 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 10 hours in tailwheel-equipped aircraft (if insured aircraft is tailwheel-equipped);
 - 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.

Additional Policyholders:

None

Additional Lienholders:

None

Phone: 800 638 8440 Fax: 800 863 3338

DATA PAGE

1. Policyholder and Address:

Valley Fliers Inc
 c/o John Eyre
 1402 Auburn Way N. PMB 223
 Auburn, WA 98002-3309

2. Lienholder and Address:

3. Policy Period :

Mo. Day Yr. Mo. Day Yr.
 09/20/2020 To 09/20/2021
 (12:01 A.M. to 12:01 A.M. local time at **your** address)

4. Aircraft Description: Reg. No.: N759MA

Year Make and Model Based In WA
 1978 CESSNA
 182Q

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		\$1,727.00	
B	Aircraft Damage (Including In Flight) Less deductible	\$ 100,000 insured value	\$ 0 not in motion deductible	\$ 0 in motion deductible		\$5,818.00	
C	Medical Expenses	\$ 3,000 each occupant				Included	
Endorsements at time of issue: WA0101,F232,132301,133801 This policy includes these premium credits: Hangar; ;							
TOTAL PREMIUM						\$7,545.00	
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .							
TOTAL						\$7,545.00	

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**:

Continued on back, if applicable

COUNTERSIGNED:

09/14/2020

BY

Marci Lynn Kronee

(Authorized Signature)

6. Approved Pilots (continued) --

- A. See Pilot Clause 6.c
- B. Commercial pilots in the employ of an FAA approved aircraft repair station in connection with inspections or repairs 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
- 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.

Additional Policyholders:

None

Additional Lienholders:

None

Phone: 800 638 8440 Fax: 800 863 3338

DATA PAGE

1. Policyholder and Address:

Valley Fliers Inc
 c/o John Eyre
 1402 Auburn Way N. PMB 223
 Auburn, WA 98002-3309

2. Lienholder and Address:

3. Policy Period :

Mo. Day Yr. Mo. Day Yr.
 09/20/2020 To 09/20/2021
 (12:01 A.M. to 12:01 A.M. local time at **your** address)

4. Aircraft Description: Reg. No.: N80117

Year Make and Model Based In WA
 1975 CESSNA
 172M

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	\$1,267.00
B	Aircraft Damage (Including In Flight) Less deductible	\$ 75,000 insured value	\$ 0 not in motion deductible	\$ 0 in motion deductible	\$3,314.00
C	Medical Expenses	\$ 3,000 each occupant			Included
Endorsements at time of issue: WA0101,F232,132301,133801,132801 This policy includes these premium credits: Hangar; ;					
TOTAL PREMIUM					\$4,581.00
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .					
TOTAL					\$4,581.00

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**:

Continued on back, if applicable

COUNTERSIGNED:

09/14/2020

BY

Marci Lyn Kronee

(Authorized Signature)

6. Approved Pilots (continued) --

- A. See Pilot Clause 6.c
- B. Commercial pilots in the employ of an FAA approved aircraft repair station in connection with inspections or repairs 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
- 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 10 hours in tailwheel-equipped aircraft (if insured aircraft is tailwheel-equipped);
 - 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.

Additional Policyholders:

None

Additional Lienholders:

None

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**;

This Endorsement is effective Mo.DayYr. 09/20/2020 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917317 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**;

This Endorsement is effective Mo.DayYr. 09/20/2020 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917317 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**;

This Endorsement is effective Mo.DayYr. 09/20/2020 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917317 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**;

This Endorsement is effective Mo.DayYr. 09/20/2020 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917317 issued by Avemco Insurance Company.

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 "Liability Insurance" requirements as set forth in Canadian Air Regulation 606.02 (8), to the extent **your** current limits do not comply.

This Endorsement is effective Mo.DayYr. 09/20/2020 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917317 issued by Avemco Insurance Company.

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 "Liability Insurance" requirements as set forth in Canadian Air Regulation 606.02 (8), to the extent **your** current limits do not comply.

This Endorsement is effective Mo.DayYr. 09/20/2020 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917317 issued by Avemco Insurance Company.

WASHINGTON AMENDATORY ENDORSEMENT

The following changes are made to **your** Aircraft Insurance Policy:

I. **GENERAL PROVISIONS** 3., 6. and 7. are deleted and replaced by the following:

3. **OUR RECOVERY RIGHTS**

If **we** pay under this Policy, **we** have all rights of recovery of an **insured person**. That person must do all that is needed to help **us** exercise these rights. An **insured person** may do nothing to take away these rights. However, **our** rights do not extend to **COVERAGE C—INSURANCE FOR MEDICAL EXPENSES**. **Our** recovery rights shall not affect an **insured person's** right to recover any uninsured **loss**. An **insured person** is entitled to be fully compensated first out of any recovery.

6. **NONRENEWAL**

If **we** decide not to renew this Policy, **we** will mail or deliver to **you** a notice of nonrenewal with **our** reasons. This notice will be sent at least 45 days before the Policy Period ends. Proof of mailing or delivery will be proof that **you** were notified.

If **we** offer to renew and **you** do not pay the renewal premium, **you** have declined **our** offer.

7. **CANCELLATION**

To cancel this Policy, **you** must tell **us** at what future date the cancellation should be. **You** may provide notice before the effective date of cancellation using one of these methods:

- a. Written notice of cancellation to **us** by mail, fax or e-mail
- b. Surrender of the policy to **us**; or
- c. Verbal notice to **us**

If **we** receive notice of cancellation from **you**, **we** will accept and promptly cancel the policy effective the later of:

- a. The date notice is received; or
- b. The cancellation effective date **you** request.

We may cancel by mailing or delivering a notice of cancellation. This notice will be sent to **you** and to any additional **insured person** named in this Policy. It will be sent at least 45 days before the cancellation date and will include the reason(s) for cancellation. Only 10 days' notice will be given if **we** cancel for nonpayment of premium. Proof of mailing or delivery will be proof of notification.

Upon cancellation, **you** may be entitled to a premium refund. **We** will send that refund to **you**. **Our** making a refund is not a condition of cancellation.

If **we** cancel, the refund will be figured on a pro rata basis. If **you** cancel for any reason, the refund will be 90% of the pro rata amount.

The receipt and deposit of **your** premium payment by **us** or **our** agent after mailing a notice of cancellation will not reinstate the Policy. However, cancellation for nonpayment of premium will not be effective if the required payment is received before the cancellation date.

- II. If **your** Policy has a "Lienholder's Extended Coverage Endorsement" (102401) attached, the following is substituted for the "Notice to Lienholder" and "Notice-Form" sections of that endorsement:

NOTICE TO LIENHOLDER

If **we** or **you** cancel **your** Policy on the **insured aircraft**, **we** agree to notify the lienholder 45 days prior to termination of this "Lienholder's Extended Coverage," except that only 30 days' notice will be given if cancellation is for nonpayment of premium. "Lienholder's Extended Coverage" will, however, automatically terminate on the day other insurance becomes effective covering the lienholder's interest in the **insured aircraft**.

NOTICE FORM

All notices shall be in writing. The 45 days (30 days for nonpayment of premium) will start upon mailing or delivery. Proof of mailing or delivery will be proof that the lienholder has been notified.

- III. If **your** Policy has an "Airport Use—Airport Hangar Endorsement" (125301) attached, the following paragraph is deleted:

—DELETE—

We will notify this **insured person** when **your** Policy is cancelled. Notice will be sent at least 30 days before the cancellation date. Only 10 days' notice (or that notice required by **your** state, if more) will be given if **we** cancel for nonpayment of premium.

and replaced with the following:

—ADD—

We will notify this **insured person** when **your** Policy is cancelled. Notice will be sent at least 45 days before the cancellation date. Only 10 days' notice will be given if **we** cancel for nonpayment of premium.

This Endorsement is effective Mo.DayYr. 09/20/2020 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917317 issued by Avemco Insurance Company.

Coverage Expansion Endorsement

The following changes are made to **your** Aircraft Insurance Policy:

I. DEFINITIONS USED IN THIS POLICY

A. Definition 16 is deleted in its entirety and replaced by the following:

- **"Policy territory"** means the Western Hemisphere between 13 and 67 North Latitude and between 52 West Longitude and the International Date Line. It does not include Bermuda, Cuba, El Salvador, Honduras or Nicaragua. The map on Page 10 of this Policy is no longer correct.

II. ADDITIONAL EXCLUSIONS APPLYING TO COVERAGE A

A. Exclusion 6 is deleted in its entirety and replaced by the following:

This coverage does not apply to:

6. Damage to property:

- a. owned by an **insured person**;
- b. being carried in **your insured aircraft**. However, personal effects of each **occupant** are covered up to \$5,000. Included within, and not in addition to, the limit for personal effects **we** will pay up to \$500 for any necessary veterinary or burial expenses of an **occupant's** pet that is injured in an **accident** while riding in **your insured aircraft**. These pet expenses must be incurred within ninety (90) days of the **accident**;
- c. rented to, or in the custody of, an **insured person**. However, rented hangars and their contents are covered up to a maximum of \$50,000 each **accident**.

III. COVERAGE B-INSURANCE FOR DAMAGE TO YOUR INSURED AIRCRAFT

NO BENEFIT TO OTHERS is deleted and replaced with:

NO BENEFIT TO OTHERS

This coverage is for the benefit of **insured persons** only. If **we** make a payment for a **loss** to **your insured aircraft**, **we** agree to waive **our** recovery rights against a pilot who meets the definition of an **insured person**.

IV. **POLICY TERRITORY** on Page 10 of this Policy is changed to:

Western Hemisphere between 13 and 67 North Latitude and between 52 West Longitude and the International Date Line. It does not include Bermuda, Cuba, El Salvador, Honduras or Nicaragua. The map on Page 10 of this Policy is no longer correct.

This Endorsement is effective Mo.DayYr. 09/20/2020 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917317 issued by Avemco Insurance Company.

Coverage Expansion Endorsement

The following changes are made to **your** Aircraft Insurance Policy:

I. DEFINITIONS USED IN THIS POLICY

A. Definition 16 is deleted in its entirety and replaced by the following:

- **"Policy territory"** means the Western Hemisphere between 13 and 67 North Latitude and between 52 West Longitude and the International Date Line. It does not include Bermuda, Cuba, El Salvador, Honduras or Nicaragua. The map on Page 10 of this Policy is no longer correct.

II. ADDITIONAL EXCLUSIONS APPLYING TO COVERAGE A

A. Exclusion 6 is deleted in its entirety and replaced by the following:

This coverage does not apply to:

6. Damage to property:

- a. owned by an **insured person**;
- b. being carried in **your insured aircraft**. However, personal effects of each **occupant** are covered up to \$5,000. Included within, and not in addition to, the limit for personal effects **we** will pay up to \$500 for any necessary veterinary or burial expenses of an **occupant's** pet that is injured in an **accident** while riding in **your insured aircraft**. These pet expenses must be incurred within ninety (90) days of the **accident**;
- c. rented to, or in the custody of, an **insured person**. However, rented hangars and their contents are covered up to a maximum of \$50,000 each **accident**.

III. COVERAGE B-INSURANCE FOR DAMAGE TO YOUR INSURED AIRCRAFT

NO BENEFIT TO OTHERS is deleted and replaced with:

NO BENEFIT TO OTHERS

This coverage is for the benefit of **insured persons** only. If **we** make a payment for a **loss** to **your insured aircraft**, **we** agree to waive **our** recovery rights against a pilot who meets the definition of an **insured person**.

IV. **POLICY TERRITORY** on Page 10 of this Policy is changed to:

Western Hemisphere between 13 and 67 North Latitude and between 52 West Longitude and the International Date Line. It does not include Bermuda, Cuba, El Salvador, Honduras or Nicaragua. The map on Page 10 of this Policy is no longer correct.

This Endorsement is effective Mo.DayYr. 09/20/2020 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917317 issued by Avemco Insurance Company.

Coverage Expansion Endorsement

The following changes are made to **your** Aircraft Insurance Policy:

I. DEFINITIONS USED IN THIS POLICY

A. Definition 16 is deleted in its entirety and replaced by the following:

- **"Policy territory"** means the Western Hemisphere between 13 and 67 North Latitude and between 52 West Longitude and the International Date Line. It does not include Bermuda, Cuba, El Salvador, Honduras or Nicaragua. The map on Page 10 of this Policy is no longer correct.

II. ADDITIONAL EXCLUSIONS APPLYING TO COVERAGE A

A. Exclusion 6 is deleted in its entirety and replaced by the following:

This coverage does not apply to:

6. Damage to property:

- a. owned by an **insured person**;
- b. being carried in **your insured aircraft**. However, personal effects of each **occupant** are covered up to \$5,000. Included within, and not in addition to, the limit for personal effects **we** will pay up to \$500 for any necessary veterinary or burial expenses of an **occupant's** pet that is injured in an **accident** while riding in **your insured aircraft**. These pet expenses must be incurred within ninety (90) days of the **accident**;
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IMPORTANT NOTICE TO OUR U. S. POLICYHOLDERS WHO FLY IN CANADIAN OR MEXICAN AIRSPACE

- **Canadian Minimum Liability Limits Requirements**

Canadian law requires that owners and operators of private aircraft in Canadian airspace carry minimum limits of liability. The limits are based on seating capacity and maximum take-off weight.

This policy may not provide the minimum liability limits required in Canada.

If this is a non-owned aircraft policy, your coverage allows you to fly a variety of aircraft for which there may be different minimum liability requirements in Canada. It is the responsibility of each operator to make sure that he/she carries the minimum amounts required.

- **Mexico Warning**

Unless you have aircraft insurance issued by a company on a policy accepted in Mexico you may spend many hours or days in jail, if you have an accident in Mexico. You should confirm that your policy issued by us is accepted in Mexico prior to your travel to that country. If you are told or are concerned that our policy will not be accepted you should secure insurance from a company licensed under the laws of Mexico to write insurance in order to avoid complications and some other penalties possible under the laws of Mexico, including the possible impoundment of your aircraft.