

AVEMCO DOCUMENT

PRINTED : 9/16/24 7:13:16 AM

POLICY NUMBER : 030112917321



Avemco Insurance Company
8490 Progress Drive, Suite 200 Frederick, Maryland 21701
main 800 638 8440 facsimile 800 863 3338

09/16/2024

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

Re: Policy # 030112917321

Dear Valley Fliers Inc ,

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

To view and download a copy of the Direct Approach Policy jacket, please visit our website at **avemco.com/policy**. You can request a printed copy by e-mailing us at **avemco@avemco.com**

If you have any questions about your policy or there's 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.

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 60years.

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

Safe flying,

The Avemco Team

Enc.

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



Avemco Insurance Company
8490 Progress Drive, Suite 200 Frederick, Maryland 21701
main 800 638 8440 facsimile 800 863 3338

Thank you for choosing Avemco Insurance Company. We truly appreciate the opportunity to provide you with exceptional service and unmatched stability.

Below are your Policy Identification Cards.

Cut along the dotted line

Avemco Insurance Company
8490 Progress Drive, Suite 200 Frederick, Maryland 21701
main 800 638 8440 facsimile 800 863 3338

Valley Fliers Inc

Policy # 030112917321

Policy Period From 09/20/2024 To 09/20/2025

Cut along the dotted line

Avemco Insurance Company
8490 Progress Drive, Suite 200 Frederick, Maryland 21701
main 800 638 8440 facsimile 800 863 3338

Valley Fliers Inc

Policy # 030112917321

Policy Period From 09/20/2024 To 09/20/2025

To report an accident or loss call 800-874-9124

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, included names and addresses of injured persons and witnesses.
5. Do not discuss fault or give any statements to anyone except the authorities or Avemco claim representative.
6. Report theft or vandalism to the authorities.
7. If you are using a non-owned aircraft, report to owner and Avemco.

To report an accident or loss call 800-874-9124

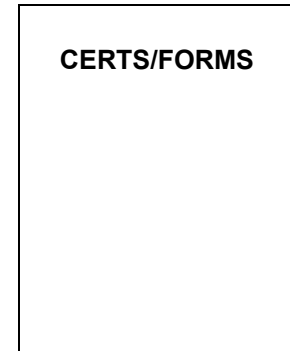
IMPORTANT IF YOU HAVE AN ACCIDENT OR LOSS:

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, included names and addresses of injured persons and witnesses.
5. Do not discuss fault or give any statements to anyone except the authorities or Avemco claim representative.
6. Report theft or vandalism to the authorities.
7. If you are using a non-owned aircraft, report to owner and Avemco.

NON-COMMERCIAL
AIRCRAFT POLICY
No. NC-030112917321

Avemco Insurance Company
8490 Progress Drive, Suite 200
Frederick, MD 21701

Phone: 800 638 8440 Fax: 800 863 3338



DATA PAGE

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

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

3. Policy Period : 4. Aircraft Description: Reg. No.: N5163S
 Mo. Day Yr. Mo. Day Yr. Year Make and Model Based In WA
 09/20/2024 To 09/20/2025 1971 PIPER
 (12:01 A.M. to 12:01 A.M. local time at **your** address) PA-28-180

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		\$1,506.00	
B	Aircraft Damage (Including In Flight) Less deductible	\$ 101,000 insured value	\$ 0 not in motion deductible	\$ 0 in motion deductible		\$5,745.00	
C	Medical Expenses	\$ 3,000 each occupant				Included	
Endorsements at time of issue: F232,WA0101,125301,132301,133801,F1-125301,132801 This policy includes these premium credits:							
TOTAL PREMIUM						\$7,251.00	
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .							
TOTAL						\$7,251.00	

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: 09/16/2024

BY Manci Lynn Veronee
(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

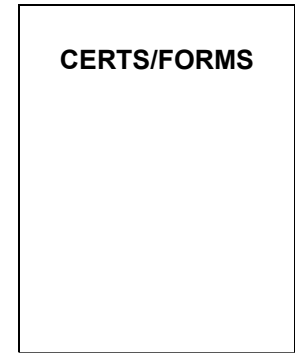
Additional Lienholders:

None

NON-COMMERCIAL
AIRCRAFT POLICY
No. **NC-030112917321**

Avemco Insurance Company
8490 Progress Drive, Suite 200
Frederick, MD 21701

Phone: 800 638 8440 Fax: 800 863 3338



DATA PAGE

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

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

3. Policy Period : 4. Aircraft Description: Reg. No.: N759MA
 Mo. Day Yr. Mo. Day Yr. Year Make and Model Based In WA
 09/20/2024 To 09/20/2025 1978 CESSNA
 (12:01 A.M. to 12:01 A.M. local time at **your** address) 182Q

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			\$2,053.00
B	Aircraft Damage (Including In Flight) Less deductible	\$ 200,000 insured value	\$ 0 not in motion deductible	\$ 0 in motion deductible			\$13,466.00
C	Medical Expenses	\$ 3,000 each occupant				Included	
Endorsements at time of issue: F232,WA0101,125301,132301,133801,F1-125301 This policy includes these premium credits:							
TOTAL PREMIUM							\$15,519.00
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .							
TOTAL							\$15,519.00

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: 09/16/2024

BY Manci Lynn Veronee
(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

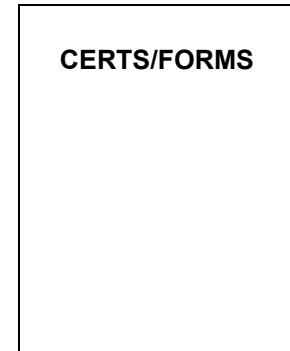
Additional Lienholders:

None

NON-COMMERCIAL
AIRCRAFT POLICY
No. **NC-030112917321**

Avemco Insurance Company
8490 Progress Drive, Suite 200
Frederick, MD 21701

Phone: 800 638 8440 Fax: 800 863 3338



DATA PAGE

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

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

3. Policy Period : 4. Aircraft Description: Reg. No.: N80117
 Mo. Day Yr. Mo. Day Yr. Year Make and Model Based In WA
 09/20/2024 To 09/20/2025 1975 CESSNA
 (12:01 A.M. to 12:01 A.M. local time at **your** address) 172M

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		\$1,506.00	
B	Aircraft Damage (Including In Flight) Less deductible	\$ 158,000 insured value	\$ 0 not in motion deductible	\$ 0 in motion deductible		\$8,104.00	
C	Medical Expenses	\$ 3,000 each occupant				Included	
Endorsements at time of issue: F232,WA0101,125301,132301,133801,F1-125301,132801 This policy includes these premium credits:							
TOTAL PREMIUM						\$9,610.00	
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .							
TOTAL						\$9,610.00	

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: 09/16/2024

BY Manci Lynn Veronee
(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

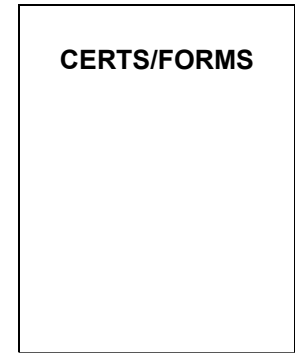
Additional Lienholders:

None

NON-COMMERCIAL
AIRCRAFT POLICY
No. **NC-030112917321**

Avemco Insurance Company
8490 Progress Drive, Suite 200
Frederick, MD 21701

Phone: 800 638 8440 Fax: 800 863 3338



DATA PAGE

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

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

3. Policy Period : 4. Aircraft Description: Reg. No.: N34727
 Mo. Day Yr. Mo. Day Yr. Year Make and Model Based In WA
 09/20/2024 To 09/20/2025 1973 Cessna
 (12:01 A.M. to 12:01 A.M. local time at **your** address) 177B

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			\$1,705.00
B	Aircraft Damage (Including In Flight) Less deductible	\$ 164,000 insured value	\$ 0 not in motion deductible	\$ 0 in motion deductible			\$10,050.00
C	Medical Expenses	\$ 3,000 each occupant				Included	
Endorsements at time of issue: F232,WA0101,125301,132301,133801,F1-125301 This policy includes these premium credits:							
TOTAL PREMIUM							\$11,755.00
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .							
TOTAL							\$11,755.00

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: 09/16/2024

BY Manci Lynn Veronee
(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



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
09/16/2024

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 have ADDITIONAL INSURED provisions or 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 200 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 Valley Fliers Inc c/o Sean Morrow 1402 Auburn Way N. PMB 223 Auburn, WA 98002-3309	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 1971	MAKE PIPER	MODEL PA-28-180	SERIAL NUMBER	REGISTRATION NUMBER N5163S	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER A	POLICY NUMBER 030112917321	EFFECTIVE DATE 09/20/2024	EXPIRATION DATE 09/20/2025	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 <input type="checkbox"/> 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 <input type="checkbox"/> Excluding Passengers		\$ 1,000,000	EA OCC EA PASS	\$ 100,000	EA PER AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO	
CODE	DESCRIPTION						
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER	CANCELLATION
Pierce County Airport 2702 S 42nd St Suite 109 Tacoma, WA 98409	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



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
09/16/2024

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 have ADDITIONAL INSURED provisions or 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 200 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 Valley Fliers Inc c/o Sean Morrow 1402 Auburn Way N. PMB 223 Auburn, WA 98002-3309	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 1978	MAKE CESSNA	MODEL 182Q	SERIAL NUMBER	REGISTRATION NUMBER N759MA	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER A	POLICY NUMBER 030112917321	EFFECTIVE DATE 09/20/2024	EXPIRATION DATE 09/20/2025	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	<input type="checkbox"/> Ground Not In Flight	\$	AGREED VALUE	\$	Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> Including Passengers	<input type="checkbox"/> Excluding Passengers	\$ 1,000,000	EA OCC	\$ 100,000	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	<input type="checkbox"/> EXCLUDING CREW	\$	EA PER	\$ 3,000	EA PASS	
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER	CANCELLATION
Pierce County Airport 2702 S 42nd St Suite 109 Tacoma, WA 98409	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



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
09/16/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 200 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 Valley Fliers Inc c/o Sean Morrow 1402 Auburn Way N. PMB 223 Auburn, WA 98002-3309	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 172M	SERIAL NUMBER	REGISTRATION NUMBER N80117	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER A	POLICY NUMBER 030112917321	EFFECTIVE DATE 09/20/2024	EXPIRATION DATE 09/20/2025	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 <input type="checkbox"/> 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 <input type="checkbox"/> Excluding Passengers		\$ 1,000,000	EA OCC EA PASS	\$ 100,000	EA PER AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS	
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER	CANCELLATION
Pierce County Airport 2702 S 42nd St Suite 109 Tacoma, WA 98409	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



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
09/16/2024

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 have ADDITIONAL INSURED provisions or 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 200 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 Valley Fliers Inc c/o Sean Morrow 1402 Auburn Way N. PMB 223 Auburn, WA 98002-3309	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 1973	MAKE Cessna	MODEL 177B	SERIAL NUMBER	REGISTRATION NUMBER N34727	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER A	POLICY NUMBER 030112917321	EFFECTIVE DATE 09/20/2024	EXPIRATION DATE 09/20/2025	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	<input type="checkbox"/> Ground Not In Flight	\$	AGREED VALUE	\$	Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> Including Passengers	<input type="checkbox"/> Excluding Passengers	\$ 1,000,000	EA OCC	\$ 100,000	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	<input type="checkbox"/> EXCLUDING CREW	\$	EA PER	\$ 3,000	EA PASS	
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER	CANCELLATION
Pierce County Airport 2702 S 42nd St Suite 109 Tacoma, WA 98409	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

FACTS

WHAT DOES TOKIO MARINE HCC DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information may include:

- Account and transaction information;
- Contact and demographic information;
- Financial information;
- Claims information; and
- Credit history.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Tokio Marine HCC chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Tokio Marine HCC share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	N/A

To limit our sharing

- Call (888) 688-0775 — our menu will prompt you through your choice(s).
- Email us online: privacypolicy@tmhcc.com.

Please note:

When you are *no longer* our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

Questions?

Call (888) 688-0775 or send us an email at privacypolicy@tmhcc.com.

Who we are	
Who is providing this notice?	Tokio Marine HCC is the trading name of HCC Insurance Holdings, Inc.
What we do	
How does Tokio Marine HCC protect my personal information?	To protect your personal information from unauthorized access and use, we maintain reasonable administrative, technical and physical safeguards designed to protect your personal information against accidental, unlawful or unauthorized destruction, loss, alteration, access, disclosure or use.
How does Tokio Marine HCC collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> ■ Sign up for and use our services, including when you choose to provide us with your information online or offline; ■ Interact with our website and mobile applications; ■ Obtain an insurance product from us through a broker, where we may collect personal information from your broker in order to prepare your quote and/or your insurance policy; and/or ■ Submit an insurance claim, so we can properly handle your claim. <p>We may also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ■ sharing for affiliates' everyday business purposes—information about your creditworthiness; ■ affiliates from using your information to market to you; and ■ sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Our affiliates include our family of companies, available at https://www.tokiomarinehd.com/en/company/about/group.html.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ <i>Our joint marketing partners include categories of companies such as insurance companies.</i>
Other important information	
For more information, please review our privacy policy, located at https://www.tmhcc.com/en-us/legal/privacy-policy .	

AIRPORT USE - AIRPORT HANGAR ENDORSEMENT

You have a written airport use or airport hangar agreement for **your insured aircraft** with the party shown below.

We agree to include them as an "**insured person**" under that definition in **your** Policy. **We** also agree to waive **our** recovery rights against them for **loss** to **your insured aircraft** (**you** do, too).

We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. **THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF YOUR INSURED AIRCRAFT.**

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.

If this **insured person** has other liability insurance, that insurance shall apply first. The addition of this **insured person** to **your** Policy does not increase the Limits of Liability provided.

Pierce County Airport
2702 S 42nd St
Suite 109

Tacoma, WA 98409

This Endorsement is effective Mo.DayYr. 09/20/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917321 issued by Avemco Insurance Company.

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We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. **THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF YOUR INSURED AIRCRAFT.**

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We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. **THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF YOUR INSURED AIRCRAFT.**

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Tacoma, WA 98409

This Endorsement is effective Mo.DayYr. 09/20/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917321 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. 09/20/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917321 issued by Avemco Insurance Company.

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 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.

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any aircraft or any aircraft component; or while:

9. operating an airport, hangar, aircraft tiedown or parking facility, flying club or flight training facility;
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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.

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This coverage does not apply to:

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 - a. an **occupant** unless Item 5 of the Data Page shows "including **occupants**";
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- 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;
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 7. chartering;
 8. renting;

any aircraft or any aircraft component; or while:

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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.

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This coverage does not apply to:

4. **Bodily injury** to:
 - a. an **occupant** unless Item 5 of the Data Page shows "including **occupants**";
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This Endorsement is effective Mo.DayYr. 09/20/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917321 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. 09/20/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917321 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. 09/20/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917321 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. 09/20/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917321 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. 09/20/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917321 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.

Pierce County Airport
2702 S 42nd St
Suite 109

Tacoma, WA 98409

Pierce County Airport
2702 S 42nd St
Suite 109

Tacoma, WA 98409



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
09/16/2024

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 have ADDITIONAL INSURED provisions or 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 200 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 Valley Fliers Inc c/o Sean Morrow 1402 Auburn Way N. PMB 223 Auburn, WA 98002-3309	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	INSURER A : AVEMCO INSURANCE COMPANY		100%	10367
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			

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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 1971	MAKE PIPER	MODEL PA-28-180	SERIAL NUMBER	REGISTRATION NUMBER N5163S	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER A	POLICY NUMBER 030112917321	EFFECTIVE DATE 09/20/2024	EXPIRATION DATE 09/20/2025	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 <input type="checkbox"/> 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 <input type="checkbox"/> Excluding Passengers		\$ 1,000,000	EA OCC EA PASS	\$ 100,000	EA PER AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO	
CODE	DESCRIPTION						
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER	CANCELLATION
Pierce County Airport 2702 S 42nd St Suite 109 Tacoma, WA 98409	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

AIRPORT USE - AIRPORT HANGAR ENDORSEMENT

You have a written airport use or airport hangar agreement for **your insured aircraft** with the party shown below.

We agree to include them as an "**insured person**" under that definition in **your** Policy. **We** also agree to waive **our** recovery rights against them for **loss** to **your insured aircraft** (**you** do, too).

We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF **YOUR INSURED AIRCRAFT**.

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.

If this **insured person** has other liability insurance, that insurance shall apply first. The addition of this **insured person** to **your** Policy does not increase the Limits of Liability provided.

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Tacoma, WA 98409

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Pierce County Airport
2702 S 42nd St
Suite 109

Tacoma, WA 98409

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
09/16/2024

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PRODUCER Avemco Insurance Company 8490 Progress Drive, Suite 200 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 Valley Fliers Inc c/o Sean Morrow 1402 Auburn Way N. PMB 223 Auburn, WA 98002-3309	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	INSURER A : AVEMCO INSURANCE COMPANY		100%	10367
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			

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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 1978	MAKE CESSNA	MODEL 182Q	SERIAL NUMBER	REGISTRATION NUMBER N759MA	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER A	POLICY NUMBER 030112917321	EFFECTIVE DATE 09/20/2024	EXPIRATION DATE 09/20/2025	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	<input type="checkbox"/> Ground Not In Flight	\$	AGREED VALUE	\$	Ded. - Not in motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> Including Passengers	<input type="checkbox"/> Excluding Passengers	\$ 1,000,000	EA OCC	\$ 100,000	EA PER	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW	<input type="checkbox"/> EXCLUDING CREW	\$	EA PER	\$ 3,000	EA PASS	
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
			\$		\$		
			\$		\$		
			\$		\$		
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			\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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	AUTHORIZED REPRESENTATIVE MARCI L VERONIE

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
09/16/2024

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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 172M	SERIAL NUMBER	REGISTRATION NUMBER N80117	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER A	POLICY NUMBER 030112917321	EFFECTIVE DATE 09/20/2024	EXPIRATION DATE 09/20/2025	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 <input type="checkbox"/> Ground Not In Flight	<input type="checkbox"/> Ground Not In Motion	\$	AGREED VALUE	\$	Ded. - Not in motion Ded. - In motion	
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COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO	
CODE	DESCRIPTION		\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER	CANCELLATION
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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 200 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 Valley Fliers Inc c/o Sean Morrow 1402 Auburn Way N. PMB 223 Auburn, WA 98002-3309	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 1973	MAKE Cessna	MODEL 177B	SERIAL NUMBER	REGISTRATION NUMBER N34727	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER A	POLICY NUMBER 030112917321	EFFECTIVE DATE 09/20/2024	EXPIRATION DATE 09/20/2025	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 <input type="checkbox"/> 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 <input type="checkbox"/> Excluding Passengers		\$ 1,000,000	EA OCC EA PASS	\$ 100,000	EA PER AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS	
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER	CANCELLATION
Pierce County Airport 2702 S 42nd St Suite 109 Tacoma, WA 98409	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

AIRPORT USE - AIRPORT HANGAR ENDORSEMENT

You have a written airport use or airport hangar agreement for **your insured aircraft** with the party shown below.

We agree to include them as an "**insured person**" under that definition in **your** Policy. **We** also agree to waive **our** recovery rights against them for **loss** to **your insured aircraft** (**you** do, too).

We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF **YOUR INSURED AIRCRAFT**.

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.

If this **insured person** has other liability insurance, that insurance shall apply first. The addition of this **insured person** to **your** Policy does not increase the Limits of Liability provided.

Pierce County Airport
2702 S 42nd St
Suite 109

Tacoma, WA 98409

This Endorsement is effective Mo.DayYr. 09/20/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 030112917321 issued by Avemco Insurance Company.