

# AIRCRAFT INSURANCE POLICY

## COVERAGE IDENTIFICATION PAGE

### U. S. SPECIALTY INSURANCE COMPANY

■ ADMINISTRATIVE OFFICES: 13403 NORTHWEST FREEWAY  
 ■ HOUSTON, TEXAS 77040-6094

YOUR POLICY NUMBER **AC3024504-01**

Prior Policy No. **AC3024504-00**

ITEM 1	NAMED INSURED Robert J. Carlton	YOUR AGENT'S NAME AND ADDRESS ASSUREDPARTNERS AEROSPACE-WICHITA  9860 E 21st N Wichita, KS 67206
2	YOUR ADDRESS 50 George Applebay Way Hngr 57 Moriarty, NM 87035	

3 POLICY PERIOD: 12:01 A.M. STANDARD TIME AT YOUR ABOVE ADDRESS FROM: **01/24/2024** TO: **01/09/2025**

4 LOCATION OF AIRCRAFT: The aircraft will be principally based at **Moriarty Muni, Moriarty, NM**

5 DESCRIPTION OF AIRCRAFT: You have told us that each of the aircraft below (1) has an FAA standard airworthiness certificate unless noted below\*; and (2) is solely and unconditionally owned by you unless noted differently in Item 1 and/or 11 or endorsements we issue.

FAA NUMBER	YEAR, MAKE AND MODEL <small>*(Include description if not an FAA standard certificated landplane)</small>	TOTAL SEATS	AIRCRAFT PHYSICAL DAMAGE COVERAGE <small>(If no Agreed Value shown, no coverage is provided)</small>			
			AGREED VALUE	F Not in Motion DEDUCTIBLE	G In Motion DEDUCTIBLE	
N101AZ	1986 Start & Flug Gmbh. H101 "Salto" (Glider - Experimental)	1	\$	\$	\$	\$
N15FJ	2022 Zaklady Lotnicze Marganski & MDM-1 FOX	2	\$	\$	\$	\$

6 COVERAGES AND LIMITS OF LIABILITY: The most we will pay under each coverage we provide is shown below for each aircraft. (Where no amount is shown, no coverage is provided)

FAA NUMBER	LIABILITY TO OTHERS	A		B		C		D		DL		E	
		Bodily Injury Excluding Passengers	Bodily Injury	Passenger Bodily injury	Bodily Injury	Property Damage	Single Limit Bodily Injury/Property Damage	Single Limit Bodily Injury/Property Damage	Single Limit Bodily Injury/Property Damage	Single Limit Bodily Injury/Property Damage	Medical Expense		
N101AZ	each person	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	each occurrence	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
N15FJ	each person	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	each occurrence	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

7 ANNUAL PREMIUMS: Your cost for each coverage we provide is shown below. (Where no amount is shown, no coverage is provided)

FAA NUMBER	ANNUAL PREMIUMS: Your cost for each coverage we provide is shown below. (Where no amount is shown, no coverage is provided)								
	COV. A	COV. B	COV. C	COV. D	COV. DL	COV. E	COV. F	COV. G	TOTAL FOR A/C
N101AZ	\$	\$	\$	\$	\$	\$ Incl	\$	\$	\$
N15FJ	\$	\$	\$	\$	\$	\$ Incl	\$	\$	\$

8 ENDORSEMENTS ATTACHED WHEN POLICY ISSUED **NOS: FORMS:** ANNUAL ENDORSEMENT PREMIUM See Form(s) **PREMIUM DUE**

Form Name      Form Version      Form Title  
 AIP 1195      (08/10)      WAR HIJACKING AND OTHER PERILS EXCLUSION