

# AIRCRAFT INSURANCE POLICY

## COVERAGE IDENTIFICATION PAGE

### U. S. SPECIALTY INSURANCE COMPANY

YOUR POLICY NUMBER **AC3024504-02**

Prior Policy No. **AC3024504-01**

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

ITEM	1 NAMED INSURED Robert J. Carlton	YOUR AGENT'S NAME AND ADDRESS Assuredpartners Aerospace, LLC -Aerospace  4582 S Ulster St,#600 Denver, CO 80237
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: **01/09/2025** TO: **01/09/2026**

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 (Experimental)	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 Bodily Injury Excluding Passengers	B Passenger Bodily injury	C Property Damage	D	DL Single Limit Bodily Injury/Property Damage	DL Single Limit Bodily Injury/Property Damage Limited Pass.	E Medical Expense
	each person each occurrence	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$
N101AZ	each person each occurrence	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	100,000 1,000,000	\$ 5,000 \$ 5,000
N15FJ	each person each occurrence	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	100,000 1,000,000	\$ 5,000 \$ 10,000

7

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 NOS: ANNUAL ENDORSEMENT PREMIUM \$ PREMIUM DUE