

CIVIL AIRCRAFT CERTIFICATE OF INSURANCE	1. TODAY'S DATE (YYYYMMDD)	OMB No. 0701-0050
<i>(To be completed only by the insurer or an authorized representative.)</i> Please read Privacy Act Statement and Instructions on back before completing.	20210519	

The Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0701-0050). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE ADDRESS IN NOTE 2 ON

2. INSURER	3. INSURED (User)
a. NAME STARR INDEMNITY & LIABILITY COMPANY	a. NAME SONEX AIRCRAFT, LLC
b. ADDRESS (Street, City, State and ZIP code) STARR INDEMNITY & LIABILITY COMPANY 3353 PEACHTREE ROAD NE, SUITE 1000 ATLANTA, GA 30326	b. ADDRESS (Street, City, State and ZIP Code) ATTN: JOHN MONNETT, 511 AVIATION ROAD OSHKOSH, WI 54902

4. AIRCRAFT POLICY DATA				
POLICY NUMBER(S) a.	EFFECTIVE DATE (YYYYMMDD) b.	EXPIRATION DATE (YYYYMMDD) c.	GEOGRAPHICAL AREA OR LIMIT OF POLICY COVERAGE d.	AIRCRAFT REGISTRATION NUMBER(S) e.
1000201374-09	20210407	20220407	SEE SECOND PAGE	N112YB N241SJ N141SJ

5. AIRCRAFT LIABILITY COVERAGE				
AMOUNT OF INSURANCE FOR (Must be stated in U.S. Dollars)	BODILY INJURY a.		PROPERTY DAMAGE b.	PASSENGER c.
	(1) EACH PERSON	SEE BELOW		
	(2) EACH ACCIDENT			

6. SINGLE LIMIT (If the aircraft are insured with a single limit of liability, the amount of the single limit must be equal to or greater than the combined amount of bodily injury, property damage, and passenger liability specified in applicable military regulations listed in NOTE 1 on back.) (Must be stated in U.S. Dollars)

N112YB - \$1,000,000 COMBINED SINGLE LIMIT WITH PASSENGER LIABILITY LIMITED TO \$100,000 EACH PASSANGER
N241SJ, N141SJ - \$1,000,000 BODILY INJURY AND PROPERTY DMAAGE EACH OCCURENCE

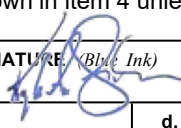
7. EXCESS LIABILITY (If the aircraft are insured by a combination of primary and excess policies, the combined amounts of bodily injury, property damage, and passenger liability, respectively, must be equal to or greater than those specified in applicable military regulations listed in NOTE 1 on reverse.) (NOTE: When this entry is completed, include primary policy numbers or amounts over which the excess applies. Show whether excess applies to bodily injury, property damage, or passenger liability.) (Must be stated in U.S. Dollars)

8. PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY(IES)

<p>a. The insurer waives any right of subrogation the insurer may have against the United States by reason of any payment under the policy(ies) for damage or injury which might arise out of or in connection with the insured's use of any military installation or facility.</p> <p>b. The insurance afforded by the policy(ies) encompasses the liability assumed by the insured under DD Form 2402, Hold Harmless Agreement, which is incorporated herein by reference.</p>	<p>c. If the insurer cancels or reduces the amount of insurance afforded under the listed policy(ies), the insurer shall send written notice of the cancellations or reduction to the applicable address listed in NOTE 2 on reverse, by registered mail at least thirty days in advance of the effective date of cancellation; the policy must state that any cancellation or reduction will not be effective until at least thirty days after such notice is sent, regardless of the effective date specified therein.</p> <p>d. If the insured requests cancellation or reduction, the insurer shall notify the applicable addressee listed in NOTE 2 on reverse immediately upon receipt of such request.</p>
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9. CERTIFICATION (To be completed by Authorized Insurance Official)

I certify that insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer. This certificate is valid until the expiration date(s) shown in item 4 unless canceled or superseded in writing, in accordance with items 8c and d.

a. TYPED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE KYLE SPARKS	b. SIGNATURE (Blue Ink) 
c. TITLE SENIOR VICE PRESIDENT	d. TELEPHONE NUMBER (Include Area Code) 404-946-1400

Privacy Act Statement

AUTHORITY: 49 U.S. Code, Section 44502(d).

PRINCIPAL PURPOSE: Provides an insurance company's certification of current third party insurance liability required for an individual or corporation that operates civil aircraft at military aviation facilities.

ROUTINE USE: None.

DISCLOSURE: Voluntary; however, failure to provide this information will result in an individual or corporation being unable to operate civil aircraft into military aviation facilities.

INSTRUCTIONS FOR COMPLETION OF DD FORM 2400

This form is to be completed only by the insurer or authorized representative.

1. Complete all applicable items. Continue below if additional space is required. Refer to item number(s).

2. Sign original of this form and send to the applicable address listed in NOTE 2 below. Send a copy to each approving authority to which a DD Form 2401 is submitted for approval. All copies of form must be signed with original signatures. Signature stamps, camera copied signatures, or any type facsimile signatures are unacceptable.

3. This form is available under DefenseLink, Publications.

4. All items are self-explanatory except:

Item 4d - List the geographical area or geographical limits within which the policy(ies) apply.

Item 4e - The statement "All aircraft owned or operated by the insured," is acceptable and preferred.

IF ADDITIONAL SPACE IS REQUIRED, CONTINUE HERE *(Refer to item number)*

WITHIN THE UNITED STATES OF AMERICA, CANADA, MEXICO, THE BAHAMAS AND THGE CARIBBEAN ISLANDS OR ENROUTE BETWEEN POINTS THEREIN

ARMY	NAVY	AIR FORCE
NOTE 1 AR 95-2 Can be viewed at: http://books.army.mil/cgi-bin/bookmgr/Shelves	32 CFR 766 Can be viewed at: http://calp.navfac.navy.mil	AFI 10-1001 Can be viewed at: http://afpubs.hg.af.mil
NOTE 2 COMMANDER USAASA, ATTN: ATAS-AS BLDG 1466 9325 GUNSTON RD, SUITE N319 FT. BELVOIR, VA 22060-5582 (703) 806-0686	COMMANDER NAVAL FACILITIES ENGINEERING COMMAND CODE: REAT WASHINGTON NAVY YARD 1322 PATTERSON AVENUE, SE, SUITE 1000 WASHINGTON, DC 20374-5065 (202) 685-9202	HQ USAF/A30-BC 112 LUKE AVE SUITE 340 JBAB DC 20032-6400 (202) 404-7886