

This policy is issued by: **COMMERCE AND INDUSTRY INSURANCE COMPANY**  
 1271 AVE OF THE AMERICAS FL 37  
 NEW YORK, NY 10020-1304

**PART 2**

**DECLARATIONS**

Policy Number SS 003391537-24

Previous Policy Number SS 003391537-23

This page with "Policy Provisions -- Part 1" Form CAV01 (1/05) and all endorsements attached hereto completes this numbered aviation **physical damage** and liability policy, issued by the company as indicated above (hereinafter called the Company).

ITEM 1. NAMED INSURED ROBERT J. CARLTON  
 D/B/A VERTIGO AIRSHOWS  
 ADDRESS 50 GEORGE APPLEBAY WAY,  
 HANGAR 57 MORIARTY, NM 87035

ITEM 2. Policy Period: From October 29, 2021 to October 29, 2022 12:01 A.M. Standard Time at the address in Item 1. The insurance afforded is only with respect to such and so many of the following coverages as are indicated by specified premium charge or charges. The limit of the Company's liability against such coverage shall be as stated herein, subject to all of the terms of this policy having reference thereto. If more than one **aircraft** is insured hereunder, the terms of this policy shall apply separately to each.

ITEM 3. Liability Coverages	LIMITS OF LIABILITY		LIABILITY PREMIUMS
	EACH PERSON	EACH OCCURRENCE	
A. <b>Bodily Injury</b> -- excluding <b>Passengers</b>			
B. <b>Property Damage</b>	X X X X		
C. <b>Passenger</b> Liability			
D. Single Limit -- IN cluding <b>Passengers</b> with <b>Passenger</b> Liability limited internally to:	X X X X 100,000.	1,000,000. X X X X	
E. Medical Expense -- in cluding <b>Crew</b> SEE CAV140	5,000.	10,000.	INCLUDED

LIAB. TOTAL

ITEM 4. Description of <b>Aircraft</b> and <b>Physical Damage</b> Coverage hereunder:							DEDUCTIBLES		
F.A.A. CERT. NO.	MAKE AND MODEL	YEAR BUILT	SEATS		INSURED VALUE	PHYSICAL DAMAGE COV.	PHYSICAL DAMAGE PREMIUMS	NOT IN MOTION	IN MOTION, INGESTION, OR MOORING
			Crew	Pass excl Crew					
N101AZ	SALTO H101	1986	1	0	101,000	F			
N3JJ	TEST TST-14	2009	1	1	NOT COVERED	F			
	SEE CAV818								
	SEE CA147								

**PHYSICAL DAMAGE** Coverage Identified G. Not In Flight. **PHYSICAL DAMAGE TOTAL**  
 F. Ground & Flight. H. Not In Motion.

ENDORSEMENT TOTAL

POLICY PREMIUM

ITEM 5. When **in flight** the **aircraft** will be operated only by pilots meeting the requirements endorsed in this policy.

ITEM 6. The **aircraft** will be used only for the purposes indicated by "X" below (see Definitions).

<input type="checkbox"/>	"PLEASURE AND BUSINESS"	<input type="checkbox"/>	"CHARTER/AIR TAXI"	<input type="checkbox"/>	"COMMERCIAL"	<input checked="" type="checkbox"/>	AS ENDORSED HEREON
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ITEM 7. The **Named Insured** is and shall remain the sole owner of the **aircraft** and the **aircraft** is not subject to any encumbrance other than as indicated herein.

Endorsements and forms forming a part of this policy on its effective date:

SEE ATTACHED FORMS SCHEDULE

Producer COSTELLO INSURANCE ASSOCIATES INC.  
 C00072 P.O. BOX 28280  
TEMPE AZ 85285-8280

Countersigned \_\_\_\_\_

At \_\_\_\_\_

By \_\_\_\_\_  
 (Authorized Representative)

CAV04 (01/05)

Approved By   
 (Authorized Representative)

Date of Issue November 1 2021 **MJS**