

# AIRCRAFT INSURANCE POLICY

## COVERAGE IDENTIFICATION PAGE

### U. S. SPECIALTY INSURANCE COMPANY

YOUR POLICY NUMBER **AC3024504-03**

Prior Policy No. **AC3024504-02**

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

ITEM 1	NAMED INSURED Robert J. Carlton DESERT AEROSPACE LLC Desert Aerospace LLC	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: **01/09/2026** TO: **01/09/2027**

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	
N15FJ	2022 Zaklady Lotnicze Marganski & MDM-1 FOX (Experimental)	2				
N101AZ	1986 Start & Flug Gmbh. H101 "Salto" (Glider - Experimental)	1				

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	Passenger Bodily injury	Property Damage	Single Limit Bodily Injury/Property Damage	Single Limit Bodily Injury/Property Damage Limited Pass.	Medical Expense
	each person each occurrence	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$
N15FJ	each person each occurrence	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ 100,000 \$ 1,000,000
N101AZ	each person each occurrence	\$ \$	\$ \$	\$ \$	EXcluding Passengers \$ 1,000,000	\$ \$	\$ \$

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
	\$	\$	\$	\$	\$	\$	\$	\$	\$
N15FJ	\$	\$	\$	\$	\$	\$	\$	\$	\$
N101AZ	\$	\$	\$	\$	\$	\$	\$	\$	\$

8 ENDORSEMENTS ATTACHED NOS: \_\_\_\_\_ ANNUAL ENDORSEMENT PREMIUM \$ \_\_\_\_\_ PREMIUM DUE \_\_\_\_\_