

IMPORTANT NOTICE TO OUR U. S. POLICYHOLDERS WHO FLY IN CANADIAN OR MEXICAN AIRSPACE

- **Canadian Minimum Liability Limits Requirements**

Canadian law requires that owners and operators of private aircraft in Canadian airspace carry minimum limits of liability. The limits are based on seating capacity and maximum take-off weight.

This policy may not provide the minimum liability limits required in Canada.

If this is a non-owned aircraft policy, your coverage allows you to fly a variety of aircraft for which there may be different minimum liability requirements in Canada. It is the responsibility of each operator to make sure that he/she carries the minimum amounts required.

- **Mexico Warning**

Unless you have aircraft insurance issued by a company on a policy accepted in Mexico you may spend many hours or days in jail, if you have an accident in Mexico. You should confirm that your policy issued by us is accepted in Mexico prior to your travel to that country. If you are told or are concerned that our policy will not be accepted you should secure insurance from a company licensed under the laws of Mexico to write insurance in order to avoid complications and some other penalties possible under the laws of Mexico, including the possible impoundment of your aircraft.

6. Approved Pilots (continued) --

- C. Any flying club member who meets all of the following requirements:
1. has a Private, Commercial, or Airline Transport Pilot certificate;
 2. has a current and effective medical certificate;
 3. satisfies the **FAA's** flight review requirements;
 4. has at least 100 hours of total logged flight time;
 5. has at least the following logged pilot time in the same make and model as the insured aircraft prior to acting as pilot in command:
 - a. 10 hours if member has less than 50 hours of logged pilot time in retractable gear aircraft; or;
 - b. 5 hours if member has 50 or more hours of logged flight time in retractable gear aircraft; or;
 - c. 1 hour if member has 500 or more hours total logged flight time and 100 or more hours in retractable gear aircraft;
 6. has at least 3 hours logged pilot time in the same make and model as the insured aircraft in the preceding 180 days, or has taken and passed a currency check-out in the insured aircraft, and written approval from a Certified Flight Instructor in the preceding 45 days;
 7. has received a check-out from, and written approval of, a Certificated Flight Instructor in the same make and model as the insured aircraft.

A member may receive dual flight instruction in the insured aircraft from a Certificated Flight Instructor to meet these requirements.

FLYING CLUB ENDORSEMENT

You agree with **us** that certain portions of this Policy are amended as follows:

I. Definition 12 of DEFINITIONS USED IN THIS POLICY is replaced by the following:

12. "**Insured person**" means:

- a. **you**;
- b. anyone who is a member of **your** flying club;
- c. anyone who has an ownership interest in **your** flying club;
- d. a person or organization using, or responsible for the use of, **your insured aircraft** with **your** permission. However, persons or organizations while engaged in:
 1. making;
 2. repairing;
 3. servicing;
 4. selling;
 5. fueling;
 6. towing;
 7. chartering;
 8. renting;

any aircraft or any aircraft component; or while:

9. operating an airport, hangar, aircraft tiedown or parking facility, flying club or flight training facility;
10. providing pilot, crew or flight instruction services;

are not **insured persons** when the **accident** arises out of, or occurs during, the conduct of such activities. Flying club members or organizations conducting any of the above activities are not **insured persons** even if they would otherwise be considered an **insured person** by virtue of Item 12 b or 12 c above.

II. Exclusion 4 of ADDITIONAL EXCLUSIONS APPLYING TO COVERAGE A is replaced by the following:

This coverage does not apply to:

4. **Bodily injury** to:

- a. an **occupant** unless Item 5 of the Data Page shows "including **occupants**";
- b. an employee of any **insured person** when **workers' compensation** is available or required to compensate the employee of the **insured person** against whom the claim is made;
- c. an **insured person**, while operating an **insured aircraft**;

The information below is required only when this Endorsement is issued after preparation of your policy

This Endorsement is effective Mo.DayYr. 07/31/2014 at 12:00:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 100118805104 issued by Avemco Insurance Company.

AIRPORT USE - AIRPORT HANGAR ENDORSEMENT

You have a written airport use or airport hangar agreement for **your insured aircraft** with the party shown below.

We agree to include them as an "**insured person**" under that definition in **your** Policy. **We** also agree to waive **our** recovery rights against them for **loss** to **your insured aircraft** (**you** do, too).

We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF **YOUR INSURED AIRCRAFT**.

We will notify this **insured person** when **your** Policy is cancelled. Notice will be sent at least 30 days before the cancellation date. Only 10 days' notice (or that notice required by **your** state, if more) will be given if **we** cancel for nonpayment of premium.

If this **insured person** has other liability insurance, that insurance shall apply first. The addition of this **insured person** to **your** Policy does not increase the Limits of Liability provided.

City of Manhattan
Airport Manager
5500 Ft Riley Blvd Ste 120
Manhattan, KS 66502

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6. Approved Pilots (continued) --

- C. Any flying club member who meets all of the following requirements:
1. has a current and effective medical certificate (unless a pre-solo student pilot);
 2. satisfies the FAA's flight review requirements;
 3. has at least 10 hours in tailwheel-equipped aircraft (if insured aircraft is tailwheel-equipped);
 4. has received a check-out from, and written approval of, a certificated flight instructor in the same make and model as the insured aircraft.

FLYING CLUB ENDORSEMENT

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- c. anyone who has an ownership interest in **your** flying club;
- d. a person or organization using, or responsible for the use of, **your insured aircraft** with **your** permission. However, persons or organizations while engaged in:
 1. making;
 2. repairing;
 3. servicing;
 4. selling;
 5. fueling;
 6. towing;
 7. chartering;
 8. renting;

any aircraft or any aircraft component; or while:

9. operating an airport, hangar, aircraft tiedown or parking facility, flying club or flight training facility;
10. providing pilot, crew or flight instruction services;

are not **insured persons** when the **accident** arises out of, or occurs during, the conduct of such activities. Flying club members or organizations conducting any of the above activities are not **insured persons** even if they would otherwise be considered an **insured person** by virtue of Item 12 b or 12 c above.

II. Exclusion 4 of ADDITIONAL EXCLUSIONS APPLYING TO COVERAGE A is replaced by the following:

This coverage does not apply to:

4. **Bodily injury** to:

- a. an **occupant** unless Item 5 of the Data Page shows "including **occupants**";
- b. an employee of any **insured person** when **workers' compensation** is available or required to compensate the employee of the **insured person** against whom the claim is made;
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We agree to these changes provided their liability for **bodily injury, property damage, or loss** arises out of their agreement to let **you** use their airport or their hangar. THESE CHANGES DO NOT APPLY WHEN THEIR LIABILITY ARISES OUT OF THEIR MANUFACTURE, REPAIR, SERVICE, SALE, OR USE OF **YOUR INSURED AIRCRAFT**.

We will notify this **insured person** when **your** Policy is cancelled. Notice will be sent at least 30 days before the cancellation date. Only 10 days' notice (or that notice required by **your** state, if more) will be given if **we** cancel for nonpayment of premium.

If this **insured person** has other liability insurance, that insurance shall apply first. The addition of this **insured person** to **your** Policy does not increase the Limits of Liability provided.

City of Manhattan
Airport Manager
5500 Ft Riley Blvd Ste 120
Manhattan, KS 66502

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This Endorsement is effective Mo.DayYr. 07/31/2014 at 12:00:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 100118805104 issued by Avemco Insurance Company.

NON-COMMERCIAL
AIRCRAFT POLICY
No. NC-100118805104

Avemco Insurance Company
411 Aviation Way, Suite 100
Frederick, MD 21701

Phone: 800 638 8440 Fax: 800 863 3338

CERTS/FORMS	
F1	F232

DATA PAGE

1. Policyholder and Address: 2. Lienholder and Address:

K S Flying Club Inc
C/O Justin Reed Treas
622 Elm Street
Minneapolis, KS 67467

3. Policy Period : Mo. Day Yr. Mo. Day Yr. 4. Aircraft Description: Reg. No.: 9263H
07/31/2014 To 07/30/2015 1976 CESSNA Based In KS
(12:00:01 A.M. to 11:59:59 P.M. local time at **your** address) 172M

5. Insurance is provided for the coverages for which limits of liability are shown below:


COVERAGES		LIMITS OF LIABILITY			ANNUAL PREMIUMS
A	Bodily Injury (Including Occupants) and Property Damage Liability	\$ 100,000 each person	\$ 1,000,000 property damage	\$ 1,000,000 each accident	
B	Aircraft Damage (Including In Flight) Less deductible	\$ 30,000 insured value	\$ 5,000 not in motion deductible	\$ 5,000 in motion deductible	
C	Medical Expenses	\$ 5,000 each occupant			
Endorsements at time of issue KS0001 132301 125301 This policy includes these premium credits: ; Hangar					
TOTAL PREMIUM					
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .					
TOTAL					\$

6. Approved Pilot(s): This policy applies when **your insured aircraft** is **in flight**, only while being operated by one of the following pilots who holds a currently effective Pilot Certificate (unless a pre-solo student pilot) issued by the **FAA**:

- A. No named pilots.
 B. Commercial pilots in the employ of an FAA approved aircraft repair station in connection with inspections or repairs to be or that have been performed on the insured aircraft; or, by an FAA inspector or any Certificated Flight Instructor while accompanied by an approved pilot for the purpose of instructing that person (XB02).

Continued on back, if applicable

COUNTERSIGNED: 9/11/2014

BY 
(Authorized Signature)

6. Approved Pilots (continued) --

- C. Any flying club member who meets all of the following requirements:
1. has a current and effective medical certificate (unless a pre-solo student pilot);
 2. satisfies the FAA's flight review requirements;
 3. has at least 10 hours in tailwheel-equipped aircraft (if insured aircraft is tailwheel-equipped);
 4. has received a check-out from, and written approval of, a certificated flight instructor in the same make and model as the insured aircraft.

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 1. making;
 2. repairing;
 3. servicing;
 4. selling;
 5. fueling;
 6. towing;
 7. chartering;
 8. renting;

any aircraft or any aircraft component; or while:

9. operating an airport, hangar, aircraft tiedown or parking facility, flying club or flight training facility;
10. providing pilot, crew or flight instruction services;

are not **insured persons** when the **accident** arises out of, or occurs during, the conduct of such activities. Flying club members or organizations conducting any of the above activities are not **insured persons** even if they would otherwise be considered an **insured person** by virtue of Item 12 b or 12 c above.

II. Exclusion 4 of ADDITIONAL EXCLUSIONS APPLYING TO COVERAGE A is replaced by the following:

This coverage does not apply to:

4. **Bodily injury** to:

- a. an **occupant** unless Item 5 of the Data Page shows "including **occupants**";
- b. an employee of any **insured person** when **workers' compensation** is available or required to compensate the employee of the **insured person** against whom the claim is made;
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You have a written airport use or airport hangar agreement for **your insured aircraft** with the party shown below.

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Airport Manager
5500 Ft Riley Blvd Ste 120
Manhattan, KS 66502

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NON-COMMERCIAL
AIRCRAFT POLICY
No. NC-100118805104

Avemco Insurance Company
411 Aviation Way, Suite 100
Frederick, MD 21701

Phone: 800 638 8440 Fax: 800 863 3338

CERTS/FORMS
F1(x2) F232

DATA PAGE

1. Policyholder and Address:
K S Flying Club Inc
C/O Justin Reed Treas
622 Elm Street
Minneapolis, KS 67467

2. Lienholder and Address:
Commerce Bank
727 Poyntz Ave
Po Box 1087
Manhattan, KS 66505-1087

3. Policy Period :
Mo. Day Yr. Mo. Day Yr.
07/31/2014 To 07/30/2015
(12:00:01 A.M. to 11:59:59 P.M. local time at **your** address)

4. Aircraft Description: Reg. No.: 917MA
Year Make and Model Based In KS
1999 CESSNA
172S

5. Insurance is provided for the coverages for which limits of liability are shown below:

COVERAGES		LIMITS OF LIABILITY			ANNUAL PREMIUMS
A	Bodily Injury (Including Occupants) and Property Damage Liability	\$ 100,000 each person	\$ 1,000,000 property damage	\$ 1,000,000 each accident	
B	Aircraft Damage (Including In Flight) Less deductible	\$ 95,000 insured value	\$ 300 not in motion deductible	\$ 300 in motion deductible	
C	Medical Expenses	\$ 5,000 each occupant			
Endorsements at time of issue KS0001 132301 125301 This policy includes these premium credits: ; Hangar					
TOTAL PREMIUM					
The limits shown are the limits you have selected. OTHER LIMITS ARE AVAILABLE. If you wish to change these limits, please contact us .					
TOTAL					

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- A. No named pilots.
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Continued on back, if applicable

COUNTERSIGNED: _____ 9/11/2014 BY Marci Lynn Kronee
(Authorized Signature)

6. Approved Pilots (continued) --

- C. Any flying club member who meets all of the following requirements:
 - 1. has a current and effective medical certificate (unless a pre-solo student pilot);
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- d. a person or organization using, or responsible for the use of, **your insured aircraft** with **your** permission. However, persons or organizations while engaged in:
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 4. selling;
 5. fueling;
 6. towing;
 7. chartering;
 8. renting;

any aircraft or any aircraft component; or while:

9. operating an airport, hangar, aircraft tiedown or parking facility, flying club or flight training facility;
10. providing pilot, crew or flight instruction services;

are not **insured persons** when the **accident** arises out of, or occurs during, the conduct of such activities. Flying club members or organizations conducting any of the above activities are not **insured persons** even if they would otherwise be considered an **insured person** by virtue of Item 12 b or 12 c above.

II. Exclusion 4 of ADDITIONAL EXCLUSIONS APPLYING TO COVERAGE A is replaced by the following:

This coverage does not apply to:

4. **Bodily injury** to:

- a. an **occupant** unless Item 5 of the Data Page shows "including **occupants**";
- b. an employee of any **insured person** when **workers' compensation** is available or required to compensate the employee of the **insured person** against whom the claim is made;
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City of Manhattan
Airport Manager
5500 Ft Riley Blvd Ste 120
Manhattan, KS 66502

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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
07/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Avemco Insurance Company 411 Aviation Way Suite 100 Frederick, MD 21701	CONTACT NAME: Avemco Insurance Company	
	PHONE: 800-638-8440 (A/C, No, Ext):	FAX: 800-863-3338 (A/C, No):
	E-MAIL ADDRESS: avemco@ave.com	

INSURED K S Flying Club Inc C/O Justin Reed Treas 622 Elm Street Minneapolis, KS 67467	PRODUCER CUSTOMER ID No.		
	INSURER(S) AFFORDING COVERAGE		%
	INSURER A : AVEMCO INSURANCE COMPANY		100%
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION **CERTIFICATE NUMBER:** **REVISION NUMBER:**

POLICY TYPE				LINE OF BUSINESS SUBCODE										
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE
NON-OWNED	<input type="checkbox"/>					LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>			

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached												
YEAR 1975	MAKE PIPER	MODEL PA-28R-200	SERIAL NUMBER	REGISTRATION NUMBER 32524										
TERRITORY:														

AIRCRAFT COVERAGES

INSURER LETTER A	POLICY NUMBER 100118805104	EFFECTIVE DATE 07/31/2014	EXPIRATION DATE 07/31/2015	ADDITIONAL INSURED (Y / N) Y	SUBROGATION WAIVED (Y / N) Y		
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	<input type="checkbox"/>	All Risk Ground & Flight <input type="checkbox"/>	Ground Not In Motion	\$	AGREED VALUE	\$	Ded. - Not in motion Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	Including Passengers <input type="checkbox"/>	Excluding Passengers <input type="checkbox"/>	\$ 1,000,000	EA OCC	\$ 100,000	EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	INCLUDING CREW <input type="checkbox"/>	EXCLUDING CREW <input type="checkbox"/>	\$	EA PER	\$ 5,000	EA PASS
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO	
CODE	DESCRIPTION			\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER City of Manhattan Airport Manager 5500 Ft Riley Blvd Ste 120 Manhattan, KS 66502	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE MARCI L VERONIE
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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
07/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Avemco Insurance Company 411 Aviation Way Suite 100 Frederick, MD 21701	CONTACT NAME: Avemco Insurance Company			
	PHONE: 800-638-8440 (A/C, No, Ext):	FAX: 800-863-3338 (A/C, No):		
	E-MAIL ADDRESS: avemco@ave.com			
INSURED K S Flying Club Inc C/O Justin Reed Treas 622 Elm Street Minneapolis, KS 67467	PRODUCER CUSTOMER ID No.			
	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	INSURER A : AVEMCO INSURANCE COMPANY		100%	10367
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
INSURER F :				

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POLICY INFORMATION				CERTIFICATE NUMBER:				REVISION NUMBER:							
POLICY TYPE				LINE OF BUSINESS SUBCODE											
		<input checked="" type="checkbox"/>	INDUSTRIAL AID NON-OWNED			<input checked="" type="checkbox"/>	AIRPLANE		HELICOPTER		MIXED FLEET		EXCESS		QUOTA SHARE
		<input type="checkbox"/>	PLEASURE & BUS				LIABILITY ONLY		<input checked="" type="checkbox"/>	HULL & LIABILITY		HULL ONLY			
		<input type="checkbox"/>	COMMERCIAL												

AIRCRAFT INFORMATION			ACORD 333, Aircraft Schedule attached			
YEAR 1975	MAKE CESSNA	MODEL 172M	SERIAL NUMBER	REGISTRATION NUMBER 9210H		

TERRITORY:

AIRCRAFT COVERAGES						
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED (Y / N)	SUBROGATION WAIVED (Y /N)	
A	100118805104	07/31/2014	07/31/2015	Y	Y	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	<input type="checkbox"/>	All Risk Ground & Flight	\$	AGREED VALUE	\$	Ded. - Not in motion
	<input type="checkbox"/>	Ground Not In Flight				
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/>	Including Passengers	\$ 1,000,000	EA OCC	\$ 100,000	EA PER
	<input type="checkbox"/>	Excluding Passengers	\$	EA PASS		
MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	INCLUDING CREW	\$	EA PER	\$ 5,000	EA PASS
	<input type="checkbox"/>	EXCLUDING CREW				
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER City of Manhattan Airport Manager 5500 Ft Riley Blvd Ste 120 Manhattan, KS 66502	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE MARCI L VERONIE



CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
07/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Avemco Insurance Company 411 Aviation Way Suite 100 Frederick, MD 21701	CONTACT NAME: Avemco Insurance Company		
	PHONE: 800-638-8440 (A/C, No, Ext):	FAX: 800-863-3338 (A/C, No):	
	E-MAIL ADDRESS: avemco@ave.com		
INSURED K S Flying Club Inc C/O Justin Reed Treas 622 Elm Street Minneapolis, KS 67467	PRODUCER CUSTOMER ID No.		
	INSURER(S) AFFORDING COVERAGE		%
	INSURER A : AVEMCO INSURANCE COMPANY		100%
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION **CERTIFICATE NUMBER:** **REVISION NUMBER:**

POLICY TYPE				LINE OF BUSINESS SUBCODE								
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE	HELICOPTER	MIXED FLEET	EXCESS	QUOTA SHARE			
NON-OWNED					LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	HULL ONLY				

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached										
YEAR 1976	MAKE CESSNA	MODEL 172M	SERIAL NUMBER	REGISTRATION NUMBER 9263H								
TERRITORY:												

AIRCRAFT COVERAGES

INSURER LETTER A	POLICY NUMBER 100118805104	EFFECTIVE DATE 07/31/2014	EXPIRATION DATE 07/31/2015	ADDITIONAL INSURED (Y / N) Y	SUBROGATION WAIVED (Y / N) Y
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL	All Risk Ground & Flight Ground Not In Flight	\$	AGREED VALUE	\$	Ded. - Not in motion Ded. - In motion
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> Including Passengers Excluding Passengers	\$ 1,000,000	EA OCC EA PASS	\$ 100,000	EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW EXCLUDING CREW	\$	EA PER	\$ 5,000	EA PASS
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION				
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER City of Manhattan Airport Manager 5500 Ft Riley Blvd Ste 120 Manhattan, KS 66502	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE MARCI L VERONIE
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CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)
07/21/2014

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PRODUCER Avemco Insurance Company 411 Aviation Way Suite 100 Frederick, MD 21701	CONTACT NAME: Avemco Insurance Company			
	PHONE: 800-638-8440 (A/C, No, Ext):	FAX: 800-863-3338 (A/C, No):		
E-MAIL ADDRESS: avemco@ave.com				
PRODUCER CUSTOMER ID No.				
INSURED K S Flying Club Inc C/O Justin Reed Treas 622 Elm Street Minneapolis, KS 67467	INSURER(S) AFFORDING COVERAGE		%	NAIC No.
	INSURER A : AVEMCO INSURANCE COMPANY		100%	10367
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY INFORMATION				CERTIFICATE NUMBER:				REVISION NUMBER:						
POLICY TYPE				LINE OF BUSINESS SUBCODE										
INDUSTRIAL AID	<input checked="" type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE	<input type="checkbox"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE
NON-OWNED	<input type="checkbox"/>					LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>			

AIRCRAFT INFORMATION		ACORD 333, Aircraft Schedule attached												
YEAR 1999	MAKE CESSNA	MODEL 172S	SERIAL NUMBER	REGISTRATION NUMBER 917MA										
TERRITORY:														

AIRCRAFT COVERAGES													
INSURER LETTER A	POLICY NUMBER 100118805104	EFFECTIVE DATE 07/31/2014	EXPIRATION DATE 07/31/2015	ADDITIONAL INSURED (Y / N) N	SUBROGATION WAIVED (Y /N) N								
COVERAGE	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO						
AIRCRAFT HULL	<input checked="" type="checkbox"/>	All Risk Ground & Flight	<input type="checkbox"/>	Ground Not In Motion	\$ 95,000	AGREED VALUE	\$ 300	Ded. - Not in motion					
		Ground Not In Flight	<input type="checkbox"/>				\$ 300	Ded. - In motion					
AIRCRAFT LIABILITY		Including Passengers	<input type="checkbox"/>		\$	EA OCC	\$	EA PER					
		Excluding Passengers	<input type="checkbox"/>		\$	EA PASS	\$	AGGR					
MEDICAL PAYMENTS		INCLUDING CREW	<input type="checkbox"/>		\$	EA PER	\$	EA PASS					
		EXCLUDING CREW	<input type="checkbox"/>										
COVERAGE	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO						
CODE	DESCRIPTION												
					\$		\$						
					\$		\$						
					\$		\$						
					\$		\$						
					\$		\$						

DESCRIPTION OF OPERATIONS / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Commerce Bank 727 Poyntz Ave Po Box 1087 Manhattan, KS 66505-1087	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE MARCI L VERONIE
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