

NON-COMMERCIAL  
 AIRCRAFT POLICY  
**No. NC-220119925203**

**Avemco Insurance Company**  
 8490 Progress Drive, Suite 200  
 Frederick, MD 21701



Phone: 800 638 8440 Fax: 800 863 3338

**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:

3. Policy Period :  
 Mo. Day Yr.                      Mo. Day Yr.  
 08/02/2025                      To    08/02/2026  
 (12:01 A.M. to 12:01 A.M. local time at **your** address)

4. Aircraft Description: Reg. No.: N917MA  
 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		
A	<b>Bodily Injury</b> (Including <b>Occupants</b> ) and <b>Property Damage</b> Liability	\$ 100,000 each person	\$ 1,000,000 <b>property damage</b>	\$ 1,000,000 each <b>accident</b>
B	Aircraft Damage (Including <b>In Flight</b> ) Less deductible	\$ 180,000 insured value	\$ 0 not <b>in motion</b> deductible	\$ 0 <b>in motion</b> deductible
C	Medical Expenses	\$ 5,000 each <b>occupant</b>		
Endorsements at time of issue: KS0001,F232,125301,132301,133801,F1-125301 This policy includes these premium credits: Hangar; ;				
				<b>TOTAL PREMIUM</b>

The limits shown are the limits **you** have selected. OTHER LIMITS ARE AVAILABLE. If **you** wish to change these limits, please contact **us**.

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**:

Continued on back, if applicable

COUNTERSIGNED: \_\_\_\_\_ 06/20/2025 \_\_\_\_\_

BY Marci Lynn Keronee  
 (Authorized Signature)

6. Approved Pilots (continued) --

- A. See Pilot Clause 6.c
- 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
- 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.

Additional Policyholders:  
None

Additional Lienholders:  
None

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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 : 4. Aircraft Description: Reg. No.: N9519S  
 Mo. Day Yr.                      Mo. Day Yr.                      Year    Make and Model                      Based In KS  
 08/02/2025                      To    08/02/2026                      1965    CHAMPION  
 (12:01 A.M. to 12:01 A.M. local time at **your** address)                      7ECA

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

COVERAGES		LIMITS OF LIABILITY		
A	<b>Bodily Injury</b> (Including <b>Occupants</b> ) and <b>Property Damage</b> Liability	\$ 100,000 each person	\$ 1,000,000 <b>property damage</b>	\$ 1,000,000 each <b>accident</b>
B	Aircraft Damage (Including <b>In Flight</b> ) Less deductible	\$ 35,000 insured value	\$ 0 not <b>in motion</b> deductible	\$ 0 <b>in motion</b> deductible
C	Medical Expenses	\$ 5,000 each <b>occupant</b>		
Endorsements at time of issue: KS0001,F232,125301,132301,133801,F1-125301 This policy includes these premium credits: Hangar; ;				
				<b>TOTAL PREMIUM</b>

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Continued on back, if applicable

COUNTERSIGNED: \_\_\_\_\_ 06/20/2025 \_\_\_\_\_

BY  \_\_\_\_\_  
 (Authorized Signature)

6. Approved Pilots (continued) --

- A. See Pilot Clause 6.c
- 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
- 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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 K S Flying Club Inc  
 C/O Justin Reed Treas  
 622 Elm Street  
 Minneapolis, KS 67467

3. Policy Period : 4. Aircraft Description: Reg. No.: N821KS  
 Mo. Day Yr. Mo. Day Yr. Year Make and Model Based In KS  
 08/02/2025 To 08/02/2026 1999 Cessna   
 (12:01 A.M. to 12:01 A.M. local time at **your** address) 172R

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

COVERAGES		LIMITS OF LIABILITY		
A	<b>Bodily Injury</b> (Including <b>Occupants</b> ) and <b>Property Damage</b> Liability	\$ 100,000 each person	\$ 1,000,000 <b>property damage</b>	\$ 1,000,000 each <b>accident</b>
B	Aircraft Damage (Including <b>In Flight</b> ) Less deductible	\$ 110,000 insured value	\$ 0 not <b>in motion</b> deductible	\$ 0 <b>in motion</b> deductible
C	Medical Expenses	\$ 3,000 each <b>occupant</b>		
Endorsements at time of issue: KS0001,F232,125301,132301,133801,F1-125301 This policy includes these premium credits: Hangar; ;				
				<b>TOTAL PREMIUM</b>

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COUNTERSIGNED: 06/20/2025

BY Marci Lynn Keronee  
 (Authorized Signature)

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- A. See Pilot Clause 6.c
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