



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)  
06/29/2022

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 have ADDITIONAL INSURED provisions or 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 8490 Progress Drive, Suite 200 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 N8184H LLC Attn Jeffery Suttle 10105 w Central St Homosassa, FL 34448-0000	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"/>				<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 1980	MAKE Piper	MODEL PA-32R-301	SERIAL NUMBER	REGISTRATION NUMBER N8184H	
TERRITORY:					

AIRCRAFT COVERAGES							
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED (Y / N)	SUBROGATION WAIVED (Y / N)		
A	200116112902	04/21/2022	04/21/2023	Y	Y		
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO	
AIRCRAFT HULL	All Risk Ground & Flight	Ground Not In Motion	\$		\$	Ded. - Not in motion	
	Ground Not In Flight			AGREED VALUE	\$	Ded. - In motion	
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> Including Passengers		\$ 1,000,000	EA OCC	\$ 100,000	EA PER	
	<input type="checkbox"/> Excluding Passengers			EA PASS	\$	AGGR	
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS	
	<input type="checkbox"/> EXCLUDING CREW						
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO	
CODE	DESCRIPTION						
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

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

SEE ATTACHED ENDORSEMENT 125301

CERTIFICATE HOLDER	CANCELLATION
Hernando County BOCC 15470 Flight Path Dr  Brooksville, FL 34604	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 <b>MARCI L VERONIE</b>

**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.

Hernando County BOCC  
15470 Flight Path Dr

Brooksville, FL 34604

This Endorsement is effective Mo.DayYr. 06/30/2022 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 200116112902 issued by Avemco Insurance Company.