



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)  
04/29/2025

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 FAX: 800-863-3338  
(A/C, No, Ext): (A/C, No):

E-MAIL ADDRESS: avemco@ave.com

PRODUCER CUSTOMER ID No.

INSURED  
Russell Sattler  
28 Mellen St  
Bellingham, MA 02019

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 HEREIN 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	X	PLEASURE & BUS		COMMERCIAL	X	AIRPLANE		HELICOPTER		MIXED FLEET		EXCESS		QUOTA SHARE
	NON-OWNED						LIABILITY ONLY	X	HULL & LIABILITY		HULL ONLY				

## AIRCRAFT INFORMATION

ACORD 333, Aircraft Schedule attached

YEAR 1968	MAKE Cessna	MODEL 177	SERIAL NUMBER	REGISTRATION NUMBER N29379
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TERRITORY:

## AIRCRAFT COVERAGES

INSURER LETTER A		POLICY NUMBER 220119867702		EFFECTIVE DATE 08/12/2024		EXPIRATION DATE 08/12/2025		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	
		<input type="checkbox"/>	Ground Not In Flight		<input type="checkbox"/>							\$			
AIRCRAFT LIABILITY		<input checked="" type="checkbox"/>	Including Passengers		<input type="checkbox"/>			\$ 1,000,000		EA OCC		\$ 100,000		EA PER	
		<input type="checkbox"/>	Excluding Passengers		<input type="checkbox"/>			\$		EA PASS		\$		AGGR	
MEDICAL PAYMENTS		<input checked="" type="checkbox"/>	INCLUDING CREW				\$		EA PER		\$ 3,000		EA PASS		
		<input type="checkbox"/>	EXCLUDING CREW												
COVERAGE															
CODE	DESCRIPTION	OPTIONS						LIMIT	APPLIES TO		LIMIT	APPLIES TO			
							\$			\$					
							\$			\$					
							\$			\$					
							\$			\$					
							\$			\$					
							\$			\$					

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

SEE ATTACHED ENDORSEMENT 125301

## CERTIFICATE HOLDER

Hernando County Board of County Commissioners  
15470 Flightpath Dr

Brooksville, FL 34604

## 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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