



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE (MM/DD/YYYY)  
05/03/2024

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 Joel Otto 2946 Sinks Canyon Rd Lander, WY 82520	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							
<input type="checkbox"/> INDUSTRIAL AID NON-OWNED	<input checked="" type="checkbox"/>	<input type="checkbox"/> PLEASURE & BUS	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/>	<input type="checkbox"/> AIRPLANE	<input type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET	<input type="checkbox"/> EXCESS	<input type="checkbox"/> QUOTA SHARE		
					<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/>	<input type="checkbox"/> HULL ONLY				

**AIRCRAFT INFORMATION****ACORD 333, Aircraft Schedule attached**

YEAR 1976	MAKE GRUMMAN AMERICAN AVN. CORP.	MODEL AA-5B	SERIAL NUMBER	REGISTRATION NUMBER N74416
--------------	-------------------------------------	----------------	---------------	-------------------------------

TERRITORY:

**AIRCRAFT COVERAGES**

INSURER LETTER A	POLICY NUMBER 230120806301	EFFECTIVE DATE 03/29/2024	EXPIRATION DATE 03/29/2025	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 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		\$ 500,000	EA OCC EA PASS	\$ 100,000	EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW		\$	EA PER	\$ 3,000	EA PASS
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**

City of Lander 240 Lincoln Street  Lander, WY 82520	<b>CANCELLATION</b>  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
--	---

© 2009, 2015 ACORD CORPORATION. All Rights reserved.

## 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 Lander  
240 Lincoln Street

Lander, WY 82520

This Endorsement is effective Mo.DayYr. 03/29/2024 at 12:01 A.M. local time at **your** address shown in item 1 of the Data Page and is part of Policy Number 230120806301 issued by Avemco Insurance Company.

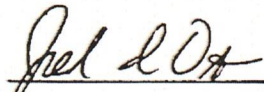


July 18, 2024

# HANGAR TRADE AGREEMENT


For the consideration of one dollar, I, Joel Otto, agree to the exchange of my hangar, Hangar 411, with  
Stephan Hefti's hangar, Hangar 407.

Hunt Field  
Lander, WY

  
\_\_\_\_\_  
Seller's signature

Joel C Otto  
\_\_\_\_\_  
Seller's name printed

07-18-2024  
\_\_\_\_\_  
date signed

  
\_\_\_\_\_  
Buyer's signature

Stephane Hefti  
\_\_\_\_\_  
Buyer's name printed

07-18-2024  
\_\_\_\_\_  
date signed