



W. BROWN & ASSOCIATES
INSURANCE SERVICES

19000 MACARTHUR BLVD, SUITE 600
IRVINE, CA 92612
TEL: (949) 851-2060 – FAX (949) 851-2155
CALIFORNIA LICENSE #0731207

CONFIRMATION OF INSURANCE

INSURED: Charles M. Greene
10 Compass Point
Fort Lauderdale, FL 33308

PRODUCER: Griffin Aviation Group, LLC
P. O. Box 1338
Cornelius, NC 28031

This is to certify that the undersigned has procured insurance coverage as hereafter specified from certain companies and/or underwriters.

INSURER: Endurance Assurance Corporation

POLICY NUMBER: NAB6008876

POLICY PERIOD: May 16, 2017 to May 16, 2018

COVERAGE: Aircraft - Hull and Liability/Pleasure and Business

PREMIUM: \$9,940

DESCRIPTION OF AIRCRAFT & PHYSICAL DAMAGE COVERAGE: Please refer to attached schedule which is incorporated as a part hereof.

SUBJECT TO: Receipt of acceptable application and payment of premium as agreed.

By: 
W. Brown & Associates Insurance Services

Date of Issue: May 10, 2017
Issued in Irvine, California

Insurance, when effected, shall be subject to all terms and conditions of policy(ies) which will be issued, and in the event of any inconsistency herewith, the terms and provisions of such a policy(ies) shall prevail.

This contract effective for a period of 30 days starting on the effective date listed above.

SCHEDULE OF AIRCRAFT

DESCRIPTION OF AIRCRAFT				
No.	FAA Cert #	Serial #	Year/Make/Model	Insured Value
1	N501CF	501-0128	1979 Cessna Citation I S/P	\$680,000

PHYSICAL DAMAGE COVERAGE			
No.	Deductibles		Physical Damage Coverage
	Not In Motion	In Motion	
1	Nil	Nil	F. All Risk Basis

Total Physical Damage Premium: \$As Agreed

AIRCRAFT LIABILITY COVERAGES				
No.	Single Limit Bodily Injury & Property Damage	Passenger Liability	Passenger Liability Limited To	
			Each Person	Each Occurrence
1	\$5,000,000	Included	XXXX	XXXX

MEDICAL EXPENSES			
No.	Including Crew	Each Person	Each Occurrence
1	Yes	\$5,000	\$45,000

Total Liability Premium: \$As Agreed