



OFFICE 1995 MIDFIELD ROAD, WICHITA, KS 67209
MAIL PO BOX 9170, WICHITA, KS 67277
PHONE 800 622 AOPA [2672] FAX 316 942 0091
aopainsurance.org

March 08, 2017

Mr. Michael Edward Coviello
3810 Ne 26th Avenue
Lighthouse Point, FL 33064

Re: Non-Owned Aircraft Liability Insurance
Policy No: PNZ01335073
Insurer: AIG Aerospace Insurance Services, Inc.
Policy Period: March 8, 2017 to March 8, 2018 at 12:01 am

We are pleased to provide you with the enclosed Insurance Binder regarding your above captioned aviation insurance policy placed through our office. Please retain this document as your evidence of coverage until it can be replaced by the formal insurance policy.

Also included is our invoice for the annual policy premium marked paid for your records.

If you should have any questions or concerns, please do not hesitate to contact us.

By Selecting AOPA Insurance Services to Meet Your Insurance Needs.....you support AOPA in fighting to keep airports open, defeat user fees and encourage the growth of our general aviation community.

Sincerely,
AOPA Insurance Services – Aviation
P. O. Box 9170
Wichita, KS 67277
Phone: 1-800-622-2672
Fax: 316-942-0091

attached

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CVRLTRBINDE

2017-03-422724

01335073



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MAIL P.O. BOX 9170 WICHITA, KS 67277
P 800-622 AOPA[2672] F 316 942 0091 aopainsurance.org

INSURANCE PREMIUM INVOICE

To Policyholder: Michael Edward Coviello
3810 Ne 26th Avenue
Lighthouse Point, FL 33064

AOPA Member 06072486
Invoice Date 03/08/2017
Invoice Number 2017-0000290950

Transaction	Effective Date	Policy Period (mm/dd/yyyy)	Policy Type and Policy No.	Description	Amount
	03/08/2017	03/08/2017 to 03/08/2018	Aircraft Policy AIG Aerospace Insurance Services, Inc. PNZ01335073	New Policy	\$175.00
	03/08/2017	03/08/2017 to 03/08/2018	Aircraft Policy PNZ01335073	AOPA Member Savings	Included
MESSAGE:					
TOTAL AMOUNT DUE					\$175.00
PAYMENT DUE DATE					Paid in Full

PAYMENT OPTIONS:

- 1) Credit Card 800-622-AOPA [2672]
Monday-Friday 8:30 am – 5:00 pm central time
- 2) Check-By-Mail Payable to: AOPA Insurance Services
Send to: P.O. Box 9170, Wichita, KS 67277

Protecting Your Passion is Our Passion.
THANK YOU FOR YOUR BUSINESS AND FOR HELPING PROTECT OUR FREEDOM TO FLY

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2017-03-422724

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PERSONAL NON-OWNED AIRCRAFT LIABILITY INSURANCE BINDER

This temporary Insurance Binder provides only a general description of coverages offered and is superseded by the actual policy wording and subject to all terms, conditions, and exclusions set forth in such policy. Other limits of coverage than those evidenced herein may be available upon request.

NAMED INSURED: Michael Edward Coviello

ADDRESS: 3810 Ne 26th Avenue, Lighthouse Point, FL 33064

POLICY PERIOD: March 8, 2017 to March 8, 2018
at 12:01 A.M. local time at the Named Insured's address

INSURANCE COMPANY: AIG Aerospace Insurance Services, Inc.

POLICY NUMBER: PNZ01335073

COVERAGE and LIMITS:

Aircraft Liability	\$250,000 each occurrence bodily injury and property damage limited to \$25,000 each passenger
Aircraft Physical Damage	\$5,000 each occurrence including deductible insurance of \$5,000 each occurrence
Territory	United States of America, Mexico, Central America, Canada, the Islands of the West Indies (excluding Cuba) and while enroute between places therein
Civil Air Patrol Coverage	Not Covered, as elected by the Named Insured
Employer Coverage	Not Covered, as elected by the Named Insured
Expansion Coverages	Included per Insurance Company's policy form

POLICY ANNUAL PREMIUM: \$175.00 (subject to 50% fully earned provision upon policy effective date)

AOPA Member Savings	Discount included under Member No. 06072486
Annual State/Local Taxes	Not Applicable

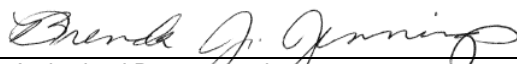
TOTAL ANNUAL PREMIUM: \$175.00

IMPORTANT COVERAGE PROVISIONS and LIMITATIONS: This insurance is for your personal and non-commercial use of non-owned fixed wing, non-pressurized, land aircraft having a non-turbine single engine of 450 horsepower or less (including non-powered sailplanes) and capacity for no more than seven (7) total passengers and/or seats, and a "Standard, Experimental, Restricted or Light Sport" aircraft certificate, and not furnished to you for more than thirty (30) consecutive days, or under a lease and/or purchase agreement to you or your spouse, parent, child, sibling, corporation, partnership, or other organization in which any of these entities own more than twenty percent (20%). Multi-engine, rotorwing and seaplane aircraft are not included in this coverage unless specifically stated above.

INSURANCE BROKER:
AOPA Insurance Services
P.O. Box 9170, Wichita, KS 67277
P: (800) 622-AOPA [2672] or (316) 942-2223

DATE ISSUED: March 8, 2017

BY:


Authorized Representative

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2017-03-422724

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Online Application for Non-Owned Aircraft Insurance

Assured No. 01335073

INSTRUCTIONS: You have indicated the following aircraft type you intend to fly:

☒ Single Engine Land ☐ Multi Engine Land ☐ Rotorwing ☐ Seaplane/Amphib

Note: For coverage in Hawaii or Alaska please contact AOPA Insurance Services at 1-800-622-AOPA [2672]. Coverage is not available to pilots under the age of 14.

For **Single Engine Land** this insurance is for your personal and non-commercial use of non-owned, fixed wing, non-pressurized, aircraft having a non-turbine engine of 450 horsepower or less (including non-powered sailplanes), capacity of seven (7) or less total seats, and a standard, experimental, restricted, or light sport aircraft certificate, and not furnished to you for more than thirty (30) consecutive days. Multi Engine, Rotorwing and Seaplanes are not included in this coverage.

For **All Other Aircraft Types**, please call AOPA Insurance Services for a custom quote at 1-800-622-AOPA [2672].

1 Pilot Information

ALL FIELDS must be completed. One individual only. No Corporations.

Full Name

Michael Edward Coviello

Please Mark Changes

Address

3810 Ne 26th Avenue

Lighthouse Point, FL 33064

AOPA Member No.

06072486

DOB

December 12, 1966

Cell#

(425) 457-2063

Home#

Work#

Email

mecoviello@earthlink.net

Occupation

Attorney

Pilot Certificate:

☐ Student ☐ Recreational ☐ Sport

☒ Private ☐ Commercial ☐ ATP

Logged Hours: (Total)

502

(Last 12 Months)

21

Make/Model of aircraft you normally fly:

Total Hours in Make/Model:

Within the Last 36 Months Have You*:

Been cited for violation of any Federal Aviation Regulation?

☒ No ☐ Yes

If yes, details:

Had your pilot's/driver's license surrendered, suspended or revoked?

☒ No ☐ Yes

If yes, details:

Been convicted of operating an aircraft or motor vehicle while under the influence of drugs or alcohol?

☒ No ☐ Yes

If yes, details:

Been involved in any aircraft accident/incident or aviation insurance claim?

☒ No ☐ Yes

If yes, details:

*If you answered yes to any of the above questions, additional information may be required to determine your eligibility for insurance in this program.

2 Required Coverage: Bodily Injury/Property Damage Liability

Protects against claims for Bodily Injury and Property Damage that you may become legally obligated to pay for arising from your operation of a non-owned aircraft. Damage to the non-owned aircraft is not covered, but may be purchased in Section 3.

	Each Occurrence	Passenger Sub-Limit
<input checked="" type="checkbox"/>	\$250,000	\$25,000
<input type="checkbox"/>	\$500,000	\$50,000
<input type="checkbox"/>	\$500,000	\$100,000
<input type="checkbox"/>	\$1,000,000	\$100,000

3 Optional Coverage:

A Liability Limit Desired for Damage to Non-Owned Aircraft

Protects against claims for damage to the non-owned aircraft, including its loss of use and \$5,000 each occurrence of no-fault deductible coverage. May be purchased only if required coverage above is also purchased.

	Limit of Liability		Limit of Liability
<input checked="" type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$60,000
<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$80,000
<input type="checkbox"/>	\$20,000	<input type="checkbox"/>	\$100,000
<input type="checkbox"/>	\$30,000	<input type="checkbox"/>	\$150,000
<input type="checkbox"/>	\$40,000	<input type="checkbox"/>	\$200,000

☐ I decline Physical Damage Coverage

B Employer as Additional Insured Coverage

☐ I hereby elect to purchase Employer Additional Insured Coverage

\$50/yr

Employer Name

Employer Address

Coverage shall not apply to any loss arising out of the Additional Insured's activities involving the manufacture, sale, repair or service of aircraft or aircraft parts, components or accessories, or operations of any airport, hangar facility, flying service or pilot activity.

C Civil Air Patrol Coverage

Includes Civil Air Patrol missions defined as flights in conjunction with or on behalf of the Civil Air Patrol. Civil Air Patrol uses include search & rescue missions, aerial photography, courier, and aerial surveillance flights ordered by a corporate officer of the Civil Air Patrol or their designee.

☐ I hereby elect to purchase Civil Air Patrol Coverage \$50/yr

4 Premium Calculation

				Annual Premium
2	Required Coverage (Bodily Injury/Property Damage Liability)			\$81
	Medical Payments: \$3,000 each person			\$Included
3	Optional Coverage	A	(Damage to Non-Owned Aircraft, plus \$5,000 no-fault deductible coverage)	\$94
	Optional Coverage	B	(Employer Additional Insured)	\$
	Optional Coverage	C	(Civil Air Patrol Coverage)	\$
	Annual State/Municipal Tax			\$
		TOTAL ANNUAL PREMIUM		\$175.00

Rates are subject to change.

Rates are subject to change.

5 Acknowledgement and Affirmation

I wish to have my coverage effective on March 8, 2017 or as soon as possible thereafter.

I acknowledge that my policy will become effective upon AOPA Insurance Services' receipt and acceptance of this application; my medical and pilot certificates are current with necessary ratings required by the FAA; and when I have paid the premium in full.

Premium is 50% fully earned upon the inception date of the policy. The maximum that can be returned is 50% of the total annual premium if the policy is cancelled.

APPNOSTDWB NO-SD-APWB-1

Coverage underwritten by: AIG Aerospace Insurance Services, Inc.

I hereby certify that all information provided in this application is true and complete to the best of my knowledge and no information has been withheld. I agree that this application and the terms and conditions of the policy to be issued shall be the basis of the contract between the insurance company and me. I understand that no insurance is in force unless and until the insurance company or its authorized representative effects a binder of insurance or issues the policy. I authorize the insurance company or its authorized representative to investigate the statements contained herein. I have read and understand the FRAUD WARNINGS provided online and on the reserve side of this application.

ELECTRONIC ACKNOWLEDGMENT RECORDED

March 8, 2017

Signature

Date

If you are under the age of 18, a legal guardian must also sign and date this application.

Legal Guardian's Printed Name

Legal Guardian's Signature

Date

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APPNOSTDWB NO-SD-APWB-1

2017-03-422724

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FRAUD WARNINGS

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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AOPA Insurance Services and Your Privacy

We are committed to protecting the security and confidentiality of your private information.

At AOPA Insurance Services, we realize our customers value their privacy and we treat their non-public private information with respect. We are committed to a high level of integrity in all our dealings; that's why it's important for us to share with you our privacy guidelines and how they pertain to your personal information.

What information we collect

In the conduct of our business, we need to gather and store personal information on those who do business with us. For the purpose of providing you with an aircraft insurance quote, we collect non-public, personal information from you as you fill out applications and forms; from transactions conducted with AOPA Insurance Services and our affiliates; and from a consumer-reporting agency.

How we use and share information

AOPA Insurance Services does not sell your private information, even your name and address, to any third party. There are several instances where we may share your information.

In addition to the insurance companies with whom we work with on your behalf to obtain a quote or policy for aircraft insurance, we may also share your information with a research company who conducts customer satisfaction surveys on behalf of AOPA Insurance Services. The research we receive from this helps AOPA Insurance Services better meet the needs of our customers.

The research company does not share your personal information or the results of its surveys with any other entity other than AOPA Insurance Services.

As permitted by law, we also share information with AOPA. AOPA may use this information to update your member record or to provide you with timely and relevant product offerings.

How we protect your private information —your right to “opt out”

You have the right at any time, and AOPA Insurance Services respects your decision, to direct us not to make disclosures to non-affiliated third parties other than those permitted by law. This is also known as “opting out.” If you have already opted out, you do not need to do so again.

If you wish to opt out of this information sharing, please contact us in one of three ways: by mail, phone or email. Please be sure to include your full name, address and AOPA member number. If you choose to opt out by email, please use “opt out” as your subject line.

By mail:

AOPA Insurance Services

PO Box 9170

Wichita, KS 67277-9170

By phone:

1-800-622-2672

By email:

optoutaopainsurance@aopa.org

Access to your information within AOPA Insurance Services

We take steps to protect access to your non-public information within our company. Other than those previously mentioned, we restrict access to your information to employees on a “need to know” basis. Only those who need this information in order to provide services or products to you have access to it. AOPA Insurance Services also maintains physical, electronic and procedural safeguards to protect your non-public, personal information.

Your trust—and your patronage—are important to us.

We appreciate your business and respect your right to privacy. That's why we work hard to earn your trust and protect what's valuable to you. We thank you for allowing AOPA Insurance Services to provide services to you, and we look forward to doing business with you in the future.

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NO-PRIVACY

2017-03-422724

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