



AOPA INSURANCE SERVICES
 OFFICE 1995 MIDFIELD ROAD WICHITA, KS 67209
 MAIL P.O. BOX 9170 WICHITA, KS 67277
 P 800-622 AOPA[2672] F 316 942 0091 aopainsurance.org

Date: December 29, 2014
Assured No: 01220522
AOPA Member No: 04066888

AIRCRAFT INSURANCE APPLICATION

Named Insured: Dammon Engineering
Address: 554 Old Spanish Tr.
 Slidell, LA 70458
Email: david.dammon@gmail.com
Policy No: AV12011701
Insurer: Phoenix Aviation Managers, Inc.
Policy Period from January 10, 2015 **12:01 AM** to January 10, 2016 **12:01 AM**

Phone: (985) 649-5832
Fax:

LIABILITY COVERAGES		
DESCRIPTION	LIMITS	PREMIUMS
Single Limit Bodily Injury & Property Damage Liability	\$1,000,000 each occurrence limited to \$100,000 per passenger	\$423.00
Medical Payments per passenger Including Crew	\$5,000 per passenger including crew	\$0.00

Description of Aircraft and Hull Coverage Hereunder: (Standard Airworthiness Unless Otherwise Specified)

FAA Identification Number	Aircraft Year Make & Model	Current A/W Cert	Land Sea Amph	No. of Seats	Amount of Hull Insurance	Hull Coverage	Hull Premium	Hangar/Tied Out/Moored	Deductibles
N7039C	1975 PIPER PA-32-300 Serial No.: 32-7640041	Y	L	6	\$90,000	Ground and Flight	\$859.00	T	\$200 in motion \$0 not in motion

APPROVED USE: Pleasure and Business
Aircraft based at: ASD Slidell, SLIDELL, LA
Additional Insured Interest: Not Applicable
Lienholder Name: Not Applicable

Approved Pilots /Occupation	Age	Cert	Ratings					Other	Total All Aircraft	Total Logged Pilot hours				Model	Last 12 Months
			IFR	MEL	SE SEA	ME SEA									
David Dammon/Project Manager	58	PP	Y	N	N	N	SE	563						116	4

Any Other Pilots: Any Private, Commercial or ATP pilot, with an Instrument rating, properly certificated by the FAA having a minimum of 750 total logged flying hours, including not less than 25 hours in the same make and model aircraft insured herein.

Policy Coverages TRIA **Premium** \$135.00

ANNUAL POLICY PREMIUM: \$1,417.00
 Annual State/Local Taxes: Not Applicable
ANNUAL TOTAL POLICY PREMIUM: \$1,417.00

Please complete the following (Explain all 'Yes' answers for items C through H in the space provided below)

- | | | |
|--|--|--|
| A. Does the aircraft listed above have a current and valid "Standard" category Airworthiness Certificate? | A. <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Do all approved pilots named above have a current medical certificate and current Biennial Flight Review? | B. <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Within the last 5 years has any approved pilot named above been penalized or disciplined for violating FAA Regulations? | C. <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| D. Does any approved pilot named above have any physical impairment, waiver, statement of demonstrated ability (other than for corrective lenses), limitation, or condition listed on their medical certificate? | D. <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| E. Will the aircraft listed above be used for any purpose(s) for which a charge is made? | E. <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| F. Within the last 5 years has an insurance company or underwriter: (a) Declined an application for aviation insurance for applicant, or (b) Been cancelled or refused to renew aviation insurance, or (c) Declined an aviation insurance application with respect to an approved pilot? | F. <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| G. Within the last 5 years has any approved pilot named above been involved in an aviation or aircraft accident, incident or claim? | G. <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| H. Within the last 5 years has any approved pilot named above been convicted of or pleaded guilty to a DUI, drug charges, possession of drugs, reckless or drunk driving? | H. <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

REMARKS - Please explain any "Yes" answers in the space below referring to Items C through H above:

Insurance evidenced by this Application is subject to all the terms, conditions and limitations of the policy(s) in current use by the insurance company. There is no liability under this application unless the terms, conditions and stipulations herein have been accepted by the insurance company.

The Insured may cancel this Application by written notice of surrender to the insurance company stating when cancellation will be effective. The insurance company may cancel this application by giving notice to the Insured in accordance with the policy conditions. The insurance company is entitled to charge a premium for this application as specified by the policy currently in use by the insurance company.

It is expressly agreed that in the event the Insured fails to satisfy the payment of the premiums due within the time specified by AOPA Insurance Agency, Inc, or if the Insured's bank fails to honor the Insured's premium payment check, AOPA Insurance Agency, Inc, shall have the right to attach, for the amount owed, any and all property subsequently added to this Application or subsequent policy.

I/We certify that to the best of my/our knowledge all statements or representations contained on both sides of this Application are true and correct and that I/we have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this Application and the policy currently in use by the insurers shall be the basis of any contract between the insurance company and me/us.

I/We further agree that the insurance company or their representatives, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualifications or statement contained in this Application. I/We further certify that unless otherwise stated in this Application, no property described herein has any unrepaired damage as of the effective date of this Application and that I/We authorize AOPA Insurance Agency, Inc, to represent me/us in placing this insurance.

SEE ATTACHED STATE FRAUD WARNINGS:

For the Applicant: We represent that each and all of the above answers are true and complete. Signature required for all named insureds.

X David Wamm Title VP Project Manager Date 12/29/2014
 X _____ Title _____ Date _____

IMPORTANT:

1. PLEASE VERIFY ALL INFORMATION & COMPLETE ITEMS ON ALL PAGES.
2. SIGN & RETURN THIS COPY WITH YOUR PAYMENT. Return of signed application required for policy issuance.

Re: Phoenix Aviation Managers, Inc., PLEASE ISSUE POLICY PER THIS APPLICATION

Assured #: 01220522



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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.

CONFIDENTIAL

0-FRAUDWARNINGS

2014-12-228779

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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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