

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER
THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY/BROKER

THE HARRY A KOCH CO.
P.O. Box 45279
Omaha NE 68145-0279

CERTIFICATE NO:

R222

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Westchester Surplus Lines Insurance Company

COMPANY LETTER **B**

NAME AND ADDRESS OF INSURED:

The Academy of Model Aeronautics, Inc. and/or Affiliated and/or Associated Chartered Clubs, Chapters, and Members thereof.
5161 E. Memorial Drive
Muncie, IN 47302-9252

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

CO. LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL FORM <input checked="" type="checkbox"/> PREMISES-OPERATIONS <input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input checked="" type="checkbox"/> UNDERGROUND HAZARD <input checked="" type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> CLAIMS MADE FORM <input checked="" type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> OCCURRENCE FORM	G22011534006	03/31/11 THRU 03/31/12	GENERAL AGGREGATE PER LOCATION	\$1,000,000
				EACH OCCURRENCE	\$1,000,000
A	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	G22011546006	03/31/11 THRU 03/31/12	GENERAL AGGREGATE PER LOCATION	\$4,000,000
				EACH OCCURRENCE	\$1,500,000
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY	\$ (EACH ACCIDENT)

This certificate cancels and supersedes any previously issued certificate of insurance under this policy number.

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:

Loc: HERITAGE PARK ISLE OF WIGHT, VIRGINIA

TIDEWATER MODEL SOARING SOC / 959
MICHAEL R MATTHEWS
110 BRACKLEY CT
SUFFOLK VA 23434-8023

ADDITIONAL INSURED: THIS INSURANCE IS PRIMARY AND NON-CONTRIBUTING AS RESPECTS TO ANY ADDITIONAL INSURED SITE OWNER.

ISLE OF WIGHT COUNTY VIRGINIA

MAILING ADDRESS OF CERTIFICATE HOLDER:

ISLE OF WIGHT COUNTY
17130 MONUMENT CIRCLE
ISLE OF WIGHT VA 23397

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.

DATE ISSUED: MARCH 31, 2011

