



14415 N. 73rd Street, Suite 115, Scottsdale, AZ 85260 (800) 324-6787 info@southwestaviation.com

Insurance Company / Underwriter: Starr Aviation

Agency: Southwest Aviation Insurance Group of Arizona, Inc. 14415 N. 73rd Street, Suite 115, Scottsdale, Arizona 85260

Broker: June Draggee

Proposed Effective Date: 12:01 AM on 2/19/2025

Renewal

Applicant is: Ind Joint LLC Corp Part Trust Estate Municipality

Applicants Names: Crested Butte AirPark, LLC

Address: P.O. Box 3501; Crested Butte, CO 81224

Contact Information: Phone: 970-349-2773

Cell Phone: --

Fax # --

E-Mail: foxterra@hotmail.com

Alt E-Mail: rob@toadpropertymanagement.com;

AIRPORT GENERAL LIABILITY COVERAGE

Airport Liability Limit:	1500000	Each Occurrence	N/A	Aggregate	
Property Damage Ded.:	1000	Each Loss		Premium:	\$2,826.00
HK Liability Limits:	Offered/Declined	Each Aircraft		Per Occurrence	
Offered/Declined		Deductible		Premium:	
Products & Completed Operations Liability Limits:	Offered/Declined	Combined Single Limit			
	\$1,500,000	Bodily Injury Limit (if sub-limited)		Premium:	
		Aggregate			
Premises Medical Limits:	1000	Each Person		Premium:	
	NA	Each Occurrence			
Endorsements:				Premium:	
					\$0.00
TOTAL ANNUAL PREMIUM:					\$2,826.00

Additional Insured

Gunnison County Board of County Commissioners
Buckhorn Ranch Association, Inc.

200 E. Virginia Ave. Ste 262; Gunnison, CO 81230
P.O. Box 2776; Crested Butte, CO 81224

UNDERWRITING INFORMATION

Premises Information

Applicants Business is: RE Developer/A/P Manager Years in Business:
 Airport ID: 0CO2 (Crested Butte Airpark)
 Operation Occupies: Airport
 Office: 0 SF Hanger #1: 0 SF Hanger #2: 0 SF Hanger #3: SF Hanger #4: SF
 # Of Tie Downs: 0 Average Value of Aircraft Tied Down: \$0
 # of Hangars: # of Aircraft Hangared: 0 Average Value of Aircraft Hangared: \$0
 Other Locations:
 Airport Elevation is: 8,980 ft Longest Runway & Construction Type: 4,450
 Airport is: Private Are any approaches obstructed: None Are the runways lighted: Yes
 Number of aircraft based at airport: General Aviation: 6 Airline: 0
 Aircraft traffic is controlled by: Unicom How much of the airport perimeter is fenced: 90%
 Airport security is provided by: Police Nearest fire department is: <1 mile
 Who is responsible for maintenance of runways: Policy holder Is applicant the airport manager: Yes

Operations Information

Hours of operation: NA Manager is on premises: NA
Any Ultralight, Parachuting or Agriculture operations conducted on the applicant's premises: None
Describe any Non-Aviation Activities: None
Number of vehicles owned/used by applicant: Fuel Trucks: 0 Tugs: 0 Hydrant Carts: 0
Do you have any (list # of them): Elevators: 0 Escalators: 0 Moving Sidewalks: 0
Flammables (paints, etc.) are stored in: NA
Has applicant entered into any written contracts requiring Contractual Insurance: None If Yes (attach copies)
Name of previous insurance carrier: STARR
Has insurance been canceled, declined or refused to renew any aviation insurance: No
If yes, Explain:
Has applicant had any airport /aviation losses/claims during last 5 years: None
If yes, Explain:

Annual Gross Sales: A/C Sales: \$0 Fuel & Oil: \$0 Parts: \$0 Maintenance: \$0 Avionics: \$0 Other Sales: \$ Other Sales Desc.:
QTY Fuel Sold: Jet A: Gal. 100LL: Gal. Unleaded: Gal.
Type of Fuel Storage: [] Underground Tank [] Above Ground Tanks [] Fuel Truck Only
Fuel is Dispensed From: [] Fuel Trucks [] Fuel Island [] Fuel Island - Self Service
Do You Overhaul or Manufacture: [] Engines [] Propellers [] Turbine Engines [] Aircraft Accessories [] Kit Planes [] Helicopters
Types of Maintenance: [] Piston Fixed [] Turbine Fixed [] Rotor Wing
Additional Insured(s): See Attached if any

NOTES:

Additional Coverages / Endorsements

Personal & Advertising Injury Contractual Liability

Insurance evidenced by this application is subject to all Terms, Conditions and Limitations of the policy(ies) in current use by the company. There is no Liability under this application unless the Terms, Conditions and Stipulations herein have been accepted by the company and unless signed by an authorized agent of the company. The insured may cancel this application by written notice of surrender to the company stating when cancellation will be effective. The company may cancel this application by giving notice to the insured in accordance with the policy conditions. The company is entitled to charge a premium for this application as specified by the policy currently in use by the company. FRAUD WARNING: 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.

I/We warrant that to the best of my/our knowledge all statements or representations contained on both pages of this application and binder 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 in current use by the insurers shall be the basis of any contract between me/us and the insurance company. 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 qualification or statement contained in this application. I/we further warrant that unless otherwise stated in this application, no

I Authorize Southwest Aviation Insurance Group to Bind Coverage as Presented:

X [Signature] 1-27-25 X
Authorized Signature Date Signature of Applicant Date

** Complete both pages, sign above and return with your payment within 10 days of receipt **

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019; AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____.
- I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Print Name
11/21/2024
Date

Starr Indemnity & Liability Company
Insurance Company

N/A _____
Policy Number



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INVOICE

SOLD TO: Crested Butte AirPark, LLC

DATE: 1/27/2025

INVOICE: JD0125-7193

CUST#: C6077

ADDRESS: P.O. Box 3501
Crested Butte, CO 81224

DATE	DESCRIPTION OF TRANSACTION	PREMIUM
2/19/2025	AGL Insurance Liability Policy Issued through: Starr Aviation	
	Premium:	\$2,826.00
	Fees or Taxes (if applicable):	\$0.00
	Total Premium and Other Charges:	<u>\$2,826.00</u>

Please Pay: \$2,826.00 by 2/19/2025

Please Make Check Payable to: SOUTHWEST AVIATION INSURANCE GROUP

TO PAY ONLINE go to: <http://southwestaviation.com> And click the 'PAY NOW' button,
or, make your payment using the QR Code >>>



Keep this Invoice for your records.