CONTRACT # L97-0208-AP WHITE & O'STEEN DAP LOTS 5 & 6/BLOCK 1 EXPIRES: 09/30/2036

Policy Number PPYF10890342

Renewal Of: PPY F10890342

COMMON POLICY DECLARATIONS ACE American Insurance Company

	436 Walnut Street , F	nnadeipnia, PA 191	Ub		
Item 1.	Named Insured and Mailing Address	Agent Name and Address			
585 F	AIR OF ALABAMA, INC AIRWAY CT WALTON BEACH FL -1809	CRC INSUR THE ABC P ONE METRO BIRMINGHA	ROGRAM PLEX DR S	SUITE 400	
		Agent No. Z	09029		
Item 2.	Policy Period From: 04-03-2022	To: 04-03	3-2023		
at 12:01 A.M., Standard Time at your mailing address shown above.					
Item 3.	Business Description: PRIVATE HANGAR				
	Form of Business: CORPORATION				
Item 4.	In return for the payment of the premium, and so provide the insurance as stated in this policy.	ubject to all the t	erms of this p	olicy, we agree wit	h you to
	cy consists of the following coverage parts for wh		s indicated. W	here no premium i	is shown,
there is no coverage. This premium may be subject to adjustment. Coverage Part(s) Premium					
Commor	cial Property Coverage Part			\$	520.00
	cial General Liability Coverage Part			NOT	COVERED
• • • • • • • • • • • • • • • • • • • •					COVERED
	cial Inland Marine Coverage Part		NOT	COVERED	
	cial Auto (Business or Truckers) Coverage Part			NOT	COVERED
	cial Garage Coverage Part				COVERED
			THE STATE OF THE S		
TAX	OR SURCHARGE OR FEE			\$	4.00
		Total Poli	cy Premium	\$	524.00
ltem 5.	Forms and Endorsements				
Form(s) and Endorsement(s) made a part of this policy at time of issue: BILL TYPE: Agent Billing					
	See Schedule of Forms and Endorsements	····	BILL PLAN:	Annual	
_					
	ersigned:				
Date:		By:	Authorized	Representative	
			Authorized	LODI COCITICULA	

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.