

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: R1675	COMPANIES AFFORDING COVERAGE COMPANY LETTER A Westchester Surplus Lines Insurance Company COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E
NAME AND ADDRESS OF INSURED: <i>The Academy of Model Aeronautics, Inc. and/or Affiliated and/or Associated Chartered Clubs, Chapters, and Members thereof.</i> 5161 E. Memorial Drive Muncie, IN 47302-9252		

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	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	G22011534001 This certificate cancels and supersedes any previously issued certificate of insurance under this policy number.	3/31/06 to 3/31/07	GENERAL AGGREGATE PER LOCATION EACH OCCURRENCE	\$1,000,000 \$1,000,000
A	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	G22011546001	3/31/06 to 3/31/07	GENERAL AGGREGATE PER LOCATION EACH OCCURRENCE	\$4,000,000 \$1,500,000
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY	\$ (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:

Loc: COLLIER COUNTY AGRICULTURAL FAIR EXHIBITION INC

COLLIER FUN FLYERS INC / 3412
ANTHONY R GATTONE
4675 NAVASSA LANE
NAPLES FL 34119

ADDITIONAL INSURED: THIS INSURANCE IS PRIMARY AND NON-CONTRIBUTING AS RESPECTS TO ANY ADDITIONAL INSURED SITE OWNER. POLICY(S) LIMIT IS TOTAL \$2,500,000 PER OCCURRENCE AND \$5,000,000 ANNUAL AGGREGATE FOR SITE OWNERS PER LOCATION.

BOARD OF COUNTY COMMISSIONERS COLLIER COUNTY FLORIDA

MAILING ADDRESS OF CERTIFICATE HOLDER:

COLLIER COUNTY FLORIDA
3301 TAMiami TRAIL EAST
NAPLES FL 33962

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

DATE ISSUED: MARCH 27, 2006

Larry Johnson
 AUTHORIZED REPRESENTATIVE