

HOWARD FRY & SON, INC.

CARMEL IN 46833

Phone: [REDACTED] E-Mail: [REDACTED] Fax: [REDACTED]

REQUEST FOR QUOTATION/RENEWAL APPLICATION

REGISTERED OWNER:

NAME MAKE IT HAPPEN AVIATION, LLC PRESENT INSURER W. BROWN
 ADDRESS [REDACTED] EXPIRATION DATE 06-28-14
 CITY TOWANDA STATE IL ZIP 61776 POLICY # [REDACTED]
 OCCUPATION/BUSINESS AIRCRAFT OWNERSHIP NEW PURCHASE YES NO
 INDIVIDUAL PARTNERSHIP CORPORATION HOLDING CORP. OTHER

AIRCRAFT:

YEAR	MAKE & MODEL	# SEATS	FAA NUMBER
1. 80	CESSNA 414A	8	N789UP
2.			

USE:

PLEASURE AND BUSINESS OTHER/EXPLAIN: INDUSTRIAL AID

LOCATION:

CFRA (KBMF) Bloomington IL HANGARED RUNWAY(S): PAVED
 (Airport Name) (City) (State) TIED-DOWN TURF
 OTHER

PILOTS:

NAME	Age	PILOT CERTIFICATES AND RATINGS							MEDICAL CERTIFICATE		LOGGED PILOT IN COMMAND HOURS						
		Stud.	Pvt.	Cmt	AMEL	Instru.	ATP	Other	Expiration Date	Class	TOTAL TIME	TOTAL R/G	TOTAL ME	TOTAL RW	TOTAL TURBINE FWRW	TOTAL IN INURED AIRCRAFT	Total in all Aircraft Past 90 Days/12 Mos.
1. TOM HILEMAN	50								01/14	2nd	12,100	9600	9850	3	2575	1150	1501500
2.																1	
3. Chris Weldon	38								8/14	2nd	2,400	1700	675	0	1175	80	25190

OTHER PILOT HOURS NOT SHOWN ABOVE:

PILOT PROFICIENCY CHECK RIDE (PCR)/BIENNIAL FLIGHT REVIEW (BFR) (Indicate which applies).

BFR PCR Date of check ride In Make & Model Aircraft Name of Flight School or Examiner if no Flight School

1. Tom Hileman Feb 14 / May 14 DA-10 - PA-46 Flight Safety - Jimmy Am

2. _____

3. Chris Weldon NOV 13 CESSNA 414A RTC, RECURRENT TRAINING CENTER

COVERAGES REQUESTED:

	CURRENT LIMITS	RENEWAL	REQUESTED RENEWAL VALUE
LIABILITY LIMITS	[REDACTED]	_____	_____
MED PAY INCL CREW	[REDACTED]	_____	CURRENT HULL VALUE [REDACTED]
LIEN AMOUNT (BOW)	_____	_____	BLUE BOOK VALUE [REDACTED]
NOT IN MOTION DED.	_____	_____	_____
IN MOTION DED.	_____	_____	_____

	CURRENT LIMITS	RENEWAL	REQUESTED RENEWAL VALUE
LIABILITY LIMITS	_____	_____	_____
MED PAY INCL CREW	_____	_____	CURRENT HULL VALUE _____
LIEN AMOUNT (BOW)	_____	_____	BLUE BOOK VALUE _____
NOT IN MOTION DED.	_____	_____	_____
IN MOTION DED.	_____	_____	_____

Has any applicant or pilot of the aircraft had any accidents or claims, medical waivers, FAR violations, felony violations, felony convictions, pilot or automobile license suspensions or revocations, indictments or convictions in a legal action involving drugs or narcotics? YES NO

EXPLAIN "YES" TO ANY OF THE ABOVE: _____

Some states require we notify you that any person who knowingly and with intent to defraud any insurer, or other person, files an insurance application containing false or misleading information or any fact material thereto, commits a fraudulent insurance act which is a crime.
 All answers herein are warranted true and complete to the best of my/our knowledge

APPLICANT'S SIGNATURE: [REDACTED]

TODAY'S DATE 12 May 2014
16 May 2014

HOWARD FRY & SON, INC.

Carmel, IN 46033

TOLL FREE: [REDACTED] • TEL: [REDACTED] • FAX: [REDACTED]
EMAIL: [REDACTED] • WEBSITE: [REDACTED]

PILOT HISTORY FORM

Named Insured Thomas W Hileman Policy No _____

PILOT INFORMATION:

Name as it appears on your Pilot Certificate Thomas Weldon Hileman
Res Address [REDACTED] City Bloomington St IL Zip 61704
Telephone Number [REDACTED] Date of Birth [REDACTED] Marital Status M
Occupation Pilot Employer Self
Driver License No [REDACTED] St IL Pilot Certificate No [REDACTED]
FAA Medical: Date Issued 12/12 Class 2nd Waiver (if None, so state) _____
Date of last BFR or equivalent 12/12 Accomplished in what Make & Model DA-10
AOPA Membership No. [REDACTED] E-Mail Address [REDACTED]

Certificates & Ratings:

Student Private Commercial Airline (ATP) Mechanic Engineer
 SEL MEL IFR CFI CFII RW RW/IFR
 Other _____ Type Rating (specify aircraft) CE500,LR-JET,N-265,DA-10
IMPORTANT: Please submit a copy of your FAA pilot license and medical certificate along with this form.

ITEMIZATION PILOT-IN-COMMAND HOURS:

Total Time	<u>11800</u> hours	Turbo Prop	<u>3400</u> hours	Last 90 days	<u>210</u> hours
Retract Gear	<u>10450</u> hours	Turbo Jet	<u>7000</u> hours	Last 12 mos	<u>800</u> hours
Multi-Engine	<u>9800</u> hours	Rotor Piston	<u>0</u> hours	Seaplane	<u>0</u> hours
Tailwheel	<u>300</u> hours	Rotor Turbine	<u>1</u> hours		

Breakdown Majority of Hours Flown By Type of Aircraft:

Make & Model _____ hours _____ Make & Model _____ hours _____
Make & Model _____ hours _____ Make & Model _____ hours _____
Make & Model Aircraft for which approval is sought Cessna 414A Hours in this Aircraft 800
Have you attended school in this Make & Model? Yes Name of School RTC
Date attended 08/13 **IMPORTANT: If yes, please submit a copy of school certificate with this form.**

ANSWER ALL QUESTIONS – Explain fully each "Yes" answer on reverse side or separate sheet.

- 1) As a pilot, have you ever had or been involved in an aircraft accident, incident or insurance claim? No Yes
- 2) As a pilot, have you ever been cited, disciplined or fined for violation of any FAR's? No Yes
- 3) Has your pilot certificate or driver license ever been suspended or revoked? No Yes
- 4) Have you ever had any insurer cancel, decline or refuse to renew any aviation insurance? No Yes
- 5) Have you ever been indicted for, arrested for, convicted of or plead guilty to: reckless driving, driving under the influence of alcohol or narcotics, a felony or any drug or narcotic charge? No Yes
- 6) Have you ever had or been treated for a chemical dependency? No Yes

I affirm all of the information herein is true and correct to the best of my knowledge and I have not knowingly or intentionally concealed or misrepresented any fact. This form will become part of the insurance application and as such all fraud statements are applicable. I hereby authorize the Insurer(s) or their agents to investigate any or all statements contained herein and to request my vehicle driving records. I hereby authorize the FAA to release my pilot history to the Insurer(s) or their agents to verify the above statements.

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Date 18 July 13 Signature [REDACTED]



PILOT RECORD

Named Insured Goldenwings, Inc. **Phone Number** [REDACTED]
Name of Pilot Thomas W. Hileman **Fax Number** [REDACTED]
Address [REDACTED] **Email** [REDACTED]
Bloomington, IL 61704-6242 **Date of Birth** [REDACTED]
Occupation Pilot **Employer** Self

Pilot Licensing

Student Private Fixed Wing Commercial Fixed Wing ATP Fixed Wing Recreational
 Private Rotorwing Commercial Rotorwing ATP Rotorwing Sport
 CFI CFI-Instrument CFI-Multiengine CFI-Rotorwing CFI-Glider

Pilot Certificate No. [REDACTED]

FAA Pilot Rating

SE Land SE Sea ME Land ME Sea Instrument Glider
 Type CE500, Learjet, N-265, DA-10

All Aircraft Logged Pilot Hours			Logged Pilot Hours			Logged Sea Hours	
Total Logged	PIC	Last 12 Mos	Multiengine (ME)	Retractable Gear	Tailwheel	Total	ME Sea
12,200	11,200	500	10200	10,250	300	0	0

Logged TurboProp (TP) Hours		Logged Jet Hours		Logged Rotorwing (RW) Hours		
Total TP	ME TP	Total Jet	ME Jet	Total RW	ME RW	Turbine RW
3500	1500	8900	8900	1	0	1

Aircraft operated on behalf of the Named Insured - Logged Pilot Hours and Training

Make and Model	Logged Hours	Hrs Last 12 Mos	Training Facility	Simulator Used?	Last Date	Next Date
Dassault Falcon 10	1000	150	Flight Safety	Yes	02/14	02/15

Last Medical		Last Flight Review		Last Instrument Proficiency Check	
Date	Class	Date	Make and Model	Date	Make and Model

Additional Information

As pilot, any incidents, accidents; any citations for FAR violations or license limitations? No Yes
Any felony convictions or license suspensions arising out of operation of a motor vehicle? No Yes
Any arrests/convictions for operation of a motor vehicle recklessly or under influence of alcohol or drugs? No Yes
Has any insurance co. or underwriter cancelled, declined or non-renewed any insurance on your behalf? No Yes
If yes, please explain

I represent that the answers given are true and complete to the best of my knowledge and believe that no material information has been withheld.

Signed [REDACTED] Date 08 Oct 2014

HOWARD FRY & SON, INC.

CARMEL, IN 46033

Phone: [REDACTED] E-Mail: [REDACTED] Fax: [REDACTED]

REQUEST FOR QUOTATION/RENEWAL APPLICATION

REGISTERED OWNER:

NAME TWIN CITY AVIATION SERVICES, L L C PRESENT INSURER PHO _____
 ADDRESS _____ EXPIRATION DATE MAR 23 2014
 CITY BLOOMINGTON STATE IL ZIP 61704 POLICY # _____
 OCCUPATION/BUSINESS _____ NEW PURCHASE YES NO
 INDIVIDUAL PARTNERSHIP CORPORATION HOLDING CORP. OTHER

AIRCRAFT:

	YEAR	MAKE & MODEL	# SEATS	FAA NUMBER
1.	<u>79</u>	<u>CESSNA 152</u>	<u>2</u>	<u>67818</u>
2.				

USE:

PLEASURE AND BUSINESS OTHER/EXPLAIN: _____

LOCATION:

BMI Bloomington IL HANGARED RUNWAY(S): _____ PAVED
 (Airport Name) (City) (State) TIED-DOWN _____ TURF
 _____ OTHER

PILOTS:

NAME	Age	PILOT CERTIFICATES AND RATINGS								MEDICAL CERTIFICATE		LOGGED PILOT IN COMMAND HOURS						
		Stud.	Pvt.	Cm1	AMEL	Instr.	ATP	Other	Expiration Date	Class	TOTAL TIME	TOTAL R/G	TOTAL M/E	TOTAL R/W	TOTAL TURBINE PW/RW	TOTAL IN INSURED AIRCRAFT	Total In all Aircraft Past: 90 Days/12 Mos.	
1. TOM HILEMAN	<u>58</u>							<input checked="" type="checkbox"/>		<u>01/17/2nd</u>		<u>12,020</u>	<u>9800</u>	<u>9800</u>	<u>3</u>	<u>9550</u>	<u>1100</u>	<u>1561500</u>
2. TOM BERNHARDT																	<u>1</u>	
3. DAVID COCHRAN																	<u>1</u>	

OTHER PILOT HOURS NOT SHOWN ABOVE: _____

PILOT PROFICIENCY CHECK RIDE (PCR)/BIENNIAL FLIGHT REVIEW (BFR) (Indicate which applies).

BFR or PCR? Date of check ride Feb 14 In Make & Model Aircraft DA10 Name of Flight School or Examiner if no Flight School Flight Safety

1. Tom Hileman

2. _____

3. _____

COVERAGES REQUESTED:

AIRCRAFT #1

CURRENT LIMITS	RENEWAL	REQUESTED RENEWAL VALUE
LIABILITY LIMITS _____	_____	_____
MED PAY INCL CREW _____	_____	CURRENT HULL VALUE _____
LIEN AMOUNT (BOW) _____	_____	BLUE BOOK VALUE _____
NOT IN MOTION DED. _____	_____	
IN MOTION DED. _____	_____	

AIRCRAFT #2

CURRENT LIMITS	RENEWAL	REQUESTED RENEWAL VALUE
LIABILITY LIMITS _____	_____	_____
MED PAY INCL CREW _____	_____	CURRENT HULL VALUE _____
LIEN AMOUNT (BOW) _____	_____	BLUE BOOK VALUE _____
NOT IN MOTION DED. _____	_____	
IN MOTION DED. _____	_____	

Has any applicant or pilot of the aircraft had any accidents or claims, medical waivers, FAR violations, felony violations, felony convictions, pilot or automobile license suspensions or revocations, indictments or convictions in a legal action involving drugs or narcotics? YES NO

EXPLAIN "YES" TO ANY OF THE ABOVE. _____

Some states require we notify you that any person who knowingly and with intent to defraud any insurer, or other person, files an insurance application containing false or misleading information or any fact material thereto, commits a fraudulent insurance act which is a crime.
 All answers herein are warranted true and complete to the best of my/our knowledge

APPLICANT'S SIGNATURE _____ TODAY'S DATE 03 March 14



Named Insured T & K, LLC
 Name of Pilot Thomas Weldon Heleman
 Address [Redacted]
Bloomington IL 61704
 Occupation Pilot

Phone Number [Redacted]
 Fax Number [Redacted]
 Email [Redacted]
 Date of Birth [Redacted]
 Employer Self

Pilot Licensing

- Student Private Fixed Wing Commercial Fixed Wing ATP Fixed Wing Recreational
 CFI Private Rotorwing Commercial Rotorwing ATP Rotorwing Sport
 CFI-Instrument CFI-Multiengine CFI-Rotorwing CFI-Glider
- Pilot Certificate No. _____

FAA Pilot Rating

- SE Land SE Sea ME Land ME Sea Instrument Glider
 Type CE-500, LR JET, N265, DA10

All Aircraft Logged Pilot Hours			Logged Pilot Hours			Logged Sea Hours	
Total Logged	PIC	Last 12 Mos	Multiengine (ME)	Retractable Gear	Tailwheel	Total	ME Sea
10,500 +	7500 +	600	9000 +	7500 +	300	0	0

Logged TurboProp (TP) Hours		Logged Jet Hours		Logged Rotorwing (RW) Hours		
Total TP	ME TP	Total Jet	ME Jet	Total RW	ME RW	Turbine RW
3300	1300	8000	8000	1	0	1

Aircraft operated on behalf of the Named Insured - Logged Pilot Hours and Training

Make and Model	Logged Hours	Hrs Last 12 Mos	Training Facility	Simulator Used?	Last Date	Next Date
Piper PA46-350P Mirage	2100	100	Image Air	No	11/12	11/13

Last Medical		Last Flight Review		Last Instrument Proficiency Check	
Date	Class	Date	Make and Model	Date	Make and Model

Additional Information

- As pilot, any incidents, accidents; any citations for FAR violations or license limitations?..... No Yes
 Any felony convictions or license suspensions arising out of operation of a motor vehicle?..... No Yes
 Any arrests/convictions for operation of a motor vehicle recklessly or under influence of alcohol or drugs?..... No Yes
 Has any insurance co. or underwriter cancelled, declined or non-renewed any insurance on your behalf?..... No Yes
 If yes, please explain

I represent that the answers given are true and complete to the best of my knowledge and believe that no material information has been withheld.

Signed [Redacted]

Date 26 Feb 2013