

Complete and Mail or Fax TODAY!

**OWNER'S NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY/STATE/ZIP** \_\_\_\_\_  
**OCCUPATION** \_\_\_\_\_  
**DAY PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_

**CURRENT INSURANCE COMPANY**  
**UNDERWRITER**  
 \_\_\_\_\_  
**EXPIRATION DATE**  
 \_\_\_\_\_

**AIRCRAFT**  
**YR/MAKE/MODEL** \_\_\_\_\_  
**TOTAL SEATS**  N No.   
**VALUE** \_\_\_\_\_  
**ANY MODIFICATION/SPECIAL EQUIPMENT** \_\_\_\_\_

**AIRCRAFT BASED**  
**AIRPORT** \_\_\_\_\_  
**CITY/STATE & AIRPORT I.D.** \_\_\_\_\_  
**HANGERED**  **TIED DOWN**   
*IF PRIVATE AIRPORT:*  
**LENGTH** \_\_\_\_\_  
**SURFACE** \_\_\_\_\_

**AIRCRAFT USAGE**  
**PLEASURE & BUSINESS** \_\_\_\_\_  
 \*EXCLUDING ANY USE FOR WHICH A CHANGE IS MADE  
**OTHER** \_\_\_\_\_  
**INSTRUCTION & RENTAL**  **AERIAL PHOTO**   
**POWER/PIPELINE**  **SIGHTSEEING**   
**INDUSTRIAL AID**  **CHARTER**

**LIENHOLDER** \_\_\_\_\_ **LIEN AMOUNT** \_\_\_\_\_

**LIMITS OF LIABILITY ( Indicate Choice)**  
 500,000 EACH OCCURRENCE  1,000,000 EACH OCCURRENCE   
 100,000 EACH PASSENGER  NO PASSENGER LIMITATION   
 1,000,000 EACH OCCURRENCE  OTHER (Explain): \_\_\_\_\_  
 100,000 EACH PASSENGER  \_\_\_\_\_  
 \_\_\_\_\_  
**MEDICAL PAYMENTS**  
 \$1,000 Per Seat  
 \$2,500 Per Seat  
 \$3,000 Per Seat  
 \$5,000 Per Seat

PILOT NAME	STATUS										LOGGED HOURS					
	BFR	MED	DATE OF BIRTH	STD	PVT	COML	IFR	ME	ATP	TOTAL HOURS	RETRACT GEAR	MULTI ENGINE	TAIL WHEEL	TURB. ENGINE	HOURS MODEL	LAST 90 DAYS

**ANNUAL PROFICIENCY TRAINING:**  YES  NO **DATE:** \_\_\_\_\_ **If Yes, describe training** \_\_\_\_\_  
 Give particulars of accidents, claims and/or prior certificate suspensions of pilots license.  Check if NONE.  
 \_\_\_\_\_  
 \_\_\_\_\_

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_