

Date: \_\_\_\_\_

## Aircraft Quote Request – Light Aircraft

General Information			
Named Insured:		New Purchase? NO <input type="checkbox"/> YES <input type="checkbox"/>	
Address:		Policy Expiration Date:	
City, State, ZIP:		Insurance Company:	
Primary Contact:	Bus <input type="checkbox"/> or Res <input type="checkbox"/> Phone:		Cell:
Email:	Web site:		Fax:

Brief description of Named Insured: \_\_\_\_\_  
Applicant is:  Individual(s)  Corporation  Partnership  Holding Company  LLC  Other \_\_\_\_\_

FAA #	Year	Make & Model	Seats	Desired Insured Value	Est. Flight Hrs. next 12 mo.	Date Last Annual mm/yyyy	Remarks

Use:  Pleasure & Business  Pro Pilot Flown  Instruction & Rental  Charter  Flying Club  Other \_\_\_\_\_  
Airport Name: \_\_\_\_\_ Identifier \_\_\_\_\_  Paved  Unpaved/Grass  
Aircraft:  Hangared  Tied To be operated outside the U.S.? NO  YES  Where? \_\_\_\_\_  
Is the aircraft equipped with an IFR certified moving map GPS and Auto Pilot with Altitude Hold? NO  YES   
List Advanced Avionics and Auto Pilot type: \_\_\_\_\_  
Lienholder or Additional Insured? \_\_\_\_\_ Lien Amount \$ \_\_\_\_\_

Name	Age	Occupation	License/Ratings										Pilot Hours							
			Student	Private	Commercial	ATP	Instrument	ASEL	AMEL	Rotor Wing	CFI	Medical Class	Total Time	Complex	Tailwheel	Multi-Engine	Turbo Jet/Turboprop	Rotor Wing	Make & Model	Total Time All Aircraft Last 12 Months

Describe any insurance loss, medical waiver or FAA Violation for any pilot:	
AOPA or EAA Number:	

Aircraft Liability		Medical Payments
<input type="checkbox"/> \$1,000,000 Each Occurrence / \$100,000 Each Passenger	<input type="checkbox"/> \$ 1,000,000 Combined Single Limit	<input type="checkbox"/> \$ 3,000 Each Person
<input type="checkbox"/> \$1,000,000 Each Occurrence / \$200,000 Each Passenger	<input type="checkbox"/> \$2,000,000 Combined Single Limit	<input type="checkbox"/> \$ 5,000 Each Person
<input type="checkbox"/> \$2,000,000 Each Occurrence / \$250,000 Each Passenger	<input type="checkbox"/> \$ Other limits?	<input type="checkbox"/> \$ 10,000 Each Person

I/We confirm that the information given on this form is true and complete to the best of my/our knowledge and that no material information has been withheld or suppressed.

Name (print or type) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_