|  |  |
| --- | --- |
| Date: |  |

Aircraft Quote Request – Light Aircraft

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| --- |
| General Information |
| Named Insured: |  | New Purchase? | NO ☐ YES☐ |
| Address: |  | Policy Expiration Date: |  |
| City, State, ZIP: |  | Insurance Company: |  |
| Primary Contact: |  | Bus [ ]  or Res [ ]  Phone: |  | Cell: |  |
| Email: |  | Web site: |  | Fax: |  |

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| --- | --- |
| 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 Annualmm/yyyy  | Remarks |
|  |  |  |  |  |  |  |  |
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| --- | --- | --- |
|  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 | Date Last BFRmm/yyyy |
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| Describe any insurance loss, medical waiver or FAA Violation for any pilot: |  |
| AOPA or EAA Number: |  |

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| Aircraft Liability | Medical Payments |
| [ ]  $1,000,000 Each Occurrence / $100,000 Each Passenger | [ ]  $ 1,000,000 Combined Single Limit |  [ ]  $ 3,000 Each Person  |
| [ ]  $1,000,000 Each Occurrence / $200,000 Each Passenger | [ ]  $2,000,000 Combined Single Limit |  [ ]  $ 5,000 Each Person |
| [ ]  $2,000,000 Each Occurrence / $250,000 Each Passenger | [ ]  $ Other limits? |  [ ]  $ 10,000 Each Person |

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| --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |