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| 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 | |  |

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

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| 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 BFR  mm/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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |