

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 _____