

Date: July 15, 2018

## Aircraft Submission

| Basic Information    |                     |      |                 |
|----------------------|---------------------|------|-----------------|
| Named Insured        |                     |      |                 |
| Address              |                     |      |                 |
| Business Telephone   | Residence Telephone | Cell |                 |
| Fax                  | Email               |      |                 |
| Present Ins. Company |                     |      | Expiration Date |

Applicant is:     Individual(s)    Corporation    Partnership    Holding Company    Other \_\_\_\_\_

Aircraft will be:    Hangared    Tied Down                      Airport: \_\_\_\_\_

| N-Number | Year | Make & Model | Seats | Insured Value | Deductibles   |           | Remarks |
|----------|------|--------------|-------|---------------|---------------|-----------|---------|
|          |      |              |       |               | Not In Motion | In Motion |         |
|          |      |              |       |               |               |           |         |
|          |      |              |       |               |               |           |         |

Use:    P&B    Ind. Aid    Inst. & Rental    Charter    Flying Club    Special Use: \_\_\_\_\_

| Name | Age | Occupation | Ratings |      |       |     |         |      |      |    |     | Pilot Hours |    |    |       |    |    |    | Losses/<br>Waivers/<br>Violations |         |  |
|------|-----|------------|---------|------|-------|-----|---------|------|------|----|-----|-------------|----|----|-------|----|----|----|-----------------------------------|---------|--|
|      |     |            | Stud.   | Pvt. | Comm. | ATP | Instru. | ASEL | AMEL | RW | CFI | TT          | RG | ME | TJ/TP | TW | RW | MM |                                   | Last 12 |  |
|      |     |            |         |      |       |     |         |      |      |    |     |             |    |    |       |    |    |    |                                   |         |  |
|      |     |            |         |      |       |     |         |      |      |    |     |             |    |    |       |    |    |    |                                   |         |  |

| Aircraft Liability |          |          | Medical Payments |                 |
|--------------------|----------|----------|------------------|-----------------|
| Option 1           | Option 2 | Option 3 | Each Person      | Each Occurrence |
|                    |          |          |                  |                 |

### Remarks

Details on the Named Insured (who owns the aircraft and what is the name & business of that individual or company):

**Additional Information**

1. Describe Annual Training:
2. Any Owner Pilots:
3. Full Time Employee or Contract Pilots:
4. Aircraft Use: \*(The aircraft is used to transport executives, employees, and other business related guest on company business.)
5. Any Other Aircraft Owned or Operated by the Named Insured:
6. Average Passenger Load:
7. Normal Area of Operations:
8. Estimated Annual Utilization:
9. Non-Owned Exposure:
10. Lienholder / Additional Insured(s)
11. AOPA Number: