Date: May 10, 2019

Aircraft Submission

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| --- |
| 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 |
| Stud. | Pvt. | Comm. | ATP | Instru. | ASEL | AMEL | RW | CFI |  | TT | RG | ME | TJ/TP | TW | RW | MM | Last 12 | Losses/Waivers/Violations |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Aircraft Liability | Medical Payments |
| Option 1 | Option 2 | Option 3 | Each Person | Each Occurrence |
|  |  |  |  |  |

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| 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:
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