Date: April 13, 2019

Aircraft Submission

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

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| --- | --- | --- | --- | --- |
| Applicant is: | Individual(s)  Corporation  Partnership  Holding Company  Other | | |  |
|  |  | | |  |
| Aircraft will be: | Hangared  Tied Down | Airport: |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| N-Number | Year | Make & Model | Seats | Insured Value | Deductibles | | Remarks |
| Not In Motion | In Motion |  |
|  |  |  |  |  |  |  |  |
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| Use: | P&B  Ind. Aid  Inst. & Rental  Charter  Flying Club  Special Use: |  |

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| 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: |