

Expiration Notice Turbine Aircraft Information

Aviation Insurance Policies Are Not Renewed Automatically.
Please Complete This Renewal Information Form and Return It As Soon As Possible.

INSURED:

AIRCRAFT:

POLICY NUMBER:

EXPIRATION DATE:

1. Amount of Hull Insurance desired on renewal: _____
2. Amount of Liability Insurance desired on renewal: _____
3. Any additional equipment or avionics added during the past 12 months? If so, list them by item and cost:

4. Total Time on the airframe: _____
5. When was the last annual inspection performed?

_____	_____	_____
Date	Airframe Hours	Repair Agency

6. What repair agency will normally perform minor maintenance? _____
7. Total time on each engine since new or major overhaul:
(L) _____ (R) _____

8. If engines have been overhauled, please give the following:
- | | <u>Date</u> | <u>Engine Hours</u> | <u>Repair Agency</u> |
|-----|-------------|---------------------|----------------------|
| (L) | _____ | _____ | _____ |
| (R) | _____ | _____ | _____ |

9. A. Total number of hours flown last 12 months: _____
- B. Average number of employee passengers per trip: _____
- C. Average Number of guest passengers per trip: _____

10. Estimated number of hours for the next 12 months: _____

11. A. Number of flights outside the Continental United States during the last 12 months: _____
- B. To what destinations? _____
- C. Total number of hours involved in above? _____

12. A. Number of flights outside the Continental United States contemplated during the next 12 months: _____
- B. To what destinations? _____
- C. Total number of hours involved in above? _____

13. Does company have a planned program for periodic proficiency checks? _____
If so, please describe: _____

(Need a copy of the most recent certificate of recurrent training in the make & model insured)

14. Aircraft usually based and Hangared Tied at (City & State) _____
Airport Name & Identifier: _____ Runway Length: _____

15. Give minimum runway lengths approved by the Company's Operation Manual: _____

16. A completed Pilot Record for each approved pilot is preferred, but as a minimum, please update the information below for all approved pilots:

Name	Certificates & Ratings								Total Logged Pilot Hours						Date of Last Training in the Make & Model		
	Age	Private	Commercial	ATP	CFI	Instrument	ASEL	AMEL	Rotorwing	Total Time	Make & Model	Multi-Engine	Turbo-Jet/Prop	Total Time Last 12		Medical Class	Date of Last Medical

Remarks or Additional Information:

Printed Name of Authorized Representative Signature of Authorized Representative Date