

Date:

## 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							
			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
<p>Details on the Named Insured (who owns the aircraft and what is the name &amp; business of that individual or company):</p> <p style="text-align: center;"><b><u>Additional Information</u></b></p> <ol style="list-style-type: none"> <li>Describe Annual Training:</li> <li>Any Owner Pilots:</li> <li>Full Time Employee or Contract Pilots:</li> <li>Aircraft Use: *(The aircraft is used to transport executives, employees, and other business related guest on company business.)</li> <li>Any Other Aircraft Owned or Operated by the Named Insured:</li> <li>Average Passenger Load:</li> <li>Normal Area of Operations:</li> <li>Estimated Annual Utilization:</li> <li>Non-Owned Exposure:</li> <li>Lienholder / Additional Insured(s)</li> <li>AOPA Number:</li> </ol>