JAMES A GARDNER COMPANY

EXCELLENCE IN AVIATION INSURANCE

"The Right Aviation Insurance Broker Can Make All The Difference in the World"

Date:

11. AOPA Number:

P.O. BOX 680905 MARIETTA, GA 30068 678-278-2100 • FAX 678-398-7038

JIM GARDNER

PRESIDENT 678-278-2103 Jim.Gardner@jagardner.com

Aircraft Submission

Basic Information																			
Named Ins	urac	ı						Б	1310 1	111011	nacion								
Address																			
Business Telephone			Residence Te									elephone				Ce	II		
Fax			Em																
Present Ins. Com	/												Expiration Date						
Applicant is: Individual(s) Corporation Partnership Holding Company Other Aircraft will be: Hangared Tied Down Airport:																			
All clare will be.		ı ıarış	garea		7				про	·									
														N	Deductibles Not In In			Remarks	
N-Number	ar	Make & Model							5	eats	Insured Value				otion	Motion			
Use: P&B Ind. Aid Inst. & Rental Charter Flying Club Special Use:																			
			Ra						Ratings						Pilot Hours				
Name	,	Age	Occupation	Stud.	Pvt.	ATP	Instru.	ASEL	RW	E	тт	RG	ME	ТЈ/ТР	TW	RW	MM	Last	Losses/ Waivers/ Violations
Aircraft Liability Medical Payments															nts				
Option		Option 2									Option	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																			
 Describe Annual T Any Owner Pilots: 	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 Expo 10. Lienholder / Addit			ıred(s)																