

## Expiration Notice

### Please Complete & Return this Renewal Update As Soon As Possible

**Aviation Insurance Policies DO NOT Renew Automatically.** Your policy will expire on the date shown in your policy and below. Completing and returning this form will allow us to obtain the best renewal terms possible. Use a separate page or email for additional remarks or instructions.

**NAMED INSURED:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home or Office Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Aircraft Year, Make & Model	FAA Number	Total # of Seats	Engine Hours	Aircraft Hours Past Year	Date of Last Annual	Renewed Insured Value

Is the aircraft equipped with an IFR certified moving map GPS and Auto Pilot with Altitude Hold? NO  YES

List Advanced Avionics and Auto Pilot type: \_\_\_\_\_

Airport Name: \_\_\_\_\_ Identifier: \_\_\_\_\_ Paved Runway?  Hangared  Tied

To be operated outside the U.S.? NO  YES  (Explain) \_\_\_\_\_

What is aircraft used for? (Explain) \_\_\_\_\_

Lienholder: \_\_\_\_\_ Lien Amount: \$ \_\_\_\_\_

*Please complete the following required information or provide a completed, signed pilot record for each named pilot.*

Pilot Name	Age	Occupation	License/Certificates (PVT, CML, ATP, CFI, etc.)	Ratings (ASEL, AMEL, RW, INST, etc.)	Date Last Medical	Class
1.						
2.						

**Total Logged PILOT HOURS:**

Hours All Aircraft	Complex	High Performance	Multi Engine	Tail Wheel	Rotor Wing	Make & Model	Total All Last 12 Mo.	Date Last BFR.
1.								
2.								

Date & description of additional training (IPC, recurrent, etc.) in Make & Model for **each pilot**:  
1. \_\_\_\_\_  
2. \_\_\_\_\_

Any accidents, medical waivers, or FAA violations for any pilot? NO  YES  DESCRIBE \_\_\_\_\_

Any felony convictions for any pilot? NO  YES  EXPLAIN \_\_\_\_\_

Any suspensions for any pilot while operating a motor vehicle? NO  YES  EXPLAIN \_\_\_\_\_

Please note any other information or changes helpful for renewal: \_\_\_\_\_

**Renew**  **Call with Quote**  **AOPA or EAA Member No**  **Yes**  **# if yes:** \_\_\_\_\_

I represent the answers given are true and complete to the best of my knowledge and belief, and that no material information has been withheld.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_