

# 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
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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					Medical Class	Date of Last Medical	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			

Remarks or Additional Information:

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

\_\_\_\_\_  
Printed Name of Authorized Representative      Signature of Authorized Representative      Date