

CONTACT INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____

Mobile Number: _____

Work Number: _____

Fax Number: _____

E-mail address: _____

AIRCRAFT INFORMATION

Aircraft #1

Year: _____ Make: _____

Model: _____ FAA#: _____

Based at: _____ Hangared: Y / N

List all modifications: _____

Registered Owner if different from above:

Aircraft #2

Year: _____ Make: _____

Model: _____ FAA#: _____

Based at: _____ Hangared: Y / N

List all modifications: _____

Registered Owner if different from above:

PILOT INFORMATION

Pilot #1

Name: _____

Occupation: _____

Date of Birth: _____

Certificate #: _____

Certificates/Ratings: _____

Logged Pilot Hours

Total Logged Hours: _____

Hours Last 90 days: _____

Hours Last 12 mos: _____

SE RG Hours: _____

Tailwheel Hours: _____

ME Hours: _____

Turbine Hours: _____

Jet Hours: _____

RW Hours: _____

Make/Model Hours: _____

Hrs Last 12 mos in mm: _____

Date/Class Last Medical: _____

Date of Last BFR: _____

Date of Last IPC: _____

List all initial/recurrent training last 12 mos:

AOPA Member # _____

EAA Member # _____

Within the last 5 years have you:

• been involved in any a/c accident/incident?

Yes No

• been cited for any FAR violation?

Yes No

• had your pilot's/driver's license suspended?

Yes No

• been convicted of any felony or DUI charge?

Yes No

PILOT INFORMATION

Pilot #2

Name: _____

Occupation: _____

Date of Birth: _____

Certificate #: _____

Certificates/Ratings: _____

Logged Pilot Hours

Total Logged Hours: _____

Hours Last 90 days: _____

Hours Last 12 mos: _____

SE RG Hours: _____

Tailwheel Hours: _____

ME Hours: _____

Turbine Hours: _____

Jet Hours: _____

RW Hours: _____

Make/Model Hours: _____

Hrs Last 12 mos in mm: _____

Date/Class Last Medical: _____

Date of Last BFR: _____

Date of Last IPC: _____

List all initial/recurrent training last 12 mos:

AOPA Member # _____

EAA Member # _____

Within the last 5 years have you:

• been involved in any a/c accident/incident?

Yes No

• been cited for any FAR violation?

Yes No

• had your pilot's/driver's license suspended?

Yes No

• been convicted of any felony or DUI charge?

Yes No

COVERAGE REQUESTED

Aircraft #1

Name of Current Agent & Insurance Company:

Current Policy Expiration Date: _____

Hull Value: \$ _____

Occurrence/Passenger

\$500,000/\$100,000

\$1,000,000/\$100,000

\$1,000,000/\$250,000

\$1,000,000 including passengers

Other: _____

Medical Pay

\$3,000/person

\$5,000/person

\$10,000/person

COVERAGE REQUESTED

Aircraft #2

Name of Current Agent & Insurance Company:

Current Policy Expiration Date: _____

Hull Value: \$ _____

Occurrence/Passenger

\$500,000/\$100,000

\$1,000,000/\$100,000

\$1,000,000/\$250,000

\$1,000,000 including passengers

Other: _____

Medical Pay

\$3,000/person

\$5,000/person

\$10,000/person