

**AIRCRAFT INSURANCE QUOTATION REQUEST**

<b>Named Insured (s):</b> _____		<b>Home Phone:</b> _____	
<b>Address:</b> _____		<b>Business Phone:</b> _____	
<b>Policy Period:</b>	From: 12:01 a.m.	To:	_____
<b>The Applicant is a(n):</b>	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
			<b>Business of Insured</b> _____

LEGAL LIABILITY COVERAGES	LIMITS OF LIABILITY			LIABILITY PREMIUMS
	Each Person	Each Passenger	Each Occurrence	
Medical Payments including Crew		\$		\$
Bodily Injury and Property Damage Including Passengers	\$	\$		\$

**Description of Aircraft and Hull Coverage Hereunder:** (Standard Airworthiness Unless Otherwise Specified)

Reg. #	Make/Model	Year	Seats	Insured Value	Hull Coverage	Deductibles			Hull Premiums
						Ground	Taxi	Flight	
1.									
2.									

Location of Airport: \_\_\_\_\_ Hangared:  Yes  No

<b>APPROVED USES</b> - Aircraft will be used only for the following purposes:	<b>**HULL COVERAGES IDENTIFIED</b>
<input type="checkbox"/> Pleasure and Business Transportation (Excluding any Operation for which a charge is made)	G. Ground and Flight
<input type="checkbox"/> Other Uses	H. Ground only-not in motion

**APPROVED PILOTS**

Name	Age	Cert/ Ratings	Total	TW	CSP	RG	ME	M/M	Other	TP /Jet	Last 90 days	Last 12 mos.
1.												
2.												
3.												
4.												

**Pilot Information (Each Named Pilot):**

Occupation 1. _____ 2. _____ 3. _____		
Each Named pilot has current medical certificate and BFR	Yes	No
Any Pilot Have waiver on medical certificate	Yes	No
Any citations for FAR violations by any pilot	Yes	No
Drug/alcohol driving citation by any pilot	Yes	No
Date of last pilot proficiency recurrent training:	Type	A/C
Frequency of proficiency/recurrent training		

**Previous Loss/Claim History:**

Name of Last or Present Aviation insurance Company	Expiration Date	or	None
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Comments: \_\_\_\_\_

EAA Member #	Aopa Member #	Warbirds of America#
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