

PO Box 578, Frederick, MD 21705
(800) 622-2672

Date: _____

Customer No.: _____

POLICYHOLDER OR APPLICANT INFORMATION

Policyholder or Applicant: _____

Address: _____

City, State, Zip: _____

Quote No.: _____

Policy No.: _____ Policy Period: _____

AIRCRAFT INFORMATION

Registration No.: _____ Airframe Time: _____

Year, Make, Model: _____ Engine Time (since new or overhaul): _____

Total Seats : _____

Airframe/Engine Modifications	Date Installed	Cost Associated

Avionics Equipment (stock or other)	Date Installed	Cost Associated

STATEMENT OF POLICYHOLDER OR APPLICANT

I hereby certify that all information provided in this form is true and complete to the best of my knowledge and no information has been withheld. (Kansas: This does not constitute a warranty.)

Policyholder or Applicant Signature _____ Date _____

Options to Submit Form:

1. By email to aviators@assuredpartners.com
2. By regular mail to: PO Box 578, Frederick, MD 21705