

Please answer all questions; if the answer is none, state none.

For a quote that includes more than one aircraft or pilot, please complete Section II for each additional aircraft, and Section III for each additional pilot. Use a separate sheet (or sheets) of paper if necessary.

Save and email your completed form to aviators@assuredpartners.com or if you prefer to call us for a free quote or need assistance in completing this form or on any aspect of your aircraft insurance, please call us at **(800) 622-2672** or visit us online at assuredpartners.com/own.

1. APPLICANT INFORMATION

Member #		
Full Name		
Address		
City	State	ZIP
Home Phone	Work Phone	
Cell Phone	Email Address	
Occupation		
Coverage effective date desired		Expiration date of current policy
Current insurance carrier		

2. AIRCRAFT INFORMATION

All aircraft have current "standard" airworthiness certificates and will be used for non-commercial, non-flying club use.

N #:	Horsepower:		
Year:	Make/Model:		
# of Seats:	<input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Amphibian		
Airport base and location (city and state)			
FAA identifier:	Is the aircraft hangared? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Public:	Private:	RW Length:	Surface:

For faster service, call **(800) 622-2672** or visit us online at assuredpartners.com/own.

3. PILOT INFORMATION

Name of pilot		
Occupation	Date of birth	
Pilot rating:	<input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Light Sport	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP
Medical date:	BFR date:	
List any waivers other than corrective lenses		
Have you taken any proficiency courses in the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List courses taken and dates completed		

In the last five years, have you had any aviation accidents, incidents, claims, pilot certificate actions or drug or alcohol convictions? Yes No
If Yes, please contact our office at (800) 622-2672

Logged Pilot Hours (complete all that apply)

Total Hours All Aircraft:	Multi-Engine:
Hours in your Make/Model:	Pressurized:
Total Hours Last 12 Months:	Turboprop:
Hours in your Make/Model in Last 12 Months:	Jet:
Retractable Gear:	Rotorcraft:
Tail Wheel:	Single Engine Sea:
	Multi-Engine Sea:

If additional pilots will be flying this aircraft, please provide all the information in Section III on a separate sheet for that pilot.

4. COVERAGE DESIRED

Liability:

- \$1,000,000 each occurrence limited to \$100,000 each passenger
- \$1,000,000 each occurrence limited to \$200,000 each passenger
- \$1,000,000 each occurrence
- \$2,000,000 each occurrence

If other limits of liability are desired, please call us for a custom quote.

Medical Payments (per occupant): \$5,000 \$10,000

Physical damage (hull) coverage:

All risk Ground in-motion Ground not-in-motion

Hull value: \$ _____ Float Value: \$ _____

Trailer value: \$ _____