

Date: _____

Customer No.: _____

AIRCRAFT REG. NO.: _____

POLICYHOLDER OR APPLICANT INFORMATION

Policyholder or Applicant: _____

Address: _____

City, State, Zip: _____

Quote No.: _____

Policy No.: _____ Policy Period: _____

AIRFIELD INFORMATION

Owner or Airfield (if different from above) _____

Address _____

City, State, Zip _____

Name of Airfield _____

Have you taken any proficiency courses in the past 24 months?
 Yes No (if No, describe other uses): _____

Location of Airfield _____
(if the same as the Policyholder/Applicant or Airfield Owner, indicate which)

Address _____

City, State, Zip _____

Runway Length _____ Runway Width _____

Runway Surface: Paved Turf Other, describe: _____

AIRFIELD DIAGRAM

Are there any obstructions, particularly nearby runways on the airfield?
(e.g. rising terrain, trees, power lines, towers, houses, silos, water towers, objects d'art, etc.)
 Yes No If yes, draw an airfield diagram depicting obstacle types and locations.

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