

Aviation Insurance Agency

INCORPORATED
 http://www.avnins.com
 info@avnins.com

P.O. Box 2260
 Palm City, Florida 34991-7260
 (800) 422-2868 || (772) 286-0626
 FAX: (800) 572-0893 || (772) 286-1108

Commercial Aircraft Insurance

Name _____

Address _____

City _____ State _____ ZIP _____

Day Phone _____ Evening Phone _____

FAX _____ E-Mail _____

Occupation/Nature of Business _____

Are you just purchasing this aircraft? { } YES { } NO

Present Insurance Co. (not agent) _____

Policy Expiration Date _____

Aircraft Schedule

FAA N#	Year, Make, Model	Insured Value	Total Seats

Limit of Liability

- { } \$500,000 / \$100,000 Each Passenger sub-limit
- { } \$1,000,000 / \$100,000 Each Passenger sub-limit
- { } \$1,000,000 / No Passenger sub-limit
- { } Other _____

Aircraft Use (check all that apply)

- | | |
|--|--|
| { } Instruction
Hours Flown: _____ | { } Rental
Hours Flown: _____ |
| { } Sightseeing
Hours Flown: _____ | { } Aerial Photo / Survey
Hours Flown: _____ |

Banner Towing
Hours Flown: _____

Glider Towing
Hours Flown: _____

Traffic Reporting
Hours Flown: _____

Powerline / Pipeline Patrol
Hours Flown: _____

Aerial Application
Hours Flown: _____

Charter / Part 135
Hours Flown: _____

Other _____
Hours Flown: _____

Aircraft Home Base

Airport Name _____

Airport Identifier _____ City/State _____

Hangared Tied

Number of Pilots: One Two Three Four

Additional Information

Pilot Details

Pilot 1

Pilot Name _____ D.O.B _____

Certificate Type: ATP COM PVT REC

Ratings:

ME CFIRW
 IR CL
 CFI RW
 CFII Type Ratings in what aircraft? _____
 MEI

Does pilot operate aircraft as? PIC SIC

Total Time	PIC	Multi-Engine	Retract. Gear
Helicopter	Turbine Helicopter	Turbo-Prop	Turbo-Jet
Tail Wheel	Make and Model	Last 90 Days	Last 12 Months

Does Pilot Have Any?

Losses Violations
 Accidents Suspensions
 Incidents Waivers
 DUIs

If So, Describe Below

Date _____

Additional Information

Pilot 2

Pilot Name _____ D.O.B _____

Certificate Type: { } ATP { } COM { } PVT { } REC

Ratings:

{ } ME { } CFIRW
{ } IR { } CL
{ } CFI { } RW
{ } CFII { } Type Ratings in what aircraft? _____
{ } MEI

Does pilot operate aircraft as? { } PIC { } SIC

Total Time	PIC	Multi-Engine	Retract. Gear
Helicopter	Turbine Helicopter	Turbo-Prop	Turbo-Jet
Tail Wheel	Make and Model	Last 90 Days	Last 12 Months

Does Pilot Have Any?

{ } Losses { } Violations
{ } Accidents { } Suspensions
{ } Incidents { } Waivers
{ } DUIs

If So, Describe Below

Date _____

Additional Information

Pilot 3

Pilot Name _____ D.O.B _____

Certificate Type: ATP COM PVT REC

Ratings:

ME CFIRW
 IR CL
 CFI RW
 CFII Type Ratings in what aircraft? _____
 MEI

Does pilot operate aircraft as? PIC SIC

Total Time	PIC	Multi-Engine	Retract. Gear
Helicopter	Turbine Helicopter	Turbo-Prop	Turbo-Jet
Tail Wheel	Make and Model	Last 90 Days	Last 12 Months

Does Pilot Have Any?

Losses Violations
 Accidents Suspensions
 Incidents Waivers
 DUIs

If So, Describe Below

Date _____

Additional Information

Pilot 4

Pilot Name _____ D.O.B _____

Certificate Type: ATP COM PVT REC

Ratings:

ME CFIRW
 IR CL
 CFI RW
 CFII Type Ratings in what aircraft? _____
 MEI

Does pilot operate aircraft as? PIC SIC

Total Time	PIC	Multi-Engine	Retract. Gear
Helicopter	Turbine Helicopter	Turbo-Prop	Turbo-Jet
Tail Wheel	Make and Model	Last 90 Days	Last 12 Months

Does Pilot Have Any?

Losses Violations
 Accidents Suspensions
 Incidents Waivers
 DUIs

If So, Describe Below

Date _____

Additional Information
