## AVIATION SPECIALTY INSURANCE | (888) 653-4440

**Private Business/Pleasure** 

(Home Airport or Location of Private Airport)

Name Insu	ired							
Addr	ess							
•	City			5	State Z	ip		
Contact Na	ime				Phone			
Contact Er	nail							
	T PHYSICAL DAMAGE C	OVERAGE						Ī
		Seating		Limit of Insurance	Deductibles			
YEAR	MAKE & MODEL	FAA#	Crew	Passenger	(Value of Aircraft)	In Motion	No Motion	

**Aircraft Usually Based At** 

Aircraft Usage:

AIRCRAFT LIABILITY COVERAGE	Limits of Liability Desired
LIABILITY COVERAGE SELECTIONS	Each Person Each Occurrence
Single Limit for Bodily Injury & Property Damage	\$ \$
With Passenger Liability Limited To	\$ \$
Other Liability (specify)	\$
Medical Payments: Crew Incl. Excl.	\$

**Industrial Aid** 

Hangared

PILOT INFORMATION				<b>CERTIFICATION &amp; RATINGS</b>				MEDICAL CERTIFICATE	
NAME OF PILOT	DATE OF BIRTH	CML	SEL M	EL IFR	ATP	ROTOR	DATE	CLASS	
1)									
2)									
DATES OF LAST BIANNUAL HOURS			S IN ALL AIRCRAFT HOURS			IN INSURED MAKE & MODEL			
REVIEW AND PROFICIENCY EXAM	AIRCRAFT TO	TAL	LAST 90 DAY	S LAST 12	MOS.	TOTAL	LAST 90 DAYS	LAST 12 MOS.	
1)									
2)									

HOUR BREAKDOWN/EXPLANATIONS/COMMENTS

## TO SUBMIT YOUR FORM

Commercial

Other

**Tied Down** 

Steve@AviationSpecialtyInsurance.com