

AIRCRAFT INSURANCE APPLICATION

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.

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.AOPA (2672)** or visit us online at **aopainsurance.org**. You may also mail your application to the address listed at the bottom or fax the form to **316.942.0091**.



1 Applicant Information

Member #: _____

Full Name _____

Address _____

() () _____

Home Phone Work Phone

() _____

Cell Email Address

/ / / /

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: _____ Land Sea Amphibian

Airport base and location (city and state) _____

FAA identifier: _____ Is the aircraft hangared? Yes No

Public _____ Private _____ RW Length _____ Surface _____

For faster service, call **800.622.AOPA (2672)** or visit **aopainsurance.org** today.

3 Pilot Information

Name of pilot _____

Occupation Date of Birth / /

Pilot certificate class: Student Recreational Light Sport
 Private Commercial ATP

Pilot rating: M/E CFI Instrument Other _____

Medical date: _____ BFR date: _____

List any waivers other than corrective lenses _____

Have you taken any proficiency courses in the past 24 months? Yes 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.AOPA (2672)

Logged Pilot Hours (complete all that apply)

Total Hours Multi-Engine: _____

All Aircraft: _____

Hours in your Make/Model: _____ Pressurized: _____

Total Hours Turboprop: _____

Last 12 Months: _____

Hours in your Make/Model in Jet: _____

Last 12 Months: _____ Rotorcraft: _____

Retractable Gear: _____ Single Engine Sea: _____

Tail Wheel: _____ 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: \$ _____



We appreciate your interest in AOPA Insurance Services. If you have any questions on completing this form or on any aspect of your insurance, please call us at 800.622.AOPA (2672). You may mail this form or fax it to us at **316.942.0091**, request a quote online at **aopainsurance.org** or email this form to **aopainsurance@aopa.org**

P.O. Box 9170, Wichita, Kansas 67277-9870

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