



AOPA INSURANCE AGENCY

OFFICE 421 AVIATION WAY, FREDERICK, MD 21701
MAIL PO BOX 578, FREDERICK, MD 21705
P 800-622 AOPA (2672)
aopainsurance.org

Aircraft Value Substantiation Form

Date _____
Customer No. _____

Policyholder or Applicant Information

Policyholder or Applicant _____
Address _____
City,State,Zip _____
Quote No. _____
Policy No. _____
Policy Period _____

Aircraft Information

Registration No. _____ Airframe Time _____
Year, Make, Model _____ Engine Time _____
Total Seats _____ (since new or overhaul)

Airframe/Engine Modifications	Date Installed	Cost Associated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Avionics Equipment (stock or other)	Date Installed	Cost Associated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 aopainsurance@aopa.org
- (2) By regular mail to PO Box 578, Frederick, MD 21705