

# 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.

Save and email your completed form to [aopainsurance@aopa.org](mailto:aopainsurance@aopa.org) or 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](http://aopainsurance.org).



## 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](http://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 Agency. 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](http://aopainsurance.org) or email this form to [aopainsurance@aopa.org](mailto:aopainsurance@aopa.org)

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