



AOPA INSURANCE AGENCY

OFFICE 421 AVIATION WAY, FREDERICK, MD 21701
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P 800-622 AOPA (2672)
aopainsurance.org

Private Airfield Form

Date _____
Customer No. _____
Aircraft Reg. No. _____

Policyholder or Applicant Information

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

Airfield Information

Owner of Airfield (if different from above) _____	Location of Airfield _____ (if the same as the Policyholder/Applicant or Airfield Owner, indicate which)
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Name of Airfield _____	Runway Length _____
Is Airfield only used for aviation operations? (if no, describe other uses) <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Runway Width _____
_____	Runway Surface _____ (describe other, if selected) <input type="checkbox"/> Paved <input type="checkbox"/> Turf <input type="checkbox"/> Other

Are there any obstructions, particularly
nearby runways on the airfield?
(e.g. rising terrain, trees, power lines, towers, houses, silos, water
towers, objects d'art, etc.)

Yes No
If yes, please draw an airfield diagram below depicting
obstacle types and locations.

Airfield Diagram

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.)

Signature of Policyholder or Applicant

Date

Options to Submit Form

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