

Avemco Insurance Company
8490 Progress Drive, Suite 200 Frederick, Maryland 21701
main (800) 638 8440 facsimile (800) 863 3338

ALASKA INFORMATION FORM

Name:	Address:			
City:			State:	Zip:
Phone:	(Cell:		
Date of Birth: / / Email:			FAA Pilot Ce	ert. #:
Employer:	_Occupation:		Ye	ars Employed:
Address:				
City:	State: Zip	:\	Work Phone:_	
1. Have you been, or are you current ☐ Yes ☐ No	ly, a fishing or hunti	ing guide or a	assistant guid	e?
2. Have you been, or are you current lodge? □ Yes □ No	ly, involved in the o	wnership or o	operation of a	a fishing or hunting
3. Have you been, or are you current ☐ Yes ☐ No	ly, involved with the	e Alaska comi	mercial fishing	g or mining industry?
Please explain any YES answer belo	w.			
I understand that Avemco Insurance	Company reserves	the right to v	erify the infor	rmation provided.
Date: Si	gned:			
(Person Named Above)				
* A completed form is required for	the owner and each	n named pilot	: .	
Reference Number:				