Avemco Insurance Company
411 Aviation Way, Suite 100 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 Cert. #:_____

Employer:_____ Occupation:_____ Years Employed:_____

Address:_____

City:_____ State:____ Zip:_____ Work Phone:_____

1. Have you been, or are you currently, a fishing or hunting guide or assistant guide?
   ❑ Yes ❑ No

2. Have you been, or are you currently, involved in the ownership or operation of a fishing or hunting lodge? ❑ Yes ❑ No

3. Have you been, or are you currently, involved with the Alaska commercial fishing or mining industry?
   ❑ Yes ❑ No

Please explain any ***YES*** answer below.

_____

_____

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_____

I understand that Avemco Insurance Company reserves the right to verify the information provided.

Date:_____/_____/_____ Signed:_____
(Person Named Above)

*** A completed form is required for the owner and each named pilot.**

Reference Number: _____