



FLYING CLUB INFORMATION FORM

Flying Club Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

How many years has the flying club been in operation? _____

Have you or any members of the club had any accidents, incidents, or insurance claims in the past 36 months? Yes No
(If Yes, please attach details (Nature of loss, Date of loss, Claim amounts paid)).

Does the club have articles of incorporation? Yes No (We require a copy of the articles of incorporation prior to binding coverage)

Does the club have established bylaws? Yes No (We require a copy of the current club bylaws prior to binding coverage)

Have the articles of incorporation or club bylaws changed in the past 12 months? Yes No
(If Yes, we require copies of all changes)

Does the club own, control or have subsidiary firms? Yes No

Is the club owned, controlled or a subsidiary of another organization? Yes No
If Yes, please provide the name of subsidiary or controlling organizations: _____

Number of club members: _____ Number of ACTIVE club members: _____ (ACTIVE means that they have flown a club aircraft in the past six months)

Does the club have different types of membership? Yes No
If Yes, what are they (social, guest, honorary, full membership with flight and voting rights)? _____

Does each member have an ownership interest in each aircraft? Yes No

Does each member have an ownership interest in the club itself? Yes No

Does any one member hold more than a 20% ownership interest in the flying club or in any aircraft? Yes No
If Yes, how many? _____

Does any one member hold less than a 5% ownership interest in the flying club or in any aircraft? Yes No
If Yes, how many? _____

Number of members who are student pilots: _____

Does the club provide flight instruction for its members? Yes No

Does the club hold ground school classes? Yes No
If Yes, how often? _____

Who does major maintenance (*maintenance requiring the sign off of an A&P and/or an IA*) on the club aircraft? _____

– Are they a business or an individual? Business Individual

– Is this person a member of the club? Yes No

Does any member of the club receive compensation for their involvement in the club? Yes No

If so, how much? _____

Will the aircraft be used for any commercial purpose? Yes No ("**Commercial purpose**" means any use of **your insured aircraft** for which an **insured person** receives, or intends to receive, money or other benefits.)

Are the aircraft owned or leased by the club? Owned Leased

Please list any lien holders: _____

Is there a procedure for aircraft dispatch and key control? Yes No

Who has keys to the aircraft, and how do members schedule the use of aircraft? _____

How many hours per year does each aircraft fly? _____

Is each club member required to fly every 90 days, or take a check ride with a CFI when they have not flown in the last 90 days? Yes No

Please designate those club members that will be authorized by the club to inquire, amend or cancel this policy:

1) _____ Title: _____

2) _____ Title: _____

3) _____ Title: _____

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

Date: _____ Signed: _____

(Officer of Club)

Reference Number: _____