

AVEMCO TRADER INSURANCE NO-OBLIGATION QUOTE FORM

CURRENT INSURANCE INFORMATION

Current Insurer _____ Expiration Date ____/____/____ Annual Premium _____

REGISTERED OWNER AND PILOT INFORMATION

Name _____ Address _____

City _____ State _____ Zip _____

Phone: Day (____) _____ Evening (____) _____

Occupation _____ E-mail _____

FAA Certificate # _____

FAASTeam WINGS Knowledge Course Title(s) and Completion Date:

Course Title _____ Date: _____

Any additional certificates, ratings or recurrent training in the last 12 months?

No Yes, describe: _____

Date of Birth ____/____/____

Type License _____

Ratings _____

Number of Logged Hours						
Total Hours	Tailwheel	Constant Speed Prop	Retract	Multi	Sea	Hrs. Last 12 Months

AIRCRAFT INFORMATION

AIRCRAFT #1

Registered Owner Name _____

Aircraft Make/Model _____ Reg # _____

Logged Hours _____

Engine & HP _____

Year Mfg _____

Seats _____ Land/Sea _____

Airport Base (Airport I.D.) _____

Hangared: No Yes

AIRCRAFT #2

Registered Owner Name _____

Aircraft Make/Model _____ Reg # _____

Logged Hours _____

Engine & HP _____

Year Mfg _____

Seats _____ Land/Sea _____

Airport Base (Airport I.D.) _____

Hangared: No Yes

COVERAGE INFORMATION

LIABILITY

	Bodily Injury Each Person	Property Damage	Each Accident	Current Hull Value	Medical Payments
<input type="checkbox"/>	\$ 50,000	\$ 500,000	\$ 500,000	\$ _____	<input type="checkbox"/> \$ 1,000
<input type="checkbox"/>	\$ 100,000	\$ 500,000	\$ 500,000	\$ _____	<input type="checkbox"/> \$ 3,000
<input type="checkbox"/>	\$ 100,000	\$ 1,000,000	\$ 1,000,000		<input type="checkbox"/> \$ 5,000
					<input type="checkbox"/> \$ _____

Return Application to: Avemco Insurance Company | P. O. Box 679 | Frederick, Maryland 21705-0679
800-327-7332 | Fax: 800-756-7815 | www.avemco.com

Quote from this form assumes aircraft and pilots meet FAA requirements with no claims or certificate actions within the past 3 years. Quote is for non-commercial use.



A SUBSIDIARY OF HCC INSURANCE HOLDINGS, INC.