

CFI Quote Form

CURRENT INSURANCE INFORMATION

urrent Insurer:		Expiration Date:		Annual Premium:		
REGISTERED OWNER AND AIRCRAFT INFORMATION						
Registered Owner(Name(s)/Business):						
Address:						
City:		State:		Zip:		
Occupation:	Desired Effective Date:					
Phone:	Cell:					
Email:						
Aircraft Make/Model:	N#:		Year MFG:		# Seats:	
Hangared: 🗌 Yes 🗌 No 🛛 Land 🗌 Sea 🗍	Airport Base (Airport ID):					

PILOT INFORMATION	
Certified Flight Instructor	Pilot Receiving Instruction #1
Name:	Name:
Address:	Address:
FAA Certificate #:	FAA Certificate #:
Pilot Receiving Instruction #2	Pilot Receiving Instruction #3
Name:	Name:
Address:	Address:
FAA Certificate #:	FAA Certificate #:

NUMBER	NUMBER OF LOGGED HOURS										
	Date of Birth	License Type	Pilot Ratings	Total Hours	Tailwheel	Constant Speed Prop	Retract	Multi	Sea	Make/ Model	Hours Last 12 Months
CFI											
PLT #1											
PLT # 2											
PLT # 3											

LIMITS DESIRED							
Liability	Bodily Injury Each Person	Property Damage	Property Damage Each Accident		Medical Payments		
	□\$ 100,000 □\$ 100,000 □\$ 200,000 □\$	□ \$ 500,000 □ \$1,000,000 □ \$1,000,000 □ \$	\$ 500,000 \$1,000,000* \$1,000,000 \$	\$	□\$ 1,000 □\$ 3,000 □\$ 5,000 □\$		

May not be available in all states, call for details. Quote from this form assumes aircraft and pilots meet FAA requirements with no claims or certificate actions within the past 3 years.

Return To: Avemco Insurance Company | 8490 Progress Drive, Ste. 200 | Frederick, Maryland 21701 | (888) 241 7891 | Fax: (800) 756 7815