

AIRCRAFT OWNERS QUOTE FORM													
Name:						Address:							
City:	State:				Zip:				Phone:				
Occupation:						Email:							
Aircraft Make/Model:	Hours Flown In This Make/Model:				Year Manufactured: Airport Base (Airport I.D.)					.)			
Reg #:	Engine & HP:				Seats: Land/Se			and/Sea	ea:				
AFTT:						Engine SMOH:							
PILOT #1 INFORMATION						SAVE UP TO 25% ON YOUR ANNUAL PREMIUM*							
Pilot Name:						Have you completed a FAASTeam WINGS Knowledge Course in the past 12 months?							
Address:						Additional certificates, ratings or dual flight training in the last 12 months?							
City:		State:		Zip:									
Date of Birth:						Is aircraft hangared? No Yes							
FAA Certificate #:	Certificate Type:		Pilot Ratings:		Have you had an accident or incident in the past 12 months in this make/model?								
PILOT #2 INFORMATION						SAVE UP TO 25% ON YOUR ANNUAL PREMIUM*							
Pilot Name:						Have you completed a FAASTeam Wings Knowledge Course in the past 12 months? No Yes							
Address:						Additional certificates, ratings or dual flight training in the last 12 months?							
City:		State:		Zip:									
Date of Birth:	I	I			Is aircraft hangared? 🗌 No 📋 Yes								
FAA Certificate #:		Certificate Type:		Pilot Ratings:		Have you had an accident or incident in the past 12 months in this make/model?							
NUMBER OF LOGGED	HOURS	1											
Total Hours Total Hours Last		12 Months	2 Months Total Constant Speed		Total Mu	ılti Total F		l Retract 1		Total Sea		Total Tailwheel	
LIMITS DESIRED													
A. Liability	Bodily Injury Eac	lily Injury Each Person Property		Damage	Each	Each Accident		B. Current Hull Value			C. Medical Payments		
BI/PD	\$100,000 \$100,000 \$200,000 \$	\$100,000 \$1,000,00   \$200,000 \$1,000,00		00 \$		\$500,000 \$1,000,000 \$1,000,000 \$		\$		[	□\$1,000 □\$3,000 □\$5,000 □\$		
Current Insurer	Company:		Expiration Date:			Annual Premiu			·				

\*Not all coverages or products may be available in all jurisdictions. The description of coverage in these pages is for information purposes only. Actual coverages will vary based on local law requirements and the terms and conditions of the policy issued. The information described herein does not amend, or otherwise affect, the terms and conditions of any insurance policy issued by Avemco. In the event that a policy is inconsistent with the information described herein, the language of the policy will take precedence. Premium credits apply to Direct Approach Aircraft Insurance Policy POL0001 and are subject to underwriting guidelines. 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.

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