

# General Aviation Application

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Wheels up.

1.800.826.4442

fax 316.942.1260

www.pimi.com

## Aircraft Owner

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
DAYTIME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
AOPA MEMBER #: \_\_\_\_\_ EAA MEMBER #: \_\_\_\_\_

## Aircraft (For additional listing of aircraft please attach a separate sheet.)

1. YEAR/MAKE/MODEL: \_\_\_\_\_  
TOTAL SEATS: \_\_\_\_\_ N NO.: \_\_\_\_\_ VALUE: \_\_\_\_\_  
 LAND  SEA  AMPHIBIOUS

2. YEAR/MAKE/MODEL: \_\_\_\_\_  
TOTAL SEATS: \_\_\_\_\_ N NO.: \_\_\_\_\_ VALUE: \_\_\_\_\_  
 LAND  SEA  AMPHIBIOUS

## Aircraft Base

AIRPORT: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
AIRPORT ID: \_\_\_\_\_  
HANGAR: \_\_\_\_\_ TIED DOWN: \_\_\_\_\_

## Present Insurance Company

UNDERWRITER:

\_\_\_\_\_

EXP. DATE:

\_\_\_\_\_

## Lien Holder

\_\_\_\_\_  
\_\_\_\_\_  
LIEN AMOUNT: \_\_\_\_\_

## Aircraft Use

PLEASURE & BUSINESS  
 INDUSTRIAL AID  
OTHER: \_\_\_\_\_

## Liabilities

### Limits of Liability (Indicate choice)

1,000,000 EACH OCCURRENCE/100,000 EACH PASSENGER  
 1,000,000 EACH OCCURRENCE/NO PASSENGER LIMITATION  
 2,000,000 EACH OCCURRENCE/NO PASSENGER LIMITATION  
 5,000,000 EACH OCCURRENCE/NO PASSENGER LIMITATION  
OTHER: \_\_\_\_\_

### Medical Payments

\$1,000 PER SEAT  \$3,000 PER SEAT  
 \$2,500 PER SEAT  \$5,000 PER SEAT

## Pilot Logged Hours (For additional listing of pilots please attach a separate sheet.)

PILOT NAME/OCCUPATION	DATE OF BIRTH	STD	PVT	COML	IFR	ME	ATP	TOTAL HOURS	RETRACT GEAR	MULTI ENGINE	TAIL WHEEL	TURBINE ENGINE	HOURS MODEL	LAST 90 DAYS
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

## Annual Proficiency Training

YES  NO DESCRIBE TRAINING: \_\_\_\_\_  
IF YES, DATE: \_\_\_\_\_  
\_\_\_\_\_

## History

(Describe accidents, claims and/or certificate suspensions of pilot's last five years.) CHECK IF NONE   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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