

SkySurance

Today's Date: _____ 44050 RUSSIA ROAD ♦ LORAIN COUNTY REGIONAL AIRPORT ♦ ELYRIA, OHIO 44035
 Elyria Telephone: (440)323-3300 ♦ Wats: (800)545-3260 ♦ Facsimile: :(440)323-8953

NAME AND ADDRESS OF APPLICANT: _____

Who is a(n): Individual
 Corporation
 Partnership
 Other, explain: _____
Occupation: _____

Phone: Hm () Wk ()
 FAX: () Cell()

Present Insurance Carrier/Agent _____
 Expiration Date _____

POLICY PERIOD: Insurance is requested from _____ 20_____

AIRCRAFT:

YEAR	MAKE	MODEL	F.A.A. Number	Total Seats	Insured Value

NAME AND ADDRESS OF SUBMITTING BROKER

Telephone: () _____

LIABILITY LIMITS: (\$) limited to (\$) per passenger (if any)

Airworthiness Certificate Category if other than "STANDARD" _____. List any modifications or additional equipment installed: _____

Aircraft principally based at Airport & ID: _____ City: _____ State: _____

Aircraft kept in a fully enclosed, locked or guarded hangar: YES NO

USE:

- a. Do you make any charge to others? YES NO If yes, give details _____
- b. Will the aircraft be used for instruction or training? YES NO If yes, give details _____
- c. Will anyone other than the applicant use the aircraft? YES NO List other users and circumstances: _____
- d. Will aircraft be operated at other than paved public airports? YES NO If yes, give details _____
- e. Will aircraft be used outside the United States? YES NO If yes, give details _____

OWNERSHIP:

Name and Address of Lienholder

The Applicant is:

- Sole Owner
- Lessee (Identify owner and attach lease agreement)

AOPA MEMBERSHIP # _____

Phone: _____ Fax: _____

PILOTS: This information is required for all pilots who will fly the aircraft during the policy period.

PILOT'S NAME	D.O.B	Pilot Certificate and Ratings							TOTAL LOGGED HOURS ALL AIRCRAFT	TOTAL LOGGED THIS MAKE/MODEL	HOURS LOGGED LAST 12 MONTHS	Total Logged Hours			DATE LAST FLIGHT PHYSICAL	DATE LAST B.F.R.
		STUDENT	PRIVATE	COMMERCIAL	ASEL	AMEL	INSTRU.	ATR				TAIL WHEEL	RETRACT GEAR	MULTI-ENGINE		

ADDITIONAL TRAINING: _____

PREVIOUS HISTORY:

- a. Do any pilots named above have any waivers or limitations attached to their Medical Certificate? YES NO
- b. Has any pilot been involved in an aircraft accident or been cited for a violation of Federal Aviation Regulations? YES NO
- c. Has any pilot named above been cancelled or had their aircraft insurance refused or non-renewed? YES NO
- d. Has any pilot named above ever been convicted of a felony or driving while impaired? YES NO

WERE YOU RECOMMENDED TO US BY ONE OF OUR CLIENTS? _____