

HOWARD FRY & SON, INC.
Aviation Insurance Specialists

13862 Smokey Ridge Drive, Carmel, IN 46033

THOMAS P. FRY

TEL: (800) 408-2621
 TEL: (317) 815-9000
 FAX: (317) 815-9100
 E-MAIL: hfs@howardfry.com

TO OBTAIN A QUOTATION COMPLETE THE FOLLOWING INFORMATION:

REGISTERED OWNER:

NAME _____ PRESENT INSURER _____
 ADDRESS _____ EXPIRATION DATE _____
 CITY _____ STATE _____ ZIP _____ POLICY # _____
 TEL _____ CELL _____ NEW PURCHASE: _____ YES _____ NO
 OCCUPATION/BUSINESS _____
 _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ HOLDING CORP. _____ OTHER _____

AIRCRAFT:

YEAR _____ MAKE & MODEL _____ # SEATS _____ FAA NUMBER _____

USE:

_____ PLEASURE AND BUSINESS _____ OTHER/EXPLAIN _____

HANGAR LOCATION – AIRPORT IDENTIFIER _____

(Airport Name) _____ (City) _____ (State) _____ HANGARED _____ RUNWAY(S): _____ PAVED _____
 _____ TIED-DOWN _____ TURF _____
 _____ OTHER _____

PILOTS:

NAME	AGE	PILOT CERTIFICATES AND RATINGS							MEDICAL CERTIFICATE		LOGGED PILOT IN COMMAND HOURS						
		S T U D	P V T	C M L	A M E L	I N S T	A T P	OTHER	EXPIRE DATE	CLASS	TOTAL TIME	TOTAL R/G	TOTAL M/E	TOTAL R/W	TOTAL TURBINE FW/RW	TOTAL IN INSURED AIRCRAFT	TOTAL ALL A/C PAST 90DAYS
1.																	
2.																	
3.																	

AOPA MEMBERSHIP NUMBER: _____

PILOT PROFICIENCY CHECK RIDE (PCR) BIENNIAL FLIGHT REVIEW (BFR) (Indicate which applies).

BFR or PCR? _____ Date of check ride _____ In Make & Model Aircraft _____ Name of Flight School or Examiner If No Flight School _____
 1. _____
 2. _____
 3. _____

COVERAGES REQUESTED:

LIABILITY LIMITS _____ CURRENT LIMITS _____ CURRENT HULL VALUE _____
 MED PAY INCL CREW _____
 LIEN AMOUNT (BOW) _____
 NOT IN MOTION DED _____
 IN MOTION DED _____

Has any applicant or pilot of the aircraft had any accidents or claims, medical waivers, FAR violations, felony violations, felony convictions, pilot or automobile license suspensions or revocations, indictments or convictions in a legal action involving drugs or narcotics? YES NO

EXPLAIN "YES" TO ANY OF THE ABOVE. _____

Some states require we notify you that any person who knowingly and with intent to defraud any insurer, or other person, files an insurance application containing false or misleading information or any fact material thereto, commits a fraudulent insurance act which is a crime.

All answers herein are warranted true and complete to the best of my/our knowledge.

APPLICANT'S SIGNATURE _____ TODAY'S DATE _____