

EXPIRATION NOTICE

Aviation insurance policies are not renewed automatically. Please complete this renewal information form and return to your insurance broker.

Producer: _____ **Date:** _____
Policyholder: _____
Policy Number: _____ **Expiration Date:** _____
Aircraft: _____
Engine hours since new or last major overhaul: _____ **Date of last aircraft annual:** _____
Aircraft is: Hangared Tied Down **Airport:** _____
Any change in aircraft use? No Yes _____ **Please explain on reverse.**
► Is this aircraft equipped with a Garmin G1000, Avidyne or Chelton system? No Yes
If yes, system installed: _____

PILOTS – INFORMATION REQUIRED ON EACH PILOT WHO WILL OPERATE AIRCRAFT.

NAME AND LICENCE NUMBER		AGE	MEDICAL CATEGORY EXPIRY DATE			LICENCES AND RATINGS NOW HELD							
Pilot 1 -						<input type="checkbox"/> Student	<input type="checkbox"/> Night	Instrument:		Group			
						<input type="checkbox"/> Private	<input type="checkbox"/> Multi			Valid to:			
						<input type="checkbox"/> Commercial	<input type="checkbox"/> Seaplane	Instructor:		Class			
						<input type="checkbox"/> A.T.P.L.	<input type="checkbox"/> Other			Valid to:			
Category	Limitations/ Conditions	Type Ratings	Total Time	Total PIC*	PIC* Multi A/C	PIC* Retr A/C	PIC* Tail A/C	PIC* Floats	PIC* This Model	All Aircraft Last 90 Days / 12 Mos.		PIC M&M Last 12 Months	
Airplanes													
Helicopters													
Other													

NAME AND LICENCE NUMBER		AGE	MEDICAL CATEGORY EXPIRY DATE			LICENCES AND RATINGS NOW HELD							
Pilot 2 -						Student	Night	Instrument:		Group			
						Private	Multi			Valid to:			
						Commercial	Seaplane	Instructor:		Class			
						A.T.P.L.	Other			Valid to:			
Category	Limitations/ Conditions	Type Ratings	Total Time	Total PIC*	PIC* Multi A/C	PIC* Retr A/C	PIC* Tail A/C	PIC* Floats	PIC* This Model	All Aircraft Last 90 Days / 12 Mos.		PIC M&M Last 12 Months	
Airplanes													
Helicopters													
Other													

***Pilot-In-Command Time**

Explain each "YES" answer for the first four questions on reverse.

During the last twelve months have either of the above pilots:

1. Had an accidents or citations for D.O.T. violations?
2. Had any licence limitations or waivers?
3. Had any felony convictions or licence suspensions arising out of the operation of a motor vehicle?
4. Had any arrests for operation of a motor vehicle recklessly or under the influence of alcohol or drugs?

Pilot 1

Pilot 2

- | | | | |
|-----------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

RECURRENT TRAINING (May have a favorable effect on your premium and coverage.)

5. Taken any recurrent training courses?

- | | | | |
|-----------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|-----------------------------|------------------------------|

If "Yes" describe and give dates of last course for each pilot on reverse.

6. Biennial flight review or equivalent. Taken in what type aircraft?

Date: _____

LIABILITY COVERAGE

Same as expiring Quote as follows: _____

HULL COVERAGE

Amount desired on renewal \$ _____ If other than current market value, explain on reverse.

Amount of mortgage (excluding interest and other finance charges) on above expiration date: \$ _____

Any equipment added in last twelve months? No Yes _____ If "Yes," please furnish list and state value.

RENEWAL INSTRUCTIONS/REMARKS

Send renewal quote Allow to expire _____

The answers given are true and complete to the best of my knowledge and belief and no material information has been withheld.

Signature of Applicant or Authorized Representative _____ **Date** _____