



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 - | | | | | 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 | | | | | | | | | | | | |

| 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: | |
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| 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:

| | Pilot 1 | | Pilot 2 | |
|--|----------------|-----|----------------|-----|
| 1. Had an accidents or citations for D.O.T. violations? | No | Yes | No | Yes |
| 2. Had any licence limitations or waivers? | No | Yes | No | Yes |
| 3. Had any felony convictions or licence suspensions arising out of the operation of a motor vehicle? | No | Yes | No | Yes |
| 4. Had any arrests for operation of a motor vehicle recklessly or under the influence of alcohol or drugs? | No | Yes | No | Yes |

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

| | | | | |
|--|----|-----|----|-----|
| 5. Taken any recurrent training courses? | No | Yes | No | 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 _____