AGENCY CUSTOMER ID: _____

AIRCRAFT SCHEDULE

Page ____ of ____

AGENCY		NAMED INSURED		
POLICY NUMBER	EFFECTIVE DATE	CARRIER	%	NAIC CODE

AIRCRAFT INFORMATION

AIRCRAFT#	REG NUMBER	BASE AIRPORT ID	YEAR	MAKE:	AIRCRAFT TYPE
				MODEL:	AIRCRAFT USE
				SERIAL #:	

ENGINE TYPE	HORSE-POWER	ENGINE HOURS		HRS LAST 12 MONTHS	SEATING CAP	VALUE	AIRCRAFT STORAGE		AIRFRAME HOURS	DATE OF LAST ANNUAL
		1.	3.				☐ HANGARED	☐ TIED-OUT		
		2.	4.				☐ MOORED	☐		

TERRITORY:

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
VALUATION TYPE AIRCRAFT HULL ☐ AGREED AMOUNT ☐ INSURED AMOUNT	☐	$		$		
	☐	$		$		$
	☐	$		$		
AIRCRAFT LIABILITY	☐	$	EACH OCCURRENCE	$		
	☐	$	EACH PASSENGER			$
	☐	$	EACH PERSON	$		
	☐	$	AGGREGATE			
MEDICAL PAYMENTS	☐ INCLUDING CREW ☐ EXCLUDING CREW	$	EACH PERSON			$

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
		☐	$		$		
		☐	$		$		$
		☐	$		$		
		☐	$		$		
		☐	$		$		$
		☐	$		$		
		☐	$		$		
		☐	$		$		$
		☐	$		$		
		☐	$		$		
		☐	$		$		$
		☐	$		$		

OPEN PILOT WARRANTY (Carrier normally completes description - Attach ACORD 101, Additional Remarks Schedule, if more space is required)

FORM NUMBER:	FORM NAME:

DESCRIPTION

FORM NUMBER:	FORM NAME:

DESCRIPTION

REMARKS (Attach ACORD 101, Additional RemarksSchedule, if more space is required)

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