AGENCY CUSTOMER ID: _____

AVIATION WITNESS / PASSENGER SCHEDULE

AGENCY		NAMED INSURED	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

WITNESSES OR PASSENGERS

#	NAME AND ADDRESS	PHONE (A/C, No.)	WITNESS LOCATION	OTHER LOCATION DETAILS
		HOME:	☐ INSURED AIRCRAFT	
		BUS:	☐ OTHER AIRCRAFT	
		CELL:	☐ OTHER	
		HOME:	☐ INSURED AIRCRAFT	
		BUS:	☐ OTHER AIRCRAFT	
		CELL:	☐ OTHER	
		HOME:	☐ INSURED AIRCRAFT	
		BUS:	☐ OTHER AIRCRAFT	
		CELL:	☐ OTHER	
		HOME:	☐ INSURED AIRCRAFT	
		BUS:	☐ OTHER AIRCRAFT	
		CELL:	☐ OTHER	
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		BUS:	☐ OTHER AIRCRAFT	
		CELL:	☐ OTHER	
		HOME:	☐ INSURED AIRCRAFT	
		BUS:	☐ OTHER AIRCRAFT	
		CELL:	☐ OTHER	
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		BUS:	☐ OTHER AIRCRAFT	
		CELL:	☐ OTHER	
		HOME:	☐ INSURED AIRCRAFT	
		BUS:	☐ OTHER AIRCRAFT	
		CELL:	☐ OTHER	

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