

AVEMCO Aviation Insurance Quote Form

Return Quote Request Form To:
 AVEMCO Insurance Company
 411 Aviation Way Frederick, MD 21701
 888-635-4299 / Fax: 800-756-7815
 www.avemco.com



Current Insurer Information and Expiration Date

Current Insurer: _____

Current Policy Expiration Date: _____ Current Annual Premium: _____

Owner and Aircraft Information

Full Name(s) _____

Address _____

City _____ State _____ Zip _____ Occupation _____

Phone (Day) (_____) _____ (Evening) (_____) _____ Fax (_____) _____

E-Mail _____

Aircraft Make/Model _____

Engine & HP _____ Year MFG _____ REG# _____ Seats (including pilot) _____

Land/Sea _____ Hangared: Yes No Airport Base (Airport I.D.) _____

Pilot Information

Pilot's Name # 1 _____ #2 _____

Address _____

FAA Certificate # _____

King Practical Risk Management Code

#1 _____ #2 _____

Any additional certificates, ratings or recurrent training in the last 12 mos.?

1 No Yes, describe: _____

2 No Yes, describe: _____

Number of Logged Hours

Date of Birth	Type License	Ratings	Total Hrs.	Tailwheel	Constant Speed Prop	Retract	Multi	Make/Model	Hrs. Last 12 Months
#1									
#2									

Limits Desired

LIABILITY

BODILY INJURY EACH PERSON

- \$100,000
 \$100,000
 \$ _____

PROPERTY DAMAGE

- \$500,000
 \$1,000,000
 \$ _____

EACH ACCIDENT

- \$500,000
 \$1,000,000*
 \$ _____

CURRENT HULL VALUE

\$ _____

MEDICAL PAYMENTS

- \$1,000
 \$3,000
 \$ _____

*Most common limits selection
 Quote from this form assumes aircraft and pilots meet FAA requirements with no claims or certificate actions within the past 3 years. Quote is for non-commercial use.