



Erich Aviation Insurance Services, LLC

REQUEST FOR QUOTATION

Return application by email to: FlyErich@mindspring.com

DATE: _____ CURRENT CARRIER _____

PHONE: _____ EXPIRATION DATE _____

NAMED INSURED: _____

ADDRESS: _____

OCCUPATION: _____

AIRCRAFT: _____

AIRPORT: _____

AIRCRAFT USE: _____

TOTAL SEATS: _____ HULL VALUE: _____

LIABILITY LIMIT: _____

PILOT INFORMATION

Name	Age	License/Ratings	FAA Med. Exp.	BFR Exp.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Are you an AOPA Member? _____ AOPA Member No. _____

Total Flying Hours	#1 _____	#2 _____	#3 _____
Total Last 12 Months	#1 _____	#2 _____	#3 _____
Total Make and Model	#1 _____	#2 _____	#3 _____
Total Retractable	#1 _____	#2 _____	#3 _____
Total Multi-Engine	#1 _____	#2 _____	#3 _____
Total Sea/Float	#1 _____	#2 _____	#3 _____

Have any of the listed pilots:

1. **Ever had any accidents, violations, or waivers?** _____
2. **Ever had a DUI or license restriction arising out of the operation of a motor vehicle?** _____
3. **Received or plan to receive additional training?** _____

I/We confirm that all the information given in his application is true and complete to the best of my/our knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the insurer shall be the basis for any contract between me/us and the Insurer.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT, or WA. In LA, ME, TN, and VA insurance benefits may also be denied)

Applicant's Signature: _____ Date _____

Applicant's Name (Print): _____

Title: _____

The application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees to effect this insurance.

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CA LIC NO. 0D78400

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