

PIK*WEST INSURANCE AGENCY

Aviation Specialist



Name: _____
Address: _____

Policy No.: _____
Renewal Date: _____

Aircraft Year, Make & Model: _____, N_____

Please complete and return this form ASAP as there is NO GRACE PERIOD allowed for Aircraft insurance policies.

THE FOLLOWING INFORMATION IS CURRENTLY ON FILE. PLEASE UPDATE!

Pilots: _____ DOB: _____ LICENSE/RATINGS: (_____) LAST BFR: (_____)
LAST MEDICAL: (_____) TOTAL HOURS: (_____) PAST YEAR: (_____) PAST 90 DAYS: (_____)
MAKE & MODEL HRS: (_____) RETRACTABLE HRS: (_____) TAILWHEEL HRS: (_____)
MULTI-ENGINE HRS: (_____) TURBO-PROP HRS: (_____) TURBO-JET HRS: (_____)

ACCIDENTS/WAIVERS/VIOLATIONS: _____
Provide dates & type of refresher training in the past 12 months: _____
Provide dates & type of refresher training for the next 12 months: _____

Pilots: _____ DOB: _____ LICENSE/RATINGS: (_____) LAST BFR: (_____)
LAST MEDICAL: (_____) TOTAL HOURS: (_____) PAST YEAR: (_____) PAST 90 DAYS: (_____)
MAKE & MODEL HRS: (_____) RETRACTABLE HRS: (_____) TAILWHEEL HRS: (_____)
MULTI-ENGINE HRS: (_____) TURBO-PROP HRS: (_____) TURBO-JET HRS: (_____)

ACCIDENTS/WAIVERS/VIOLATIONS: _____
Provide dates & type of refresher training in the past 12 months: _____
Provide dates & type of refresher training for the next 12 months: _____

Hull Coverage: \$ _____ Lien Amount: _____

Total Hours Airframe: (_____) Engine Hours: (_____) Since: New or Overhaul (Circle one)

Aircraft is regularly: Hangared _____ Tied out _____ Airport: _____

Aircraft to be used outside the Continental U.S.? _____ Where? _____

_____ Okay to Renew

_____ Premium Financing Desired

Insured's Signature

Phone (775) 265-6356 x (_____) _____
Fax (_____) _____
E-mail: _____