

INFORMATION NEEDED TO PROVIDE AN ALASKA QUOTE

Name of registered owner: _____
Address: _____
City, State, Zip Code: _____
Telephone #: _____
Cell #: _____
Email: _____
Occupation: _____

AIRCRAFT INFORMATION

Aircraft Type, Year, Model: _____
Registration #: _____
Configuration (Floats, Wheels, Skis): _____
Number of Passenger Seats (not including Pilot): _____
Value of Aircraft including Floats and Wheels: _____
Value of Floats: _____
Value of Skis: _____
Where is the Aircraft kept?
Hangared or Tied down? _____

PILOT INFORMATION

Full Legal Name: _____
Date of Birth: _____
License and Ratings: _____
Total Time: _____
Alaska Time: _____
Single Engine Hours: _____
Rotorwing Hours: _____
Multiengine Hours: _____
Tail Wheel Hours: _____
Floatplane Hours: _____
Make and Model Hours: _____
Flying Time Last 12 Months: _____
Accidents, Incidents, Violation History (DUI's): _____
Date of Last BFR: _____
Date of Last Medical: _____
Occupation: _____
Pleasure or Business: _____
Have you contacted another broker? _____
When would you like coverage to start? _____

Notes: _____

