



INSURANCE QUOTE REQUEST FORM

PLEASE FILL IN THE REQUESTED COMPANY INFORMATION BELOW

Company Name: _____

Company Address: _____

City: _____ State/Province: _____ Zip: _____

Owner(s) Name(s): _____

Owner(s) Name(s): _____

Primary Contact Name: _____ Phone Number: _____

Mobile Phone Number: _____ Fax Number: _____

Email Address: _____

COMPANY CREDIT RATING: _____

COMPANY NET INCOME: _____ COMPANY REVENUES/GROSS INCOME: _____

COMPANY TOTAL ASSETS: _____

COMPANY NET WORTH: _____

HOW MANY YEARS HAS THIS COMPANY BEEN IN BUSINESS?: _____

WHAT INDUSTRY IS THIS COMPANY PRIMARILY INVOLVED IN?: _____

WHAT COUNTRY ARE AIRCRAFT BE REGISTERED IN?: _____

IN WHAT COUNTRY WILL AIRCRAFT BE BASED?: _____

WHAT ROUTES WILL BE FLOWN?: _____

WHAT TYPE OF CARGO WILL BE FERRIED?: _____

PLEASE BE AS DETAILED AS POSSIBLE

PLEASE DESCRIBE WHAT TYPE OF INSURANCE COVERAGE YOU REQUIRE: _____

BASIC AIRCRAFT INFORMATION

Aircraft Model: _____ Year of Manufacture: _____

Aircraft Serial Number: _____ Current Registration Number: _____

Total Airframe Time: _____ Airframe Cycles: _____

Aircraft Configuration: _____ Condition of Interior: _____

INTERIOR RECENTLY REMODELED, OR UPGRADED? _____ WHEN? _____

DETAILS OF REMODEL OR UPGRADE: _____

EXTERIOR RECENTLY REPAINTED, OR UPGRADED? _____ WHEN? _____

DETAILS OF REPAINT OR UPGRADE: _____

ENGINES

Engine 1

Type	Engine Time	Serial Number	Last Overhaul Date
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Engine 2*

Type	Engine Time	Serial Number	Last Overhaul Date
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Engine 3*

Type	Engine Time	Serial Number	Last Overhaul Date
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Engine 4*

Type	Engine Time	Serial Number	Last Overhaul Date
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APU*

Type	Engine Time	Serial Number	Last Overhaul Date
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*If equipped on this aircraft.

AVIONICS

IFS: _____

AUTOPILOT: _____

RADAR: _____

COMM: _____

NAV: _____

ADF: _____

DME: _____

TRANSPONDER: _____

FMS: _____

GPS: _____

INERTIAL: _____

AIRPHONE: _____

HF: _____

CVR: _____

TCAS: _____

GPWS: _____

COMP. WARNING: _____

EMGNCY LOC. TRANSMITTER: _____

MAP: _____

OTHER: _____

OTHER: _____

OTHER: _____

OTHER: _____

OTHER: _____

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND AFFIX ANY AND ALL
ADDITIONAL COMPANY & AIRCRAFT INFORMATION**

TO INCLUDE, BUT NOT LIMITED TO:

- Company Credit Rating or Equivalent
- Operations License
- Company Income and Expense Reports
- Operations Contract(s)/Agreement(s)
- Official Aircraft Maintenance Records
- Detailed Aircraft Specifications
- Detailed Photos of Aircraft Interior/Exterior
- Etc.

**AS A GENERAL RULE OF THUMB, IT IS BEST TO INCLUDE ALL AVAILABLE RECORDS TO ASSIST
McCOY AVIATION WITH PROVIDING YOU AN ACCURATE INSURANCE QUOTE**

Please send this information via either fax, email, or mail to:



2820 Townsgate Road Suite 204
Westlake Village, CA 91361 USA

info@McCoyAviation.com

(805) 870-0433 p.

(805) 557-1545 f.