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Apopka, FL 32703

Fleet Aircraft Addition / Deletion / Change Request

Named Insured: _____ File #: _____

_____ Add Aircraft _____ Delete Aircraft _____ Change Aircraft

Effective Date: _____

Aircraft Information:

N # _____ Year: _____ Make/Model: _____

Serial No: _____ Total Seats: _____

Hull Value: _____

Liability Limit Requested: _____

Uses Requested: (Check all that apply)

_____ Charter _____ Pleasure/Business
_____ Dual Instruction _____ Instruction / Rental
_____ Sales Demonstration _____ Other: _____

Registered Owner:

Attention: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

Lien Holder:

Attention: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

Notes / Changes:

Note: No coverage may be considered bound until confirmed by our office. This information is correct to the best of my knowledge and no information is being withheld or suppressed. I authorize the insurance company to make such investigations as it may deem appropriate. I appoint Alexander Aviation Associates, Inc. as my agent of record to all aviation insurance markets for this insurance.

Signed: _____ Title: _____ Date: _____