

APPLICATION FOR QUOTATION

Name of Applicant _____ Name You're Called By _____

A.A.A. Number _____ Renewal Date _____ Day Phone No. _____ (____) _____

Street Address _____ Night Phone No. _____ (____) _____

City _____ State _____ Zip _____

Applicant is: Individual Corporation Partnership _____

Applicants Occupation _____

Present or last Insurance Company _____ Present Insurance Expires _____

Location and Name of Airport _____ Runway Length _____ Runway Obstructions _____

Runways are: Hard Surface Turf Gravel Other _____ Aircraft is: Hangered Tied down Other - Specify _____

MODEL No..	AIRCRAFT Make and Model	"N" Number	Year Of Mfg	Tricycle or Tail Wheel	Current Value (inc. Equip.)	Engine Make & H.P.	Seats (inc. Pilots)	Type of Airworthiness Certificate (Check One)
1								<input type="checkbox"/> Standard <input type="checkbox"/> Experimental
2								<input type="checkbox"/> Standard <input type="checkbox"/> Experimental
3								<input type="checkbox"/> Standard <input type="checkbox"/> Experimental
4								<input type="checkbox"/> Standard <input type="checkbox"/> Experimental

If additional aircraft owned, spell out information on separate sheet of paper including hours of each pilot.

If Mortgaged Loss Payable Clause Breach of Warranty None Amount of Loan & Final Payment _____

Name and address of Bank Holding Loan _____

PILOT INFORMATION MUST BE COMPLETED

List ALL Pilots, Including Applicants Who Fly Above aircraft. Students Must Be Named				PILOT EXPERIENCE										
Name of Pilots	Age	Type License	Rating	BRF Date	Med Date	Hours In Model 1	Hours In Model 2	Hours In Model 3	Hours In Model 4	SINGLE ENGINE HOURS			Multi Engine Hours	Total Hours
										FIXED GEAR		RETRACT		
										Tail Wheel	Tricycle			

Do you use your plane(s) for any purpose other than pleasure and business? (This is defined as personal and pleasure use and in direct connection with your business, excluding any operation for which a charge is made.) Please also indicate if plane(s) are used for aerobatics, or flybys.

Coverages and Limits Desired

\$1,000,000 \$500,000

When passenger liability is provided, the passenger limit is \$100,000 per passenger with \$3000 per person medical payments. Higher limits are available.

Other Medical Payments Desired \$5,000

Hull Coverage Amount Desired No. 1 _____ No. 2 _____ No. 3 _____ No. 4 _____

Type of Full Coverage Desired:

Not-In-Motion Coverage Only _____

Full Hull Coverage (Includes the Not-In-Motion) _____

Restoration Coverage Only (Airplane Not Flying) _____ Value Now \$ _____ When Done \$ _____

LOSS, HISTORY, AND PREVIOUS AVIATION INSURANCE on above pilot or pilots.

(Explain Each Answer on Separate Sheet or Margin on All Pilots Listed Above, Please.)

- | | | |
|---|---|---|
| 1. Has applicant had any aircraft/aviation losses/claims? | <input type="radio"/> NO <input type="radio"/> YES | |
| 2. Do all pilots have current Biennial Flight Review and Current Medical Certificate? | <input type="radio"/> NO <input type="radio"/> YES | If you decide to buy insurance, when should it become effective?

<input type="checkbox"/> Same date as expiration above
<input type="checkbox"/> Other date _____ |
| 3. Has any insurer cancelled, declined or refused to renew any aviation insurance? | <input type="radio"/> NO <input type="checkbox"/> YES | |
| 4. Have you ever been convicted of a felony? | <input type="radio"/> NO <input type="checkbox"/> YES | |
| 5. As pilot, any citations for FAR violations or license limitations? | <input type="radio"/> NO <input type="checkbox"/> YES | |
| 6. Any physical impairments or limitations or waivers on Medical Certificate? | <input type="radio"/> NO <input type="checkbox"/> YES | |

X _____

Keep a Copy Of Your Application (Signature of Named Insured)



Butler-Brown Insurance

Date _____

P.O. Box 410 • PHONE (641) 673-8603 • (800) 934-7763 • FAX (641) 673-9853 • OSKALOOSA, IOWA 52577

Our website: www.midwestoneinsurance.com • Our e-mail address: bbins@butlerbrown.com

Products from MidWestOne Insurance Services, Inc. are not a deposit, not FDIC insured, not insured by any Federal Government Agency and not guaranteed by or obligation of any MidWestOne Financial Group, Inc. member bank or affiliate.

**ANTIQUE AIRPLANE
ASSOCIATION**

22001 Bluegrass Rd.
Ottumwa, Iowa 52501-1859



GOOD NEWS FOR YOUR AIRPLANE!



**Join the Antique
Airplane Association**



AIRCRAFT OWNERSHIP OR PILOT'S LICENSE NOT A REQUIREMENT FOR MEMBERSHIP

NAME _____ MEMBERSHIP NO. _____

FAMILY ASSOCIATE NAME _____ PHONE NO. (____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PILOT'S LICENSE NO. _____ RATING _____ HOURS _____

MECHANIC'S LICENSE NO. _____ RATING _____ YEARS _____

AIRCRAFT OWNED AT THE PRESENT TIME:

TYPE _____ S/N _____ YEAR OF MFG _____ N NO. _____ ENGINE _____

MODEL _____ H.P. _____ IS AIRCRAFT LICENSED? _____

TYPE _____ S/N _____ YEAR OF MFG _____ N NO. _____ ENGINE _____

MODEL _____ H.P. _____ IS AIRCRAFT LICENSED? _____

LIFETIME MEMBERSHIP \$600

May be paid in six installments of \$100 in one year's time. Lifetime members and their immediate family are entitled to free registration costs at AAA/APM Fly-Ins on Antique Airfield. Lifetime members are entitled to historical and technical research services with no copy costs. Various AAA/APM and specialty publications included. Full access to discounted aviation aircraft and liability insurance.

FULL MEMBERSHIP \$40.00 per year

NEW _____ RENEW _____

Includes one family or other named associate membership. Includes access to discounted aircraft and liability insurance. Various AAA/APM publications provided. Access to National AAA/APM Fly-In at Antique Airfield included. Research and copy service for aviation and technical available at cost.

ASSOCIATE MEMBERSHIP \$30.00 per year

NEW _____ RENEW _____

Benefits include access to the National AAA/APM Fly-Ins at Antique Airfield, various AAA/APM publications provided, eligible for discounted aircraft and liability insurance and technical and historical research copy service available at cost.



Mail with check or money order to:
ANTIQUE AIRPLANE ASSOCIATION, INC.
22001 Bluegrass Rd.
OTTUMWA, IOWA 52501-8569
Phone: (641) 938-2773





Butler-Brown Insurance

A Division of MidWestOne Insurance Services, Inc.

ANTIQUÉ AIRCRAFT OWNERS

Purchase the insurance policy designed especially for your aircraft

Butler-Brown Insurance has been writing aircraft insurance for Antique Airplane Association members for 50 years. Our rates are highly competitive with broader coverage and incentives for being loss free and having continuous service.

Some of the incentives offered are:

- *Diminishing premiums when loss free and having continuous service**
- *Special rates for storage during winter months**
- *Restoration coverage**
- *Competitive rates for sightseeing endorsement**
- *Competitive rates for dual instruction endorsement**
- *Named pilot only multi-plane discount up to 40%**
- *Premises liability included on all antique policies**
- *Policies available for light sport pilots & light sport aircraft**

If you wish to obtain a quote or if you have any questions please call
Butler-Brown Insurance at 800-934-7763

Or simply complete the application on the reverse side and fax or
mail it to our office.



Butler-Brown Insurance, Inc.

PO Box 410

Oskaloosa, IA 52577

<http://www.midwestoneinsurance.com/> or Email: lisa@butlerbrown.com

Lisa Alderson, CIC, CAIP

Coverage not available in Alaska, Hawaii, Delaware or West Virginia

Also doing business as the following in:

CA; MI: Butler Brown Insurance Agency

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