

CHECKLIST

Lima Bravo Aviation, LLC

16175 SE 179th Street

Love's Landing 97FL

Weirsdale, FL 32195

386-589-0933 (O)

352-821-0287 (F)

lee@limabravoaviation.com

- Please review all information and make any necessary corrections.
- Update logged hours, including model hours, in the pilot information section.
- Review your aircraft insured hull Value and Liability limits, update if needed.
- Use bottom or reverse side of checklist to add additional pilot information.
- Return the Renewal Check List by _____.

**LEGEND: MULT E: = Multi Engine, R/G = Retractable Gear,
TW: = Tailwheel, BFR = Bi-Annual Flight Review.**

CUSTOMER INFORMATION		RENEWAL DATE:	
Company or Individual Name			
Address:			
Telephone number:			
Primary Email Address:			
Names of Owners:			
CHECKLIST		ANSWERS	PILOT INFORMATION
<input type="checkbox"/>	YEAR/MAKE/MODEL/#SEATS AIRCRAFT ONE:		PILOT ONE: RATINGS:
<input type="checkbox"/>	YEAR/MAKE/MODEL/# SEATS AIRCRAFT TWO:		NAME:
<input type="checkbox"/>	YEAR/MAKE/MODEL/#SEATS AIRCRAFT THREE:		DOB: AGE:
<input type="checkbox"/>	HANGARED OR TIED DOWN:		TOTAL TIME ALL AIRCRAFT: TOTAL SEAPLANE:
<input type="checkbox"/>	NAME OF AIRPORT OR IDENTIFIER:		TW: MULT E:
<input type="checkbox"/>	FAA REGISTRATION N# (S		R/G: TOTAL M/M:
<input type="checkbox"/>	AOPA, EAA, ABS, etc. MEMBERSHIP NO:		LAST 12 MO TT: M/M LAST ALL AIRCRAFT 12MO:
<input type="checkbox"/>	PRESENT CARRIER?		PILOT TWO: RATINGS:
<input type="checkbox"/>	TER. BAHAMAS/CARIBBEAN/OTHER?		NAME:
<input type="checkbox"/>	ACCIDENTS/WAIVERS/VIOLATIONS/DUI? *IF YES, LIST DATES AND SHORT DESCRIPTION		DOB: AGE:
<input type="checkbox"/>	HULL VALUE: *IF MULTIPLE AIRCRAFT, LIST AS 1), 2), & 3)		TOTAL TIME ALL AIRCRAFT: TOTAL SEA:
<input type="checkbox"/>	LIABILITY LIMITS: *IF MULTIPLE AIRCRAFT, LIST AS 1), 2), & 3)		TW: MULT E:
<input type="checkbox"/>	LEIN HOLDER/ AMOUNT OF LEIN:		R/G: TOTAL M/M:
<input type="checkbox"/>	PLEASURE/BUSINESS, COMMERCIAL FOR EACH AIRCRAFT: RENTERS INSURANCE:		LAST 12 MO TT: M/M LAST ALL AIRCRAFT 12MO:
<input type="checkbox"/>	BFR MONTH/YEAR PILOT ONE:		PILOT THREE <u>NAME</u> :
<input type="checkbox"/>	BFR MONTH/YEAR PILOT TWO:		DOB: RATINGS:
<input type="checkbox"/>	BFR MONTH/YEAR PILOT THREE:		AGE:
<input type="checkbox"/>	ATP PILOTS PC MONTH/YEAR:		TOTAL TIME ALL AIRCRAFT: TOTAL SEA:
<input type="checkbox"/>	MEDICAL MONTH/YEAR PILOT ONE:		TW: MULT E:
<input type="checkbox"/>	MEDICAL MONTH/YEAR PILOT TWO:		R/G: TOTAL M/M:
<input type="checkbox"/>	MEDICAL MONTH/YEAR PILOT THREE:		LAST 12 MO TT: M/M LAST ALL AIRCRAFT 12MO:
<input type="checkbox"/>	OPEN PILOT WARRANTY? Y OR N		

Policyholder Statement: I have reviewed the above information and declare that to the best of my knowledge & belief all of the foregoing statements are true. If applicable, I authorize Lima Bravo Aviation to **quote** insurance or **renew** my current policy.

Signature: _____

Date: _____