

Aggressive Insurance

PRIVATE AIRSTRIP FORM

(Please complete and submit for all applicable submissions)

To be completed for every aircraft location or airport location that is a private airstrip.

Name of Applicant: _____

FAA No: _____ Policy # or Quote # (if applicable): _____

Owner of Airstrip: _____

Address/Location of Airstrip: _____

City of Airstrip: _____ State: _____ Zip Code: _____

Airstrip Length: _____ Airstrip Width: _____

Airstrip Surface: Paved Turf Other (describe) _____

Additional Airstrip Information (please answer the following):

- Yes No Is the airstrip used only for aircraft and related operations? (If no, describe in detail.)
 Yes No On the approach/departure ends of the airstrip are there any obstacles? (If yes, describe in detail.)
(Examples of obstacles: trees, power lines, towers, silos, mountains, etc.)

Airstrip Diagram

Policyholder's/Applicant's Statement:

I have ready the above information and I declare that to the best of my knowledge and belief, all of the foregoing statements are true. (Kansas: This does not constitute a warranty.)

Policyholder/Applicant _____

(must be signed)

Date: _____