



BUTLER-BROWN INSURANCE

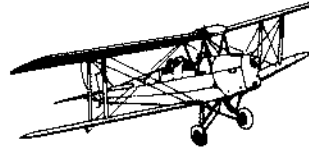
Box 410. Oskaloosa, Iowa 52577

ED BUTLER, C.P.C.U. - STEVE BROWN, C.P.C.U.

Lisa Alderson, Aviation Manager

(641) 673-8603 • (800) 934-7763

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DESIGNED ESPECIALLY WITH THE ANTIQUÉ OR CLASSIC OWNER IN MIND

Do something good for you and your airplane. Insure your airplane through Butler-Brown Insurance and the Antique Airplane Association program.

Butler-Brown Insurance is celebrating 54 years in the insurance business and 47 years in the aviation insurance business.

GET BROADER COVERAGE

- Valued policy
- NO components parts endorsement
- Special Endorsement to help antique airplane owners keep their damaged aircraft

GET A BETTER PRICE

- Up to 40% savings possible
- Reserved for members of the AAA only - People that appreciate and care for their antiques.
- Loss free credit and diminishing deductibles reward you at policy renewal
- Multi-plane credit available when you are the only listed pilot
- Premises liability coverage included

FLEXIBLE

- Written with liability only or liability and hull
- Builders risk policy available
- Low time pilots and students - slightly higher premiums
- Sight-seeing can be added for an additional premium
- Aerobatic competition coverage can be added
- "Second Generation Antiques" - homebuilts designed before 1970 - (get special pricing)
- Coverage for other homebuilts available
- Hand propping limitation applies only when equipped with electrical or mechanical starter

Become an AAA member today and become eligible for one of the older (25 years), more successful, programs in aviation insurance.

NOT AVAILABLE IN ALASKA, HAWAII, WEST VIRGINIA OR DELAWARE

QUALITY INSURANCE with BIG SAVINGS

Complete reverse side for insurance coverage or quotation.

We cannot quote or bind your coverage unless you are an AAA member.

**NOTE: THIS PROGRAM AVAILABLE ONLY TO AAA MEMBERS AND ONLY THROUGH
BUTLER-BROWN INSURANCE**

BOX 410

OSKALOOSA, IOWA 52577

Visit our Website at: www.BUTLERBROWNINS.com

E-mail us at: bbins@kdsi.net

APPLICATION FOR **Quotation** **Insurance**

Name of Applicant _____ Name You're Called By _____ AAA Member Yes ___ No ___
 A.A.A. Number _____ Renewal Date _____ Home No. () - _____
 Street Address _____ Work No. () - _____
 City _____ State _____ Zip _____ Cell _____
 Fax _____ Email _____

Applicant is: Individual Corporation Partnership _____
 Applicant's Occupation _____ Name All Partners _____
 Present or Last Insurance Company _____ Present Insurance Expires _____
 Location and name of Airport _____ Identifier _____ Runway Length _____ Runway Obstructions? _____
 Runways are: Hard Surface Turf Aircraft is: Hangared Tied Down Other - Specify _____

MODEL No.	AIRCRAFT Make and Model	"N" Number	Year of Mfg.	Tricycle or Taildragger	Current Value (Incl. 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 addition 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 _____

List ALL Pilots, Including Applicants Who Fly Above aircraft. Students Must Be Named.				PILOT EXPERIENCE								
Name of Pilots	Age	Type License	Ratings	Hours In Above Model 1	Hours In Above Model 2	Hours In Above Model 3	Hours In Above Model 4	SINGLE ENGINE HOURS			Multi Engine hours	Total Hours
								FIXED GEAR		RETRACT		
								Taildragger	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.) _____
 Coverages and Limits Desired _____ For Company Use Only

\$1,000,000 \$ 500,000 Other Limit _____
 The liability limits above include passenger liability limited to \$ 100,000 per seat. Higher limits available.
 \$3000 Medical Payments. Other Medical Payments Desired \$5,000

Deductibles Antique Program include: \$100 Deductible Not-in-Motion, \$1000 Deductible in Motion.
 Type of Hull 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.)

- Has applicant had any aircraft/aviation losses/claims during the last five years? NO YES
- Do all pilots have current Biennial Flight Review and Current Medical Certificate? NO YES
- Has any insurer cancelled, declined or refused to renew any aviation insurance? NO YES
- Explain each answer with respect to each pilot . . .
- As pilot, any citations for FAR violations or license limitations? NO YES
- Any physical impairments or limitations or waivers or Medical Certificate? NO YES

Date _____

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