



INSURANCE AGENCY, INC.

# Private Airstrip Description

Date: \_\_\_\_\_

Control #: \_\_\_\_\_

Name of Policyholder/Applicant: \_\_\_\_\_

AOPA Member: \_\_\_\_\_

Policy: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Owner of Airstrip: \_\_\_\_\_

Location of Airstrip: \_\_\_\_\_

Airstrip Length: \_\_\_\_\_ Airstrip Width: \_\_\_\_\_

Type of Surface:  Paved

Other - describe \_\_\_\_\_

1. Is the airstrip used only for aircraft and related operations?  Yes  No

Describe other uses: \_\_\_\_\_  
\_\_\_\_\_

2. Particularly on the approach and departure ends of the airstrip are there any obstacles?  Yes  No  
(trees, power lines, towers, houses, silos, mountains etc.)

If yes, please draw a diagram of the airstrip in the space provided below. Show the location of any obstacles that could affect the operation of the aircraft.

## Airstrip Diagram

Aircraft FAA Identification #: \_\_\_\_\_

### Policyholder / Applicants Statement:

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

Policyholder / Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_