



INSURANCE AGENCY INC.

Aircraft Value Substantiation Form

Policy Holder/ Applicant: _____ Date: _____
 Policy #: _____ Quote #: _____
 AOPA Member #: _____
 Effective Date: _____

of seats: _____ Airframe Time: _____ Engine Time Since New/OH: _____
 Aircraft N#: _____ Year: _____ Make/Model: _____

Engine/Airframe Modifications	Date Installed	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Avionics Equipment (stock or other)	Date Installed	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Policyholder/ Applicants Statement:
 I have read 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 Signature: _____ Date: _____