AGENCY CUSTOMER ID: ____________________________

HANGAR CHANGE REQUEST

AGENCY  ______________________________________

NAMED INSURED  ______________________________________

POLICY NUMBER  ______________________________________

EFFECTIVE DATE  ______________________________________

CARRIER  ______________________________________

NAIC CODE  ______________________________________

EFFECTIVE DATE OF CHANGE  ______________________________________

EFFECTIVE TIME OF CHANGE  ______________________________________

AM  ______________________________________

PM  ______________________________________

= TYPE OF CHANGE

(A)DD  (C)HANGE  (D)ELETE  (I)NFORMATIONAL ONLY - NO CHANGE

HANGAR INFORMATION

LOCATION #:  ______________________________________

BUILDING #:  ______________________________________

AIRPORT ID:  ______________________________________

AIRPORT NAME:  ______________________________________

NUMBER OF HANGARS INSURED:  ______________________________________

NUMBER OF AIRCRAFT OWNER STORES IN THE INSURED HANGAR:  ______________________________________

MAXIMUM VALUE OF ALL AIRCRAFT STORED IN THE HANGAR:  $  ______________________________________

NUMBER OF HANGAR SPACES YOU LEASE:  ______________________________________

TYPE OF AIRCRAFT THE HANGAR OWNER OWNS / STORES IN THE HANGAR  ______________________________________

WHO HAS ACCESS TO LEASED HANGARS?

MAKE  ______________________________________

MODEL  ______________________________________

LIABILITY AND PHYSICAL DAMAGE INSURANCE COMPANY:  ______________________________________

DESCRIPTION OF HANGAR  ______________________________________

DESCRIBE OTHER ITEMS IN STORAGE  ______________________________________

DESCRIBE ANY COMMERCIAL OPERATIONS YOU OR YOUR TENANT CARRY OUT IN THE HANGAR  ______________________________________

IF YOU ARE REQUIRED TO SIGN AIRPORT HANGAR AGREEMENTS WITH YOUR CITY, WITH WHOM ARE THE AGREEMENTS SIGNED?

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  ______________________________________

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