

DCI INSURANCE AND RISK SERVICES

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a DCI Holdings Inc. company

SPEEDY APPLICATION: AIRCRAFT & HELICOPTER INSURANCE



PO Box 227030 * Los Angeles, CA 90022-0730

CUSTOMER NUMBER

Pilot or Aircraft Association Membership: _____ Membership No: _____

AIRCRAFT - Year, Make & Model	FAA Reg No.	No. of Seats	Expiration date of Current Insurance	Hull Value	Liability Limit

	PILOTS	AGE	PILOT CERTIFICATE	CURRENT RATINGS	EXPERIENCE				Accidents, Waivers, Violations, Incidents, or Losses
					TOTAL HOURS	HOURS IN ABOVE MODEL	RETRACTABLE GEAR HOURS	HOURS IN LAST 12 MONTHS	
(1)			<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP	<input type="checkbox"/> Instrument <input type="checkbox"/> M. E. L.					<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is YES to any of the above, Please give details under comments
(2)			<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP	<input type="checkbox"/> Instrument <input type="checkbox"/> M. E. L.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
(3)			<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP	<input type="checkbox"/> Instrument <input type="checkbox"/> M. E. L.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4)			<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP	<input type="checkbox"/> Instrument <input type="checkbox"/> M. E. L.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Registered Owner (s): _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phones: Office: _____ Home: _____ Fax: _____

Airport (Name): _____ Identifier: _____ Hangared? Yes No Email: _____

Comments: _____

*****INTERESTED IN OUR EXCLUSIVE LIFE INSURANCE PROGRAM FOR PILOTS? APPLY BELOW*****

DOB: _____ Sex: Male Female Height: _____ Weight: _____ Prescription Meds: _____ Tobacco User: Yes No

Age of Living Parents: Mother _____ Father _____ If deceased, age at death: Mother _____ Father _____
 Cancer or heart disease in either parent prior to age 60? Yes No

Amount of insurance requested: \$ _____ Term: 10 year 15 year 20 year Permanent
 Any flying for hire? Yes No

2079 S. ATLANTIC BLVD., SUITE I
 MONTEREY PARK, CA 91754
BUS: 888.457.4426 • FAX: 323.576.4552
 CA STATE LICENSE NO: 0G53213