



**Avemco Insurance Company**  
 8490 Progress Drive Suite 200 Frederick, Maryland 21701  
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**AMATEUR BUILT EXPERIMENTAL AIRCRAFT INFORMATION FORM**

Name: \_\_\_\_\_

Aircraft Make and Model: \_\_\_\_\_ Registration: # \_\_\_\_\_

Date of last Condition Inspection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have any modifications or changes been made to the aircraft structure, components or systems, other than those recommended by the kit/plan manufacturer/supplier?  Yes  No If **Yes**, please describe:

\_\_\_\_\_

Engine Make/Model Horsepower: \_\_\_\_\_

Propeller Make/Model/Size: \_\_\_\_\_

Have any modifications or changes been made to the aircraft engine or propeller?  Yes  No If **Yes**, please describe: \_\_\_\_\_

Has the engine been installed in accordance with the kit/plans manufacturer's recommendations?  
 Yes  No

If this is an automobile engine conversion, is it a firewall forward installation from the manufacturer?  
 Yes  No

Is the aircraft currently operating in Phase I  of its operating limitations or Phase II?

Has the aircraft been test flown?  Yes  No If **Yes**, Date of first flight: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you participated in the EAA's Flight Advisor Program for this aircraft?  Yes  No

Are you the sole owner of the aircraft?  Yes  No

How many hours of flight time has this aircraft accumulated? \_\_\_\_\_

How many hours of flight time has this engine and propeller combination accumulated? \_\_\_\_\_

How many hours do you have in this aircraft as Pilot In Command (sole manipulator of the controls)? \_\_\_\_\_

*Please be aware that:*

- While your aircraft is being flown during Phase I of its operating limitations, there is no Occupant Liability Coverage. A test pilot is considered an occupant of the aircraft and coverage does not apply if he/she sues the owner for Bodily Injury.
- Even if In-Flight hull coverage is purchased, there is no In-Flight hull coverage when the aircraft is flown during Phase I of the operating limitations unless; the aircraft has successfully flown 10 hours, including 10 take offs and 10 full stop landings.

*I understand that Avemco Insurance Company reserves the right to verify the information provided.*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signed: \_\_\_\_\_

(Person Named Above)

Reference Number: \_\_\_\_\_

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