

UNIVERSITY OF IOWA
AIRCRAFT INFORMATION FORM
Personally Owned or Privately Leased

Aircraft Owner

Address _____
City, State, Zip _____
Telephone _____
Fax _____

Name of Pilot

Pilot Rating: _____

Aircraft Description (Year, Make, Model, Type) _____

Tail Number _____

Base Location _____
Number of Passenger Seats _____

INSURER

Address _____
City, State, Zip _____
Must have at least \$300,000 per
Passenger Liability limit _____

NOTE: ATTACH COPY OF PILOT LICENSE & FAA CERTIFICATION

NOTE: ATTACH CERTIFICATE OF INSURANCE. (Aircraft liability insurance required--at least \$300,000 per passenger seat, including passengers personal injury.)

Certified/Signed by Pilot/Owner: _____

Date: _____

RETURN THIS FORM TO:

RISK MANAGEMENT, INSURANCE AND
LOSS PREVENTION
305 Plaza Centre One
Iowa City, Iowa 52242
Phone 319-335-0010 Fax 319-353-1893