UNIVERSITY OF IOWA
AIRCRAFT INFORMATION FORM
Personally Owned or Privately Leased

Aircraft Owner:
Name _____
Address _____
City, State, Zip _____
Telephone _____
Fax _____

Pilot:
Name _____
Pilot Rating _____

Aircraft Description (Year, Make, Model, Type) _____
Tail Number _____
Base Location _____
Number of Passenger Seats _____

Insurance:
Name _____
Address _____
City, State, Zip _____
Passenger Liability limit _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

1. **COPY OF PILOT LICENSE**
2. **COPY OF FAA CERTIFICATION**
3. **CERTIFICATE OF INSURANCE**
   - **Minimum Liability Limits Required**
     5 seat capacity or less - $1,000,000/occurrence with no per-seat limit
     6-8 seat capacity - $2,000,000/occurrence with a minimum of $300,000 per-seat limit
     9 seat capacity or greater - $3,000,000/occurrence, with minimum of $300,000 per-seat limit
   - **Additional Insured to be listed as follows:**
     The University of Iowa; Board of Regents, State of Iowa, and the State of Iowa
     c/o Risk Management, 305 Plaza Centre One, Iowa City, IA 52242
   - **Waiver of Subrogation**

_____ _____
Certified/Signed by Pilot/Owner Date

RETURN THIS FORM TO:

Risk Management,Insurance & Loss Prevention
305 Plaza Centre One
Iowa City, Iowa 52242-2501
Phone 319-335-0010 Fax 319-353-1893