



AIRCRAFT CHANGE FORM

FROM: _____
FAX: _____
DATE: _____

EFFECTIVE DATE OF CHANGE REQUESTED BELOW: _____

AIRCRAFT

FAA #: _____ MAKE: _____ MODEL: _____

YEAR: _____ VALUE: _____ SEATS: _____

ACTION REQUESTED

ADD _____ DELETE _____ CHANGE VALUE _____ CHANGE USE _____

REQUESTED TYPE OF COVERAGE

GROUND _____ FLIGHT _____

REQUESTED USES

SALES DEMONSTRATION _____ INSTRUCTION & RENTAL _____

PASSENGER &/OR CARGO CARRYING FOR HIRE _____ P & B _____

OTHER (SPECIFY) _____

OWNER & ADDRESS: (Aircraft Owner, if other than Named Insured):

LIENHOLDER & ADDRESS: _____

COMMENTS: _____

REQUEST PROCESSED BY World Aerospace Insurance Services:

Printed Name:

Authorized Signature:

Date: