

APPLICATION FOR ARMY FLYING ACTIVITY AIRCRAFT INSURANCE

For use of this form, see AR 215-1; the proponent agency is OACSIM

1. TO: ARMY CENTRAL INSURANCE FUND Family and Morale, Welfare and Recreation Command ATTN: IMWR-FM-I 4700 KING STREET (<i>Summit Centre</i>) ALEXANDRIA, VA 22302-4406	2. FROM: (<i>Activity, installation, and address</i>)
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3. STANDARD NAF NUMBER	4. DATE OF REQUEST	5. REQUESTED EFFECTIVE DATE
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PART A - AIRCRAFT DATA

6. MANUFACTURER & MODEL NO.			7. SERIAL NO.
8. IDENTIFICATION NO.	9. MODEL YEAR	10. NO. OF ENGINES	11. NO. OF SEATS

PART B - VALUE

12. ORIGINAL COST	13. PRESENT VALUE	14. ESTIMATED REPLACEMENT COST	15. OWNERSHIP <input type="checkbox"/> OWNED <input type="checkbox"/> LOANED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTED
16. PURPOSE <input type="checkbox"/> LOCAL FLYING <input type="checkbox"/> AEROBATICS <input type="checkbox"/> CROSS COUNTRY <input type="checkbox"/> INSTRUCTION <input type="checkbox"/> OTHER (<i>Specify</i>)			

PART C - ADMINISTRATIVE DATA

17. IF LEASED OR RENTED - IDENTIFY LESSOR OR RENTER	18. LIEN OR LOAN HOLDER
19. NORMAL AIRCRAFT LOCATION	

20. REMARKS

21. FUND MANAGER OR DESIGNEE (<i>Typed name, title, and telephone number</i>)	22. SIGNATURE
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