

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
430 Plaza Centre One
Iowa City, Iowa 52242-2501
Phone 319-335-0010 Fax 319-353-1893

