

**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; Iowa Board of Regents, and the State of Iowa  
c/o Risk Management, 202 Plaza Centre One, Iowa City, IA 52242
  - **Waiver of Subrogation**

\_\_\_\_\_  
Certified/Signed by Pilot/Owner

\_\_\_\_\_  
Date

Submit Form To:

Risk Management, Insurance & Loss Prevention  
risk-management@uiowa.edu  
202 Plaza Centre One  
Iowa City, Iowa 52242  
Phone: 319-335-0010