

## APPLICATION FOR ARMY FLYING ACTIVITY AIRCRAFT INSURANCE

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

<b>1. TO:</b> 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		<b>2. FROM:</b> ( <i>Activity, installation, and address</i> )	
3. STANDARD NAF NUMBER	4. DATE OF REQUEST	5. REQUESTED EFFECTIVE DATE	
<b>PART A - AIRCRAFT DATA</b>			
6. MANUFACTURER & MODEL NO.			7. SERIAL NO.
8. IDENTIFICATION NO.	9. MODEL YEAR	10. NO. OF ENGINES	11. NO. OF SEATS
<b>PART B - VALUE</b>			
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> )			
<b>PART C - ADMINISTRATIVE DATA</b>			
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