

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 U.S. ARMY COMMUNITY AND FAMILY SUPPORT CENTER ATTN: CFSC-FM-I 4700 KING STREET (<i>Summit Centre</i>) ALEXANDRIA, VA 22302-4406				2. FROM: (<i>Activity, installation, and address</i>)			
3. STANDARD NAF NUMBER		4. DATE OF REQUEST		5. REQUESTED EFFECTIVE DATE			
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 <div style="display: flex; justify-content: space-between;"> 15. OWNERSHIP <div> <input type="checkbox"/> OWNED <input type="checkbox"/> LOANED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTED </div> </div>			
16. PURPOSE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> LOCAL FLYING <input type="checkbox"/> OTHER (<i>Specify</i>) </div> <div> <input type="checkbox"/> AEROBATICS <input type="checkbox"/> CROSS COUNTRY <input type="checkbox"/> INSTRUCTION </div> </div>							
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			