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 *(Summit Centre)* ALEXANDRIA, VA 22302-4406	2. **FROM:** *(Activity, installation, and address)*

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	15. OWNERSHIP
			☐ OWNED ☐ LOANED ☐ LEASED ☐ RENTED

16. PURPOSE

☐ LOCAL FLYING ☐ AEROBATICS ☐ CROSS COUNTRY ☐ INSTRUCTION

☐ OTHER *(Specify)*

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 *(Typed name, title, and telephone number)*	22. SIGNATURE