

APPLICATION FOR FIXED WING NON-OWNED AIRCRAFT INSURANCE

This application is for your pleasure and business related flying in non-owned, fixed wing, non pressurized, land aircraft having a piston powered single engine no more than 450 rated horsepower and no more than 7 total seats and having a Standard, Experimental, Restricted or Light Sport Aircraft Certificate.

Policy Period: Insurance coverage is requested to begin 12:01 A.M. Month _____ Day _____ Year 20____

Applicant Information: Name: _____ Occupation: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____ Email: _____

Pilot Section

Age	License(s)/Ratings	Total Time	Retractable Gear Time	Tail Wheel Time	Multi-Eng Time	Last 12 Months		Other	Valid FAA Medical	Current Flight Review
									<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Non-Owned Aircraft You Usually Operate: _____

Within the last 5 years have you:

	Yes	No		Yes	No
Been involved in an aircraft accident or incident?	<input type="checkbox"/>	<input type="checkbox"/>	Been convicted of a DUI or crime classified as a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Had an FAA violation?	<input type="checkbox"/>	<input type="checkbox"/>	Been canceled or declined or refused an aircraft insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>

For any response marked "Yes", You must call for further instructions to initiate coverage 877-247-7767.

Select Your Coverage:

1. Non-Owned Bodily Injury and Property Damage Excluding Loss of Use of Non-Owned Aircraft (Required)

- | | |
|--|--------------|
| <input type="checkbox"/> \$250,000 each occurrence limiting passenger bodily injury to \$25,000 each person | \$80 |
| <input type="checkbox"/> \$500,000 each occurrence limiting passenger bodily injury to \$50,000 each person | \$100 |
| <input type="checkbox"/> \$500,000 each occurrence limiting passenger bodily injury to \$100,000 each person | \$160 |
| <input type="checkbox"/> \$1,000,000 each occurrence limiting passenger bodily injury to \$100,000 each person | \$200 |
| <input type="checkbox"/> \$1,000,000 each occurrence limiting passenger bodily injury to \$200,000 each person | \$525 |

2. Medical limit of (Optional)

- | | | | |
|--|------------------------|---|--------------|
| <input type="checkbox"/> \$1,000 each person | <u>Included</u> | <input type="checkbox"/> \$5,000 each person | \$50 |
| <input type="checkbox"/> \$3,000 each person | \$25 | <input type="checkbox"/> \$10,000 each person | \$100 |

3. Non-Owned Physical Damage Liability Including Loss of Use of Non-Owned Aircraft (Optional)

☐ Not Desired

- | | | | | | |
|---|--------------|---|--------------|--|----------------|
| <input type="checkbox"/> \$1,000 each occurrence | \$75 | <input type="checkbox"/> \$35,000 each occurrence | \$350 | <input type="checkbox"/> \$70,000 each occurrence | \$675 |
| <input type="checkbox"/> 2,500 each occurrence | \$85 | <input type="checkbox"/> \$40,000 each occurrence | \$400 | <input type="checkbox"/> \$75,000 each occurrence | \$700 |
| <input type="checkbox"/> \$5,000 each occurrence | \$90 | <input type="checkbox"/> \$45,000 each occurrence | \$450 | <input type="checkbox"/> \$80,000 each occurrence | \$740 |
| <input type="checkbox"/> \$10,000 each occurrence | \$160 | <input type="checkbox"/> \$50,000 each occurrence | \$500 | <input type="checkbox"/> \$100,000 each occurrence | \$900 |
| <input type="checkbox"/> \$15,000 each occurrence | \$215 | <input type="checkbox"/> \$55,000 each occurrence | \$535 | <input type="checkbox"/> \$125,000 each occurrence | \$1,125 |
| <input type="checkbox"/> \$25,000 each occurrence | \$250 | <input type="checkbox"/> \$60,000 each occurrence | \$555 | <input type="checkbox"/> \$150,000 each occurrence | \$1,350 |
| <input type="checkbox"/> \$30,000 each occurrence | \$300 | <input type="checkbox"/> \$65,000 each occurrence | \$600 | <input type="checkbox"/> \$200,000 each occurrence | \$1,800 |

Discounts: Check if Eligible

5% Discount No Claims -.05 ☐

5% Discount Wings* -.05 ☐

*applicant must have completed wings, basic, advance or master phase within the last 12 months

Total items 1, 2, and 3 \$ _____ less Discounts _____ = \$ _____ **Total Annual Premium**
50% of the premium is fully earned at policy inception.

If you reside in FL, KY, NJ, WV, NY, AK Please call 877.247.7767 for additional information to complete application.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

I agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date: _____ Applicant's Signature _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE. (make checks payable to A.I.R. or Aviation Insurance Resources)

VISA, MC : CC# _____ Exp Date ____/____/____ Security Code _____

IMPORTANT: This insurance is for your Personal and non-commercial use of rented fixed wing, non-pressurized, land aircraft having a non-turbine single engine of 450 horsepower or less (including non-powered sailplanes) and capacity for no more than seven (7) total passengers and/or seats, and a "Standard" Airworthiness Certificate and not furnished to you for more than thirty (30) consecutive days or under a lease and/or purchase agreement to you or your spouse, parent, child, corporation, partnership, or other organization in which any of these entities own more than twenty percent. Multi-engine and rotorwing aircraft are not included in this coverage. For multi-engine and rotorwing rented coverage, please contact AOPA Insurance Services at 1-800-622-AOPA [2672].

1 Pilot Information **One individual only. No corporations.**

All fields must be completed.

AOPA Membership #: _____

Name _____

Street _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

(C) _____

E-mail address _____

Birthdate _____ Occupation _____

Describe type of rented aircraft you usually fly: _____

Your hours as PIC in type: _____

Pilot Certificate: ☐ Student ☐ Recreational ☐ Sport
☐ Private ☐ Commercial ☐ ATP

Logged Hours: (Total) _____ (Last 12 Months) _____

Within the Last 36 Months Have You*:

Been involved in any aircraft accident/incident or aviation insurance claim? ☐ No ☐ Yes

Been cited for violation of any Federal Aviation Regulation? ☐ No ☐ Yes

Had your pilot's/driver's license surrendered, suspended or revoked? ☐ No ☐ Yes

Been convicted of operating an aircraft or motor vehicle while under the influence of drugs or alcohol? ☐ No ☐ Yes

*If you answered yes to any of these questions, please call AOPA Insurance Services at 1-800-622-AOPA [2672]. Additional information may be required to determine your eligibility for this insurance program.

NOTE: For coverage in Hawaii, Kentucky or Alaska, please contact AOPA Insurance Services at 1-800-622-AOPA [2672], as the prices listed do not apply. Not available to pilots under the age of 14.

2 Required Coverage **Bodily Injury/Property Damage Liability**

Protects against claims for Bodily Injury and Property Damage that may occur while operating a rented aircraft. Damage to the rented aircraft is not covered, but can be purchased below.

Each Occurrence	Passenger Sub-Limit	Non-Member Rate	AOPA Member Rate
<input type="checkbox"/> \$ 250,000	\$ 25,000	\$ 86	\$ 81
<input type="checkbox"/> \$ 500,000	\$ 50,000	\$ 116	\$ 109
<input type="checkbox"/> \$ 500,000	\$ 100,000	\$ 181	\$ 172
<input type="checkbox"/> \$1,000,000	\$100,000	\$ 220	\$ 209

3 Optional Coverage

A Liability Limit Desired For Damage To Rented Aircraft: ☐ Decline

Protects against claims for damage to the rented aircraft, including its loss of use and \$5,000 of no-fault deductible coverage. May be purchased only if required coverage above is also purchased.

Limit of Liability	Non-Member Rate	AOPA Member Rate
<input type="checkbox"/> \$ 5,000	\$ 99	\$ 94
<input type="checkbox"/> \$ 10,000	\$ 175	\$ 166
<input type="checkbox"/> \$ 20,000	\$ 250	\$ 238
<input type="checkbox"/> \$ 30,000	\$ 350	\$ 333
<input type="checkbox"/> \$ 40,000	\$ 450	\$ 428
<input type="checkbox"/> \$ 60,000	\$ 600	\$ 570
<input type="checkbox"/> \$ 80,000	\$ 775	\$ 736
<input type="checkbox"/> \$ 100,000	\$ 975	\$ 926
<input type="checkbox"/> \$ 150,000	\$ 1,425	\$ 1,354
<input type="checkbox"/> \$ 200,000	\$ 1,900	\$ 1,805

B Additional Premium for Employer as Additional Insured*

☐ Employer Name: _____ \$50/yr

Employer Address: _____

* Coverage shall not apply to any loss or occurrence arising out of the additional insured's activities involving the manufacture, sale, repair or service of aircraft or aircraft parts, components or accessories, or operations of any airport, hangar facility, flying service or pilot activity.

C Civil Air Patrol Coverage (optional):

Includes civil air patrol missions defined as flights in conjunction with or on behalf of the Civil Air Patrol. Civil Air Patrol uses include search & rescue missions, aerial photography, courier flights and aerial surveillance flights ordered by a corporate officer of the Civil Air Patrol or his/her designee.

☐ I hereby elect to purchase CAP coverage \$50/yr

4 Premium Calculation

	Annual Premium
2. Required Coverage (Bodily Injury/Property Damage Liability)	\$
3. Optional Coverage A (Damage to Rented Aircraft)	\$
Optional Coverage B (Add'l Insurance for Employer)	\$
Optional Coverage C (CAP Coverage)	\$
Tax (Applicable in: FL 1.3%; NJ 0.9%; WV 0.55%)	\$
TOTAL	\$

Rates are subject to change.

5 Payment Information

Please start my coverage on _____, however, I realize my policy will only become effective upon receipt and approval of this application by the Company; my medical and pilot certificates are current with necessary ratings required by the FAA; and when I have paid the premium in full.

☐ I've enclosed a check for the total premium amount, payable to AOPA Insurance Services.

☐ I am requesting that AOPA Insurance Services call me so I may pay by credit card.

☐ Please charge my: ☐ VISA ☐ MasterCard ☐ American Express

Name on Card _____

Cardholder Billing Address _____

Account No. _____

Card Security Code (3-4 digit code on back of card) _____

Expiration Date _____

The premium is 50% fully earned at inception date of the policy. The maximum that can be returned is 50% of the total premium if the policy is cancelled.

It is important that you read and understand the following: All information provided in this Application is true and complete to the best of my knowledge and no information has been withheld. I agree that this Application and the terms and conditions of the policy in use by the insurance company shall be the basis of any contract between the insurance company and me. I understand that no insurance is in force unless and until the insurance company or its authorized agent effects a binder of insurance or issues a policy. I authorize the insurance company or its authorized agent to investigate the qualifications or statements contained herein.

Signature _____ Date _____

Guardian Signature _____ Date _____

If you are under the age of 18, a legal guardian must also sign and date this application.

Coverage underwritten by:
AIG Property & Casualty - Aerospace
See Fraud Warnings.