

Application for Non-Owned Aircraft Liability and Aircraft Damage Liability

This application is for personal renters and flight instructors. (Note: This coverage is not available to residents of Alaska or Hawaii)

I desire insurance to cover my activities as a (select one):

Personal Renter – This application is for your personal and business related use of non-owned, fixed wing, non-pressurized, land aircraft having a non-turbine single engine of 450 horsepower or less (including non-powered sailplanes) and a capacity of no more than seven (7) total passengers and / or seats and having a Standard, Experimental, Restricted or Light Sport airworthiness certificate.

Flight Instructor – This application is for your personal, business-related flying, and your flight instruction to others in non-owned, fixed wing, non-pressurized, land aircraft having a non-turbine single engine of 450 horsepower or less (including non-powered sailplanes) and a capacity of no more than seven (7) total passengers and / or seats and having a Standard, Experimental, Restricted or Light Sport airworthiness certificate.

1. Pilot Information

Your Name _____

Address _____

City _____

State _____ Zip _____

Your Occupation _____

Your age _____ AOPA # _____

Your Pilot Certificate:
 STU Recreation/Light Sport Private Com. ATP

Ratings: Instrument. Other _____

Total logged hours _____ Last 12 mos. _____

What type of aircraft do you usually fly?

Your hours as PIC in above type _____

Do you have a : CFI - Instrument CFI - MEI

Hours flight instructing _____

Flight instruction given last 12 mos. _____

Within the last 36 months have you:

- been involved in any aircraft accident / incident?
 Yes No
- been cited for any FAR violation?
 Yes No
- had your pilot's or driver's license suspended?
 Yes No
- been convicted of any felony or DUI charge?
 Yes No

If you answered "yes" to any of the above, please contact AIR at 1-877-247-7767.

2. Coverages

A. Liability Coverage

Pays for bodily injury and property damage for which you are legally liable arising out of you use of non-owned aircraft, but excluding physical damage to non-owned aircraft.

Renters			
Each Occurrence	Passengers	Non-AOPA Premium	AOPA Premium
\$ 250,000	\$ 25,000	\$ 85 <input type="checkbox"/>	\$ 80 <input type="checkbox"/>
\$ 500,000	\$ 50,000	\$115 <input type="checkbox"/>	\$108 <input type="checkbox"/>
\$ 500,000	\$100,000	\$180 <input type="checkbox"/>	\$171 <input type="checkbox"/>
\$1,000,000	\$100,000	\$219 <input type="checkbox"/>	\$208 <input type="checkbox"/>

Flight Instructors *			
Each Occurrence	Passengers	Non-AOPA Premium	AOPA Premium
\$ 250,000	\$ 25,000	\$200 <input type="checkbox"/>	\$190 <input type="checkbox"/>
\$ 500,000	\$ 50,000	\$350 <input type="checkbox"/>	\$333 <input type="checkbox"/>
\$ 500,000	\$100,000	\$500 <input type="checkbox"/>	\$475 <input type="checkbox"/>
\$1,000,000	\$100,000	\$650 <input type="checkbox"/>	\$618 <input type="checkbox"/>

* FREE: Price INCLUDES Comprehensive CFI Professional Liability Coverage. Protects you against claims arising from your professional obligations as a CFI for instruction you have given within the 12 months prior to the date of a covered occurrence.

B. Physical Damage to Your Non-Owned Aircraft

Pays for physical damage to non-owned aircraft for which you are legally liable. This coverage is only available in conjunction with Liability Coverage.

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

Decline Physical Damage Coverage

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C. Optional Coverages

Add my Employer as an Additional Insured: \$ 50*

Name of Employer: _____

* Your employer may require this coverage if you use non-owned aircraft on company business. This coverage is not available to Student or Recreational pilots. Coverage does not apply to employers who are: involved in the manufacture, building, designing, selling, or distribution of aircraft, aircraft engines, parts, accessories, components, or fuel; engaged in the operation of an aircraft repair shop, sales agency, rental service, flight school, pilot training center or any other commercial flying service.

Add the Civil Air Patrol Endorsement: \$ 50**

** This coverage may be purchased to protect you against claims arising from your participation in Civil Air Patrol Activities.

Coverage for Acts of Terrorism under the Terrorism Risk Insurance Act of 2002 (TRIA) INCLUDED

Pays for bodily injury and property damage for which you are legally liable from certified acts of terrorism.

(THE FOLLOWING INFORMATION MUST BE COMPLETED FOR ALL APPLICATIONS)

I would like to begin coverage on _____ for one year. I understand that coverage shall not be effective until the company (AIG Aviation) has accepted my application and premium payment has been received, in full, by Aviation Insurance Resources. I also understand that my actual policy will have terms and conditions not found in this general description. I warrant that all of the information in this application is true and complete to the best of my knowledge.

I have enclosed a check or credit card information payable to A.I.R. in the amount of \$_____

I understand that once coverage is bound, a minimum of 50% of the premium is fully earned.

Your Credit Card # _____

Expiration Date _____

Your Signature _____

Today's Date _____

Your WORK phone _____

Your HOME phone _____

Your EMAIL _____

Your Fax _____

Some states require that we notify you that any person who knowingly and with intent to defraud any insurer, or other person, files an insurance application containing false or misleading information or any fact material thereto, commits a fraudulent insurance act which is a crime.

3. Coverage Selection Summary

A.	Liability =	\$
B.	Physical Damage Liability =	\$
C.	TRIA =	\$1.00
State Tax	(if applicable*) see below =	\$
	TOTAL	\$

IMPORTANT:

*Additional STATE TAX required by your state if you live in:

New Jersey
West Virginia
Kentucky
Florida (Hurricane fund surcharge)

PLEASE CALL YOUR REGIONAL AIR-PROS OFFICE FOR THE MOST CURRENT APPLICABLE TAXES IN THE ABOVE STATES.

Producer: (A00144)

Aviation Insurance Resources, LLC

P.O. Box 32
Frederick Municipal Airport
Frederick, MD. 21705

TOLL FREE 1-877-247-7767

FAX 1-301-682-9793

NOTE: You can print this application form and a sample policy from our web site at:

www.AIR-PROS.com