

**Application for Non-owned Aircraft
Personal Liability and Aircraft
Damage Liability**

This application is for Personal Renters and Flight Instructors.
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 airworthiness certificate.

Flight Instructor-This application is for your personal, business related flying and you 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 airworthiness certificate.

1. PILOT INFORMATION

Your Name _____
(Individual Only)

Address _____

City _____ State _____ Zip _____

This coverage is not available to residents of Alaska or Hawaii

Occupation _____ Age _____

Your Pilot Certificate:

- Student
- Recreation
- Private
- Commercial
- ATP

Your Ratings:

- Instrument
- Other

Total Logged Hours _____ Last 12 mos _____

What type of aircraft do you usually fly? _____

Your hours as PIC in type _____

Do You have a CFI-Inst? _____ CFI-ME? _____

Hours Flight Instructing _____

Flight Instruction given last 12 months _____

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 your insurance agent.

2. COVERAGES

Liability Coverage

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

Personal Renter

(select desired coverages)

<u>Each Occurrence</u>	<u>Passengers</u>	<u>Premium</u>
<input type="checkbox"/> \$250,000	\$ 25,000	\$ 95
<input type="checkbox"/> \$500,000	\$ 50,000	\$115
<input type="checkbox"/> \$500,000	\$100,000	\$180
<input type="checkbox"/> \$1,000,000	\$100,000	\$240

Flight Instructors

(select desired coverages)

<u>Each Occurrence</u>	<u>Passengers</u>	<u>Premium</u>
<input type="checkbox"/> \$250,000	\$ 25,000	\$200
<input type="checkbox"/> \$500,000	\$ 50,000	\$350
<input type="checkbox"/> \$500,000	\$100,000	\$500
<input type="checkbox"/> \$1,000,000	\$100,000	\$650

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.

(select desired coverages)

<u>Physical Damage Limit</u>	<u>Premium</u>
<input type="checkbox"/> \$5,000	\$125
<input type="checkbox"/> \$10,000	\$175
<input type="checkbox"/> \$20,000	\$250
<input type="checkbox"/> \$40,000	\$450
<input type="checkbox"/> \$60,000	\$600
<input type="checkbox"/> \$80,000	\$775
<input type="checkbox"/> \$100,000	\$975
<input type="checkbox"/> \$150,000	\$1,425

or

Decline Physical Damage Coverage

Optional Coverages and Premiums

Add my employer as an additional insured-----*\$50
Name and address of Employer _____

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

**Coverage for Acts of Terrorism under the
Terrorism Risk Insurance Act of 2002 (TRIA)
(MUST be completed)**

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

Add TRIA coverage-----\$50

or

Decline TRIA coverage

* 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.

** This coverage may be purchased to protect you against claims arising from you participation in Civil Air Patrol Activities, Contact your agent or broker for more information.

3. EFFECTING COVERAGE

I would like coverage to begin on _____ for one year. I understand that coverage shall not be effective until the company has accepted my application and premium payment has been received in full through a producer appointed by AIG Aviation. 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 payable to my agent in the amount of \$ _____ (Certain state taxes may apply--please contact your agent regarding any state taxes which may be applicable for your state.) I understand that once coverage is bound, a minimum of **50%** of the premium is fully earned.

Your Signature _____

Today's Date _____

Your contact information:

Phone _____

E-mail _____

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.

For Producer's Use Only

Producer: **Aviation Insurance Managers, Inc.**
Address: **11650 Cleveland Avenue, N.W.**
City: **Uniontown**
State: **Ohio**
Zip: **44685**
Phone Number: **330-494-1500**
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