

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)

- \$250,000 each occurrence limiting passenger bodily injury to \$25,000 each person **\$80**
- \$500,000 each occurrence limiting passenger bodily injury to \$50,000 each person **\$100**
- \$500,000 each occurrence limiting passenger bodily injury to \$100,000 each person **\$160**
- \$1,000,000 each occurrence limiting passenger bodily injury to \$100,000 each person **\$200**
- \$1,000,000 each occurrence limiting passenger bodily injury to \$200,000 each person **\$525**

2. Medical limit of (Optional)

- \$1,000 each person **\$Included**
- \$3,000 each person **\$25**
- \$5,000 each person **\$50**
- \$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 <u>\$75</u> | <input type="checkbox"/> \$35,000 each occurrence <u>\$350</u> | <input type="checkbox"/> \$70,000 each occurrence <u>\$675</u> |
| <input type="checkbox"/> \$2,500 each occurrence <u>\$85</u> | <input type="checkbox"/> \$40,000 each occurrence <u>\$400</u> | <input type="checkbox"/> \$75,000 each occurrence <u>\$700</u> |
| <input type="checkbox"/> \$5,000 each occurrence <u>\$90</u> | <input type="checkbox"/> \$45,000 each occurrence <u>\$450</u> | <input type="checkbox"/> \$80,000 each occurrence <u>\$740</u> |
| <input type="checkbox"/> \$10,000 each occurrence <u>\$160</u> | <input type="checkbox"/> \$50,000 each occurrence <u>\$500</u> | <input type="checkbox"/> \$100,000 each occurrence <u>\$900</u> |
| <input type="checkbox"/> \$15,000 each occurrence <u>\$215</u> | <input type="checkbox"/> \$55,000 each occurrence <u>\$535</u> | <input type="checkbox"/> \$125,000 each occurrence <u>\$1,125</u> |
| <input type="checkbox"/> \$20,000 each occurrence <u>\$225</u> | <input type="checkbox"/> \$60,000 each occurrence <u>\$555</u> | <input type="checkbox"/> \$150,000 each occurrence <u>\$1,350</u> |
| <input type="checkbox"/> \$25,000 each occurrence <u>\$250</u> | <input type="checkbox"/> \$65,000 each occurrence <u>\$600</u> | <input type="checkbox"/> \$200,000 each occurrence <u>\$1,800</u> |
| <input type="checkbox"/> \$30,000 each occurrence <u>\$300</u> | | |

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** _____