

Expiration Notice

Aviation Insurance policies are not renewed automatically. Please complete this renewal information form and return to United States Aircraft Insurance Group.

IMPORTANT NOTICE: Most states require that insurance companies provide renewal quotations a minimum number of days prior to expiration. Delay in returning this form may affect our ability to offer renewal.

| PRODUCER INFORMATION | APPLICANT INFORMATION |
|----------------------|-----------------------|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Telephone Number: | Telephone Number: |
| Corporate Website: | Corporate Website: |
| Email Address: | Email Address: |

RENEWAL INSTRUCTIONS

Policy Number: _____ Policy Expiration Date: _____ Send renewal quote Allow to expire

Aircraft Year: _____ Make & Model: _____ FAA "N" Number: _____

Engine hours since new or last major overhaul: _____ Date of last aircraft Annual: _____

Aircraft is: Hangared Tied Down Airport: _____

Any change in aircraft use? Yes No (If "Yes," explain on page 2.)

Pilot Information Data required on all pilots who will operate the aircraft.

| | | | | | |
|--|------------------------------------|----------------|-------------------|-------|-------------|
| Pilot No. 1 | | | | | |
| Name: _____ | | | | | |
| Age: _____ | | | | | |
| Occupation: _____ | | | | | |
| Last Medical Date: _____ Class: _____ | | | | | |
| Last Flight Review Date: _____ | | | | | |
| In Make/Model A/C: _____ | | | | | |
| Date of last instrument proficiency check in insured aircraft: _____ | | | | | |
| FAA Pilot Certificates Held: <input type="checkbox"/> Stu. <input type="checkbox"/> LSA <input type="checkbox"/> Pvt. | | | | | |
| <input type="checkbox"/> Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/> _____ | | | | | |
| Certificate No. _____ Issue Date _____ | | | | | |
| Ratings: <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES | | | | | |
| <input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft <input type="checkbox"/> _____ | | | | | |
| Pilot-In-Command Hours: | | | | | |
| All Aircraft | | | This Make & Model | | |
| Total | <input type="checkbox"/> st 12 Mo. | S.E. Ret. Gear | Multi Eng Total | Total | Last 12 Mo. |
| | | | | | |
| Total Jet | Total TurboProp | Helicopters | | | |
| | | Turbine Total | Last 12 Mo. | Other | |
| Recurrent/Transition Courses: Describe and give dates of last courses attended: _____ | | | | | |
| | | | | | |
| Date of last competency check in insured aircraft: _____ | | | | | |
| Do you hold a current FSI Pro Card or SimuFlite? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| WINGS – Pilot Proficiency Program participant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If WINGS participant, what level completed? _____ | | | | | |
| What phase? _____ | | | | | |
| Date completed: _____ | | | | | |

| | | | | | |
|--|-----------------|----------------|-------------------|-------|-------------|
| Pilot No. 2 | | | | | |
| Name: _____ | | | | | |
| Age: _____ | | | | | |
| Occupation: _____ | | | | | |
| Last Medical Date: _____ Class: _____ | | | | | |
| Last Flight Review Date: _____ | | | | | |
| In Make/Model A/C: _____ | | | | | |
| Date of last instrument proficiency check in insured aircraft: _____ | | | | | |
| FAA Pilot Certificates Held: <input type="checkbox"/> Stu. <input type="checkbox"/> LSA <input type="checkbox"/> Pvt. | | | | | |
| <input type="checkbox"/> Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/> _____ | | | | | |
| Certificate No. _____ Issue Date _____ | | | | | |
| Ratings: <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES | | | | | |
| <input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft <input type="checkbox"/> _____ | | | | | |
| Pilot-In-Command Hours: | | | | | |
| All Aircraft | | | This Make & Model | | |
| Total | Last 12 Mo. | S.E. Ret. Gear | Multi Eng Total | Total | Last 12 Mo. |
| | | | | | |
| Total Jet | Total TurboProp | Helicopters | | | |
| | | Turbine Total | Last 12 Mo. | Other | |
| Recurrent/Transition Courses: Describe and give dates of last courses attended: _____ | | | | | |
| | | | | | |
| Date of last competency check in insured aircraft: _____ | | | | | |
| Do you hold a current FSI Pro Card or SimuFlite? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| WINGS – Pilot Proficiency Program participant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If WINGS participant, what level completed? _____ | | | | | |
| What phase? _____ | | | | | |
| Date completed: _____ | | | | | |

EXPLAIN EACH "YES" ANSWER – With respect to each pilot:

- As pilot, any incidents, accidents or any citations for FAR violations or license limitations?
- Any physical impairments or limitations or waivers on Medical Certificate?
- Any felony convictions or license suspensions arising out of operation of a motor vehicle?
- Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs?
- Will anyone, other than you or the pilots shown above, use your aircraft?

| PILOT NO. 1 | | PILOT NO. 2 | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Indicate the coverages desired.

Same as expiring

-OR-

| Coverage | Limits of Coverage | |
|---|--------------------------|----------------------|
| Combined Liability Coverage for bodily injury and property damage | \$ | Each Occurrence |
| OR | | |
| Combined Liability Coverage for bodily injury and property damage | \$ | Each Occurrence |
| Subject to a Maximum of | \$ | Each Passenger |
| Medical Coverage | \$ | Each Person |
| Aircraft Physical | Not in-motion deductible | In-motion deductible |
| Damage Coverage | \$ | \$ |

If the Aircraft Physical Damage Coverage Limit is different from the current market value, please explain below.

Any equipment added in the last twelve months? Yes No (If "Yes," explain below, including a list of the equipment and values)

Aircraft Ownership

If you do not own the aircraft by yourself, please list the names and addresses of co-owners, mortgagees and/or lessors:

| Ownership Status | Name | Address | Lien Amount | Is a BOW required? |
|--|------|---------|-------------|--|
| <input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor | | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor | | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor | | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Use this space for explaining "Yes" answers to previous questions.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law. In order for an insurer to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on the part of the insured, the insurer must show that the misinformation is material to the content of the contract, that the insurer relied upon the misinformation *and* that the information was either material to the risk assumed by the insurer *or* that the misinformation was provided fraudulently.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for a payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until United States Aviation Underwriters, Incorporated (Managers of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by United States Aviation Underwriters, Incorporated, the full amount of premium becomes due and payable immediately. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date: _____ Signature of Applicant: _____

