



Non-Owned Aircraft Insurance Application

Name of Applicant: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____ Corporate Website: _____
 Email Address: _____

Quotation for the following insurance is requested for an annual period beginning: _____

The following insurance is requested for an annual period beginning: _____

Name of last (or present) insurance company: _____ Policy Expiration: _____

Applicant is: Individual Partnership Corporation LLC Other

Please explain if Other: _____

Business of Applicant: _____

Non-Owned Aircraft – List year, make and model of aircraft which may be used by applicant in next 12 months:

Pilots Information required on an individual applicant or each pilot employee of a company applicant.
If more than two pilots, attach separate sheet.

Pilot 1

Name	Age	Occupation			
Date of Last Medical		Class		Date of Last Flight Review	
FAA Pilot Certificate	STU PVT	COMM	ATP	ASEL	ASES AMEL AMES
And Ratings Now Held:	INSTRUMENT	CFI LSA	OTHER		
Cert Number: _____		Issue Date: _____			
Pilot-In-Command Experience By Make and Model of Aircraft	Total Hours	Total Hours Last 12 Months	Total Estimated Hours Next 12 Months	Total Hours Last 90 Days	Total Hours Instrument
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Pilot 2

Name	Age	Occupation			
Date of Last Medical		Class		Date of Last Flight Review	
FAA Pilot Certificate	STU PVT	COMM	ATP	ASEL	ASES AMEL AMES
And Ratings Now Held:	INSTRUMENT	CFI LSA	OTHER		
Cert Number: _____		Issue Date: _____			
Pilot-In-Command Experience By Make and Model of Aircraft	Total Hours	Total Hours Last 12 Months	Total Estimated Hours Next 12 Months	Total Hours Last 90 Days	Total Hours Instrument
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please explain each "Yes" answer on Page 3.

With respect to each pilot:

As pilot, any incidents, accidents or any citations for FAR violations or license limitations?

Pilot 1		Pilot 2	
Yes	No	Yes	No

Any physical impairments or limitations or waivers on Medical Certificate?

Yes	No	Yes	No
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Any felony convictions or license suspensions arising out of the operation of a motor vehicle?

Yes	No	Yes	No
-----	----	-----	----

Any arrests for operation of a motor vehicle recklessly or under the influence of alcohol or drugs?

Yes	No	Yes	No
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Uses

Please explain each "Yes" answer on page 3.

Will applicant make any charge to others for use of the aircraft?

Yes	No
-----	----

Will aircraft be used for other than transportation of persons (such as hunting, dusting, patrol, research, etc.)?

Yes	No
-----	----

Will aircraft be operated at other than paved public airports or outside the continental United States?

Yes	No
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Where? _____ Purpose? _____ Frequency? _____

Will aircraft be used for student pilot instruction? Yes No

Name of trainee(s): _____

Instructor: _____

Flight School: _____

Company applicants:

Does the company have a policy, written or otherwise, that prohibits the use of aircraft by employees who are not employed as professional pilots? Yes No

If "Yes," please attach a copy of written policy, if available. If not available, please explain in detail:

State annual flying hours of non-owned aircraft:

(a) Rental aircraft and use of employee-owned aircraft – last year _____ ; estimated next year _____

(b) Chartered aircraft with non-employee pilots – last year _____ ; estimated next year _____

Average number of passengers each trip:

Are passengers usually guests or employees? _____ Guests _____ Employees _____

Number of branch offices: _____

Number of employees who are pilots: _____

Number of employees who own aircraft: _____

Number of these aircraft used on company business: _____

Number of employees whose regular duties require aircraft travel: _____

Any charters or rentals for more than seven consecutive days? Yes No

Will there be any use of jets, helicopters or aircraft over eight-place including crew? Yes No

Please state the limits of liability desired.

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 Each Passenger

Fractional Aircraft Ownership

Do you own any share of a fractional aircraft? Yes No

Do you want to purchase fractional excess coverage? Yes No

List the operator(s) and the shares of the fractional aircraft you own:

Operator	Percentage	Aircraft	Limit of Liability

Fractional excess liability limit requested: \$ _____

Loss History and Previous Aviation Insurance (Explain each "Yes" answer.)

Has any applicant had any aircraft/aviation losses/claims during last five years? Yes No

Has any insurer canceled, declined or refused any aviation insurance? Yes 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 CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 or an application 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 authorize the following agent/broker to represent me/us in the placing of this insurance:

Name of Broker: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Agency License Number in State of Policyholder's Address: _____

Individual Producer Name: _____

Individual Produce License Number in State of Policyholder's Address: _____

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: _____

