



Non-Owned Aircraft Liability and Physical Damage Insurance Application

Pilot Information				
Name:		Parent/Guardian: (if application is a minor)		
Address:				
City:	State*:	Zip Code:		
<i>*Alaska or Hawaii residents please contact your broker for a quote</i>				
Occupation:		Date of Birth:		
Pilot Certificate: <input type="checkbox"/> Student <input type="checkbox"/> Sport/Rec <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP				
Total Logged Hours:		Hours Last 12 Months:		
Aircraft Normally Flown:				
Are you a CFI?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Hours Dual Given:		
Dual Given Last 12 Months:		ME – CFI: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Within the past 36 months have you:				
Been involved in any aircraft accident or incidents?		<input type="checkbox"/> Yes**		<input type="checkbox"/> No
Been cited for any FAR Violations?		<input type="checkbox"/> Yes**		<input type="checkbox"/> No
Had your pilot or driver's license been suspended or revoked?		<input type="checkbox"/> Yes**		<input type="checkbox"/> No
Been arrested or convicted of any felony or DUI charge?		<input type="checkbox"/> Yes**		<input type="checkbox"/> No
If you answered yes to any of the above, you must contact your broker prior to starting coverage				
This application is for Renter/Non-owner and Flight Instructors. I desire insurance to cover my activities as a (select one):				
<input type="checkbox"/> Individual Renter/Non-owner – This application is for your pleasure and business related use of non-owned, fixed wing, non-pressurized, land aircraft having non-turbine single engine of 450 horsepower or less (including non-powered airplanes) and capacity of no more than seven (7) total passengers and/or seats and having a Standard, Experimental, Restricted, or Light Sport Aircraft certificate.				
<input type="checkbox"/> Flight Instructor – This application is for your pleasure and business related flying and your flight instruction to others in non-owned, fixed wing, non-pressurized, land aircraft having 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 Aircraft certificate.				
Liability Coverage: Provides coverage for bodily injury and property damage for which you may be liable arising out of your use of non-owned aircraft but excluding physical damage to non-owned aircraft				
Individual Pleasure & Business Use:				
Limits of Coverage				
Each Occurrence	Each Passenger	Base Premium	Current AOPA, or in the past 12 months; Completed FAA Wings Program, OR; OpenAirplane Universal Checkout	Current AOPA, and in the past 12 months; Completed FAA Wings Program, OR; OpenAirplane Universal Checkout
\$250,000	\$25,000	<input type="checkbox"/> \$85	<input type="checkbox"/> \$81	<input type="checkbox"/> \$77
\$500,000	\$50,000	<input type="checkbox"/> \$114	<input type="checkbox"/> \$108	<input type="checkbox"/> \$103
\$500,000	\$100,000	<input type="checkbox"/> \$180	<input type="checkbox"/> \$171	<input type="checkbox"/> \$162
\$1,000,000	\$100,000	<input type="checkbox"/> \$219	<input type="checkbox"/> \$208	<input type="checkbox"/> \$198
Certified Flight Instructor:				
Limits of Coverage				
Each Occurrence	Each Passenger	Base Premium	Current AOPA, or in the past 12 months; Completed FAA Wings Program, OR; OpenAirplane Universal Checkout	Current AOPA, and in the past 12 months; Completed FAA Wings Program, OR; OpenAirplane Universal Checkout
\$250,000	\$25,000	<input type="checkbox"/> \$200	<input type="checkbox"/> \$190	<input type="checkbox"/> \$181
\$500,000	\$50,000	<input type="checkbox"/> \$350	<input type="checkbox"/> \$333	<input type="checkbox"/> \$316
\$500,000	\$100,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$475	<input type="checkbox"/> \$451
\$1,000,000	\$100,000	<input type="checkbox"/> \$650	<input type="checkbox"/> \$618	<input type="checkbox"/> \$587



Damage to Non-Owned Aircraft

Provides coverage for damage to non-owned aircraft for which you are liable. This coverage is only available in conjunction with liability coverage.

Aircraft Damage Limit	Non-AOPA Premium	Current AOPA, or in the past 12 months; Completed FAA Wings Program, OR; OpenAirplane Universal Checkout	Current AOPA, and in the past 12 months; Completed FAA Wings Program, OR; OpenAirplane Universal Checkout
\$5,000	<input type="checkbox"/> \$99	<input type="checkbox"/> \$94	<input type="checkbox"/> \$89
\$10,000	<input type="checkbox"/> \$175	<input type="checkbox"/> \$166	<input type="checkbox"/> \$158
\$20,000	<input type="checkbox"/> \$250	<input type="checkbox"/> \$238	<input type="checkbox"/> \$226
\$30,000	<input type="checkbox"/> \$350	<input type="checkbox"/> \$333	<input type="checkbox"/> \$316
\$40,000	<input type="checkbox"/> \$450	<input type="checkbox"/> \$428	<input type="checkbox"/> \$406
\$60,000	<input type="checkbox"/> \$600	<input type="checkbox"/> \$570	<input type="checkbox"/> \$542
\$80,000	<input type="checkbox"/> \$775	<input type="checkbox"/> \$736	<input type="checkbox"/> \$699
\$100,000	<input type="checkbox"/> \$975	<input type="checkbox"/> \$926	<input type="checkbox"/> \$880
\$150,000	<input type="checkbox"/> \$1,425	<input type="checkbox"/> \$1,354	<input type="checkbox"/> \$1,286
\$200,000	<input type="checkbox"/> \$1,900	<input type="checkbox"/> \$1,805	<input type="checkbox"/> \$1,715

I decline purchasing aircraft damage coverage

Optional Coverage

Add my employer as an additional insured \$50*

Name of Employer:

Add the Civil Air Patrol Endorsement \$50**

*Your employer may require this coverage if you use non-owned aircraft on company business. This coverage is ONLY available to Private Commercial and ATP licensed 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 or 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 your participation in "Civil Air Patrol Activities. Contact your broker for more information.

Coverage for Acts of Terrorism under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA)

Provides coverage for bodily injury and property damage for which you may be liable from certified acts of terrorism. Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

This coverage is automatically applied for a \$1 charge and does not include any charges for the portion of losses covered by the United States government under the Act.

I would like to begin coverage on _____ for one year. I understand that coverage shall not be effective until AIG has accepted my application and premium payment has been received in full through a producer approved by AIG. I also understand that my actual policy will have terms, conditions and exclusions 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.



Liability Premium:	\$
Non-Owned Physical Damage (Optional):	\$
TRIA (required):	\$ 1
Total:	\$

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 applicable for your state). I understand that once coverage is bound, a minimum of 50% of the premium is fully earned. (May not be applicable in some states.)

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 (*Not Applicable in Missouri). I understand that the information herein and the truthfulness thereof will be the basis of any insurance provided by AIG Aerospace Insurance Services, Inc.

Your Signature:

AOPA member #: _____ **Today's Date:** _____

Your contact

information: Phone: _____ **Email:** _____

(Broker will fill in this information)

Broker _____
Address _____
City _____ **State** _____ **Zip** _____
Telephone no. _____
Email Address _____

Important Notices

Some states require that we notify you than 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.

Notice to Applicants: Any person who knowingly and with intent to defraud an 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 mis-leading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such a person to criminal and civil penalties.

Notice to Arkansas, New Mexico and the West Virginia 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 policy holder 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 claims was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer 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 Kansas Applicants: Any person who knowingly and with intent to defraud, presents, causes to be presented or prepared with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial or personal insurance which such person knows to contain material false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willingly presents false information in an application for insurance guilty of a crime and may be subject to fines and confinement in prison.

Notice to Minnesota Applicants: A person who includes a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to Missouri Applicants: A person applying for insurance is not required to divulge whether any insurer has canceled or refused to renew or issue a policy of insurance.

Notice to Montana Applicants: Where the word warrant and warranted are used, they are replaced by represent or represented.

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 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 a 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 live thousand dollars and the stated value of the claim for 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 and 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 any insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, S.S. 3613.1).

Notice to Oregon Applicants:

1. 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 or misleading, information concerning any fact material thereto, may be guilty of a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.
2. Where the word warrant and warranted are used, they are replaced by represent and represented.

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 a person to criminal and civil penalties.

Notice to Tennessee, Virginia and 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 Vermont Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an applicant 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 act, which may be a crime and may subject such person to criminal and civil penalties.

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