

Application for Non-Owned Aircraft 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 your 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.

Pilot Information

Your Name _____

(Individual only)

Address _____

City, State Zip _____

This coverage is not available to residents of Alaska or Hawaii

Home Phone _____ Work Phone _____

Your Occupation _____ Your age _____

Employer _____

Your Pilot Cert. Student Rec. Pvt. Cmcl. ATP

Your Ratings Inst. _____

Tot. logged hours _____ Last 12 mos. _____

What type of aircraft to 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 mos. _____

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.

- is this named pilot an AOPA member?
 Yes No
Membership # _____

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 non-owned aircraft.

Renters

Each Occurrence	Passengers	Non-AOPA Premium	AOPA Premium
\$ 250,000	\$ 25,000	\$ 85 <input type="checkbox"/>	\$ 80 <input type="checkbox"/>
\$ 500,000	\$ 50,000	\$114 <input type="checkbox"/>	\$108 <input type="checkbox"/>
\$ 500,000	\$100,000	\$180 <input type="checkbox"/>	\$171 <input type="checkbox"/>
\$1,000,000	\$100,000	\$219 <input type="checkbox"/>	\$208 <input type="checkbox"/>

Add my Employer as an Additional Insured: \$ 50 *

Name of Employer _____

Add the Civil Air Patrol Endorsement \$ 50 **

Flight Instructors

Including Comprehensive CFI Liability Coverage

Each Occurrence	Passengers	Non-AOPA Premium	AOPA Premium
\$ 250,000	\$ 25,000	\$200 <input type="checkbox"/>	\$190 <input type="checkbox"/>
\$ 500,000	\$ 50,000	\$350 <input type="checkbox"/>	\$332 <input type="checkbox"/>
\$ 500,000	\$100,000	\$500 <input type="checkbox"/>	\$475 <input type="checkbox"/>
\$1,000,000	\$100,000	\$650 <input type="checkbox"/>	\$617 <input type="checkbox"/>

Add my Employer as an Additional Insured: \$ 50 *

Name of Employer _____

Physical Damage to Your Non-Owned Aircraft

Pays for physical damage to non-owned aircraft for which you are legally liable.

Physical Damage Limit	Non-AOPA Premium	AOPA Premium
\$ 5,000	\$ 99 <input type="checkbox"/>	\$ 94 <input type="checkbox"/>
\$ 10,000	\$ 175 <input type="checkbox"/>	\$ 166 <input type="checkbox"/>
\$ 20,000	\$ 250 <input type="checkbox"/>	\$ 237 <input type="checkbox"/>
\$ 30,000	\$ 350 <input type="checkbox"/>	\$ 332 <input type="checkbox"/>
\$ 40,000	\$ 450 <input type="checkbox"/>	\$ 427 <input type="checkbox"/>
\$ 60,000	\$ 600 <input type="checkbox"/>	\$ 570 <input type="checkbox"/>
\$ 80,000	\$ 775 <input type="checkbox"/>	\$ 736 <input type="checkbox"/>
\$100,000	\$ 975 <input type="checkbox"/>	\$ 926 <input type="checkbox"/>
\$150,000	\$1,425 <input type="checkbox"/>	\$1,354 <input type="checkbox"/>
\$200,000	\$1,900 <input type="checkbox"/>	\$1,805 <input type="checkbox"/>

I do not wish to purchase this coverage

This coverage is available only in conjunction with Liability Coverage

Terrorism Risk Insurance Coverage (TRIA)

Provides coverage for bodily injury and property damage for which you may be liable from certified acts of terrorism

TRIA Coverage \$ 1 Fully Earned

AGENT

MacKenzie Aviation Insurance Agency, Inc.

P.O. Box 1425

Painesville, OH 44077

440-357-9110 FAX 440-357-9171

PLEASE BE SURE TO COMPLETE REVERSE SIDE

*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 a 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.

I would like to begin coverage on _____ for one year. I understand that coverage shall not be effective until the company has accepted by 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 \$ _____. (Residents of Kentucky, New Jersey, and West Virginia please contact your agent prior to mailing this for the required addition of state taxes.) 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 _____ eMail _____

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.

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 misleading, 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 and the 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 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 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 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 Maine Applicants: It is 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 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 five 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 an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Producer's Use Only

Producer: MacKenzie Aviation Insurance Agency, Inc.

Address: P.O. Box 1425 City: Painesville State: OH Zip: 44077

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