

**AIG Aerospace
Insurance Services, Inc.**



For Producer's Use Only

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Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

**ARE YOU COVERED
WHEN YOU RENT OR
BORROW AN AIRCRAFT?**



**Non-Owned
Aircraft Liability
and Physical
Damage Insurance
Application**

**AIG Aerospace
Insurance Services, Inc.**



Are you covered when you use an aircraft owned by someone else?

Did you know that there are approximately 7 pilots for every 1 airplane registered for general aviation use? Therefore, most general aviation pilots need to rent or borrow an airplane when they take to the sky. The owner's aircraft insurance policy protects the owner from his or her mistakes, but what about the pilot renting or borrowing the airplane? What happens if the owner's policy does not include coverage for "permissive pilots?" Or, what if the aircraft is underinsured or uninsured? You may be liable for the damages. So you need to ask yourself, *"Can I afford not to be insured?"*

AIG is a world leading property-casualty and general insurance organization serving more than 40 million clients in over 160 countries and jurisdictions. With a 90 year history, one of the industry's most extensive ranges of products and service, deep claims expertise and excellent financial strength, AIG enables its commercial and personal insurance clients alike to manage virtually any risk with confidence. AIG is the marketing name for the worldwide property-casualty and general insurance operations of American International Group, Inc.

- ✈ Liability Coverage for renters/non-owners provides coverage for the bodily injury and property damage for which you may be liable.
- ✈ Flight Instructor Liability Coverage provides coverage for the bodily injury and property damage for which you may be liable including your liability as a Flight Instructor.
- ✈ Deductible Liability Coverage included when you purchase Physical Damage to your Non-Owned Aircraft. Deductible Liability covers the deductible on the owner's or lessor's aircraft that you rent or borrow up to \$5000 for each occurrence regardless of your liability. Deductible Liability Coverage is part of and not in addition to coverage provided by Physical Damage to your Non-Owned Aircraft.
- ✈ Liability Coverage for Non-Owned Physical Damage provides coverage for the physical damage to a non-owned aircraft for which you may be liable.
- ✈ Civil Air Patrol Endorsement expands coverage for your involvement in sanctioned Civil Air Patrol activities.
- ✈ Coverage extends to aircraft having a standard airworthiness certificate and aircraft having an experimental, restricted or light sport aircraft airworthiness certificate.

Here's what you need to do:

1. Complete the information under parts 1 & 2 of the enclosed application.
2. Add the premium totals in parts 1 & 2, add the applicable tax (if required). Then calculate the total premium and enter it in the space provided on Part 3.
3. Sign the application, enclose a check payable to your agent and mail to your insurance agent.

Application for Non-Owned Aircraft Liability and Aircraft Damage Liability

This application is for Renter/Non-Owners and Flight Instructors. I desire insurance to cover my activities as a (select one):

- ☐ **Individual Renter/Non-owner**-This application is for your pleasure 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, Experimental, Restricted or Light Sport Aircraft certificate.
- ☐ **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 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, Experimental, Restricted or Light Sport Aircraft certificate.

1. PILOT INFORMATION

Your name_____
(Individual Only)

Address_____

City_____State_____Zip_____

This coverage is not available to residents of Alaska or Hawaii.

Your Occupation_____Your Age_____

Your Pilot Certificate: ☐ Student ☐ Pvt. ☐ Cml. ☐ ATP
Other please specify _____

Your Ratings ☐ Inst. ☐ Other _____

Total logged hours_____LAST 12 MOS. _____

What type of aircraft do 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.

2. COVERAGES

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 and Business			
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"/>

Flight Instructor			
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"/>

Physical Damage to Your Non-Owned Aircraft

Provides coverage for physical damage to non-owned aircraft for which you may be liable. This coverage is only available in conjunction with Liability Coverage.

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"/>	\$1,353 <input type="checkbox"/>
\$200,000	\$1,900 <input type="checkbox"/>	\$1,805 <input type="checkbox"/>

Decline Physical Damage Coverage ☐

Optional Coverage

Add my employer as an additional insured \$50* ☐

Name of my 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 any loss or occurrence arising out of the additional insured’s (a) activities involving the manufacturer, sale, repair or service of aircraft or aircraft parts, components or accessories, or (b) operations of any airport, hanger facility, flying service or pilot activity”

** 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 2007 (TRIPRA)

Provides coverage for bodily injury and property damage for which you may be liable from certified acts of terrorism. This coverage is automatically applied for a \$1 charge.

3. I would like to begin coverage on _____ for one year. I understand that coverage shall not be effective until AIG Aerospace Insurance Services, Inc. has accepted my application and premium payment has been received in full through a producer appointed by AIG Aerospace Insurance Services, Inc. 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.

*** Do not forget to add \$1 for TRIPRA coverage***
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). MONTANA RESIDENTS: PURSUANT TO MONTANA STATUTE 33-15-403, ALL STATEMENTS AND DESCRIPTIONS MADE IN THIS APPLICATION SHALL BE CONSIDERED TO BE REPRESENTATIONS AND NOT WARRANTIES. 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.

Your Signature_____

AOPA member #_____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 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND 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 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 AGENCIES.

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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES 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 INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATON 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 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 WILL-FULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 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 PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.