



**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.  Cmel.  ATP

Other please specify \_\_\_\_\_

Your Ratings  Inst.  \_\_\_\_\_ Last 12 mos. \_\_\_\_\_

Total logged hours \_\_\_\_\_

What type of aircraft do you usually fly? \_\_\_\_\_

Your hours as PIC in type \_\_\_\_\_ CFI- ME \_\_\_\_\_

Do you have a CFI-Inst.? \_\_\_\_\_

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            | \$ 80        |
| \$500,000       | \$50,000   | \$115            | \$ 108       |
| \$500,000       | \$100,000  | \$180            | \$ 171       |
| \$1,000,000     | \$100,000  | \$219            | \$ 208       |

**Flight Instructor**

| Each Occurrence | Passengers | Non-AOPA Premium | AOPA Premium |
|-----------------|------------|------------------|--------------|
| \$250,000       | \$200      | \$190            |              |
| \$500,000       | \$500      | \$333            |              |
| \$500,000       | \$100,000  | \$500            | \$475        |
| \$1,000,000     | \$100,000  | \$650            | \$618        |

**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            | \$ 94        |
| \$10,000              | \$175            | \$166        |
| \$20,000              | \$250            | \$238        |
| \$30,000              | \$350            | \$333        |
| \$40,000              | \$450            | \$428        |
| \$60,000              | \$600            | \$570        |
| \$80,000              | \$775            | \$736        |
| \$100,000             | \$975            | \$926        |
| \$150,000             | \$1,425          | \$1,354      |

Decline Physical 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; 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 Extension Act of 2005 (TRIEA)**

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 Aviation, Inc. has accepted my application and premium payment has been received in full through a producer appointed by AIG Aviation, 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 TRIEA 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. I understand that the information provided by AIG Aviation, Inc. This application does not bind the applicant or AIG Aviation, Inc. to provide any insurance.

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

AOPA member # \_\_\_\_\_ Phone \_\_\_\_\_

Your contact information: \_\_\_\_\_

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 be subject to a civil penalty 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 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 to 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.

**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 (365:15-1-10, 36§36.13.1).

**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 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 may be a crime and may subject such person to criminal and civil penalties.