

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 _____

This coverage is not available to residents of Alaska or Hawaii

Your occupation _____ Your age _____

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 an 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.

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	Premium
\$ 250,000	\$ 25,000	\$125 <input type="checkbox"/>
\$ 500,000	\$ 50,000	\$160 <input type="checkbox"/>
\$ 500,000	\$100,000	\$230 <input type="checkbox"/>
\$ 1,000,000	\$100,000	\$325 <input type="checkbox"/>

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

Name of Employer: _____

Flight Instructors

Including Comprehensive CFI Liability Coverage

Each Occurrence	Passengers	Premium
\$ 250,000	\$ 25,000	\$200 <input type="checkbox"/>
\$ 500,000	\$ 50,000	\$350 <input type="checkbox"/>
\$ 500,000	\$100,000	\$500 <input type="checkbox"/>
\$1,000,000	\$100,000	\$650 <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	Premium
\$ 5,000	\$ 125 <input type="checkbox"/>
\$ 10,000	\$ 175 <input type="checkbox"/>
\$ 20,000	\$ 250 <input type="checkbox"/>
\$ 40,000	\$ 450 <input type="checkbox"/>
\$ 60,000	\$ 600 <input type="checkbox"/>
\$ 80,000	\$ 775 <input type="checkbox"/>
\$100,000	\$ 975 <input type="checkbox"/>
\$150,000	\$1,425 <input type="checkbox"/>

I do not wish to purchase this coverage

This coverage is available only in conjunction with Liability Coverage.

*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.

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 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.

For Producer's Use Only

Producer: **Davidson & Derion Insurance Inc.**

Address: **442 Castle Shannon Blvd.**

City: **Pittsburgh**

State: **PA** Zip: **15234**

Phone number: **412-571-1700**

FAX: **412-571-0156**

03/02 NOAPP