



Application for Personal Non-Owned Aircraft Insurance

If you are using **non-owned aircraft** for other than your non-commercial personal pleasure and business use, please contact your aviation insurance broker/representative.

Policy Period

Insurance coverage is requested to begin 12:01 A.M. Month _____ Day _____ Year _____

Policy Holder Information

Your Name _____

Address _____

City _____ State _____ Zip code _____ Contact Phone _____

Email Address: _____ Note: We will never share, sell, or rent individual personal information with anyone for their promotional use without your advance permission or unless ordered by a court of law. Information submitted to us is only available to employees managing this information for purposes of contacting you or sending you emails based on your request for information, and to contracted service providers for purposes of providing services relating to our communications with you.

Business or Occupation of Applicant: _____

Non-Owned Aircraft You Usually Operate	
Make and Model	Hours Flown Last 12 months
_____	_____

Your Pilot Information

		Pilot Certificates and Ratings (check all that apply)								Medical & BFR		Pilot Experience – Logged Hours						
Your Name	Age	Student	Private	Commercial	ATP	Instrument	ASEL	AMEL	Rotorwing	Flight Instructor	As of the date of this application is your medical (if required) and BFR current as required by FAR 61.56?	Yes	No	Total Flight Time	Retractable Gear	Conventional Gear/Tailwheel	Multi-Engine	Total Logged Rotorwing
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Completion date of last FAA Wings Basic, Advanced or Master Level (MM/YYYY) _____

In the past 36 months have you:

Been involved in an aircraft accident or incident? Yes No
Had an FAA violation? Yes No
Been convicted of a DUI or crime classified as a felony? Yes No
Been canceled or declined or refused an aircraft insurance policy? Yes No

For any response marked "Yes" please provide an explanation – may be subject to additional underwriting

I would like coverage for the following types of non-owned aircraft (check one option)

Single Engine

Fixed wing non-pressurized land aircraft (including sailplanes/glider) having a single piston engine not exceeding 450 rated horsepower and no more than 7 total seats

Multi-Engine

Fixed wing non-pressurized land aircraft (including sailplanes/glider) having a single piston engine not exceeding 450 rated horsepower and no more than 7 total seats and including a fixed wing non-pressurized multi-engine piston powered land aircraft having no more than 350 rated horsepower (each engine) and no more than 7 total seats.

Rotorcraft

Fixed wing non-pressurized land aircraft (including sailplanes/glider) having a single piston engine not exceeding 450 rated horsepower and no more than 7 total seats and including rotor-wing aircraft having a single piston powered engine not exceeding 450 rated horsepower and no more than 4 total seats

Select Your Coverage

Non-Owned Bodily Injury and Property Damage Excluding Loss of Use of Non-Owned Aircraft (Required)

- \$250,000 each occurrence limiting passenger bodily injury to \$25,000 each person
- \$500,000 each occurrence limiting passenger bodily injury to \$50,000 each person
- \$500,000 each occurrence limiting passenger bodily injury to \$100,000 each person
- \$1,000,000 each occurrence limiting passenger bodily injury to \$100,000 each person
- \$1,000,000 each occurrence limiting passenger bodily injury to \$200,000 each person

Medical limit of

- \$1,000 each person
- \$3,000 each person
- \$5,000 each person
- \$10,000 each person

Non-Owned Physical Damage Liability Including Loss of Use of Non-Owned Aircraft (Optional)

<input type="checkbox"/> Not Desired	<input type="checkbox"/> \$ 2,500 each occurrence
<input type="checkbox"/> \$1,000 each occurrence	<input type="checkbox"/> \$ 10,000 each occurrence
<input type="checkbox"/> \$5,000 each occurrence	<input type="checkbox"/> \$ 20,000 each occurrence
<input type="checkbox"/> \$15,000 each occurrence	<input type="checkbox"/> \$ 30,000 each occurrence
<input type="checkbox"/> \$25,000 each occurrence	<input type="checkbox"/> \$ 40,000 each occurrence
<input type="checkbox"/> \$35,000 each occurrence	<input type="checkbox"/> \$ 50,000 each occurrence
<input type="checkbox"/> \$45,000 each occurrence	<input type="checkbox"/> \$ 60,000 each occurrence
<input type="checkbox"/> \$55,000 each occurrence	<input type="checkbox"/> \$ 70,000 each occurrence
<input type="checkbox"/> \$65,000 each occurrence	<input type="checkbox"/> \$ 80,000 each occurrence
<input type="checkbox"/> \$75,000 each occurrence	<input type="checkbox"/> \$ 125,000 each occurrence
<input type="checkbox"/> \$100,000 each occurrence	<input type="checkbox"/> \$200,000 each occurrence
<input type="checkbox"/> \$150,000 each occurrence	

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 subjects such person to criminal and civil penalties.

NOTICE TO ARKANSAS AND 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 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 in the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

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 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 submits an application or 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 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, 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 and false, incomplete or misleading information is guilty of a felony. (365: 15-1-10, 36 S.S. 3613.1)

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

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 TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO UTAH APPLICANTS: Any person, who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 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.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date: _____ Applicant's Signature _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.

Your Aviation Broker will complete this section

Name of Agent or Broker: _____

Address: _____

City _____ State _____ and Zip code _____ - _____ Contact Phone _____



<p>Atlanta Home Office 3353 Peachtree Road, NE Suite 1000 Atlanta, GA 30326 Email: AviationSubmissions@CVStarrco.com</p>	<p>Scottsdale Branch 17550 N Perimeter Dr. Suite 350 Scottsdale, AZ 85255 Email: AviationSubmissionsWest@CVStarrco.com</p>
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