**APPLICATION FOR PERSONAL NON-OWNED**

**AIRCRAFT LIABILITY AND PHYSICAL DAMAGE INSURANCE PROGRAM**

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| Name of Applicant (INDIVIDUAL ONLY):       |
| Address:       |
| Phone:       | Email:       |
| Check which is desired: [ ]  New Insurance Policy [ ]  Renewal Policy |
| Insurance is requested for one year effective from 12:01 A.M.       (local time at address of applicant)  |

**A. APPLICANT INFORMATION**

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| Occupation of Applicant:       |
| Date of Birth:       |
| Type of non-owned aircraft usually flown:       |
| **Pilot Experience** |
| FAA Certificate No | Pilot Certification and Ratings | Medical Certificate | Hours Logged as Pilot in Command (Fixed Wing) |
| Stud. | Rec. | Sport | Glider | Pvt. | Com’l. | ASEL | AMEL | Instrumt. | ATP | Other | Date of Last Physical | Class | Total  | Last 90 Days | Last 12 Mos. |
|        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       |       |       |       |

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| --- | --- | --- |
|  | Yes | No |
| Do you have any medical waivers other than corrective lenses or color blindness? | [ ]  | [ ]  |
| In the last 5 years, have you been involved in any aircraft accidents or incidents: |  |  |
|  Involving bodily injury? | [ ]  | [ ]  |
|  Involving property damage? | [ ]  | [ ]  |
| In the last 5 years, have you been cited for violation of any FAA regulations? | [ ]  | [ ]  |
| In the last 5 years, have you had your pilot’s or driver’s license suspended? | [ ]  | [ ]  |
| In the last 5 years, have you been convicted of driving while intoxicated or been convicted of any felony charge? | [ ]  | [ ]  |
| Please provide the details if you answered “Yes” to any of the above questions.       |

**Purpose of Use** (Check all applicable uses)

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|  [ ]  Pleasure [ ]  Business (not flown by professional pilots employed for this purpose) [ ]  Other uses not indicated above (explain)       **The following uses are excluded**: ● Skydiving or skydiving related activities ● Powerline, pipeline or highline patrol ● Aerial photography or cinematography requiring a FAA Certificate of Waiver ● Any form of hunting ● Animal herding ● Taxi, take off or alighting on water, while the aircraft is equipped with floats ● Taxi, take off or landing on snow or ice, while the aircraft is equipped with skis ● Any use involving a charge intended to result in financial profit to the Insured. |

**B. INSURANCE COVERAGES**

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| **Liability Insurance Coverage** | This insurance coverage applies to bodily injury and property damage (excluding damage to non-owned aircraft) that you are legally liable to pay arising out of the personal use of a non-owned aircraft, which is:1. any fixed wing, single engine land aircraft powered by a reciprocating piston engine; or
2. any Sailplane or Glider

that is licensed under a "Standard" Airworthiness Certificate, "Special" Airworthiness Certificate with a Light-sport Category, or "Special" Airworthiness Certificate with an Experimental Category and a Purpose of Operating Amateur-built Aircraft, Operating Kit-built Aircraft, or Operating Light-sport Aircraft, including any sailplane or glider with Special Airworthiness Certificate with Experimental Category with the use of Exhibition and Racing, other than any aircraft:1. having a seating capacity (including crew seats) in excess of seven (7) seats; or
2. powered by an engine that exceeds five hundred horsepower (500HP).
 |
|  **Please check one of the below choices.** |
| OPTIONS | LIMITS OF LIABILITY DESIRED |  |  |
|  | Each Occurrence |  |  |  |
| **1** | $500,000. | Passengers are excluded. | [ ]  |  |
|  |  |  |  |  |
|  | Each Occurrence | Each Passenger (Sub-limit) |  |  |
| **2** | $500,000. | $50,000. | [ ]  |  |
| **3** | $500,000. | $100,000. | [ ]  |  |
| **4** | $500,000. | $200,000. | [ ]  |  |
| **5** | $1,000,000. | $100,000. | [ ]  |  |
| **6** | $1,000,000. | $200,000. | [ ]  |  |

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| **Medical Expense Coverage**  | This insurance coverage applies to reasonable medical expenses incurred within one year from the date of injury to a passenger arising out of a loss covered under this insurance.  |
|  | MEDICAL EXPENSE LIMIT | ANNUAL PREMIUM |
|  |  $3,000. each passenger | **Included in the Liability Insurance charge**. |

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| ***Optional Coverage*****Liability Insurance for Damage to Non-Owned Aircraft**  | This insurance coverage applies to damage that you are legally liable to pay as a result of damage to a non-owned aircraft, which is:1. any fixed wing, single engine land aircraft powered by a reciprocating piston engine; or
2. any Sailplane or Glider

that is licensed under a "Standard" Airworthiness Certificate, "Special" Airworthiness Certificate with a Light-sport Category, or "Special" Airworthiness Certificate with an Experimental Category and a Purpose of Operating Amateur-built Aircraft, Operating Kit-built Aircraft, or Operating Light-sport Aircraft, including any sailplane or glider with Special Airworthiness Certificate with Experimental Category with the use of Exhibition and Racing, other than any aircraft:1. having a seating capacity (including crew seats) in excess of seven (7) seats; or
2. powered by an engine that exceeds five hundred horsepower (500HP).

This insurance is only available in conjunction with the Liability Insurance Coverage.  |
|  **Please check one of the below choices only if you elect to add this coverage.** |
| OPTIONS | DAMAGE LIMITEach Occurrence  |  |  | OPTIONS | DAMAGE LIMITEach Occurrence |  |  |
| **1** | $5,000. |  [ ]  |  | **11** | $55,000. |  [ ]  |  |
| **2** | $10,000. |  [ ]  |  | **12** | $60,000. |  [ ]  |  |
| **3** | $15,000. |  [ ]  |  | **13** | $65,000. |  [ ]  |  |
| **4** | $20,000. |  [ ]  |  | **14** | $70,000 |  [ ]  |  |
| **5** | $25,000. |  [ ]  |  | **15** | $75,000. |  [ ]  |  |
| **6** | $30,000. |  [ ]  |  | **16** | $80,000. |  [ ]  |  |
| **7** | $35,000. |  [ ]  |  | **17** | $100,000. |  [ ]  |  |
| **8** | $40,000. |  [ ]  |  | **18** | $125,000. |  [ ]  |  |
| **9** | $45,000. |  [ ]  |  | **19** | $150,000. |  [ ]  |  |
| **10** | $50,000 |  [ ]  |  | **20** | $200,000. |  [ ]  |  |
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| ***Optional Coverage*****Additional Insured** | You may elect to have your employer added as an additional insured on your policy. You must identify your employer if you pick this option.  |
|  **Please complete this section only if you elect to add this coverage.** |
|  | EMPLOYER NAME |  |  |
|  **Please add:** |        |   |  |
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| **Acts of Terrorism under the TRIPRA** | **Coverage for Acts of Terrorism under the Terrorism Risk Insurance Program Reauthorization Act of 2007 and 2015 (TRIPRA**) Coverage provided for bodily injury and property damage for which you may be liable for certified acts of terrorism.  |
|  **This coverage is automatically applied if the below box is left unchecked.**  |  |
|  I wish to decline TRIPRA coverage.  | [ ]  |
|   |  |

**Please forward the completed application and full payment directly to an insurance producer approved by Global Aerospace, Inc. Please do not send this application directly to Global Aerospace, Inc. THE APPLICANT FULLY UNDERSTANDS THAT THE POLICY WILL INCLUDE TERMS, CONDITIONS AND EXCLUSIONS WITH RESPECT TO THE COVERAGE OFFERED. The applicant should have the insurance producer answer any questions with respect to the coverage offered on this program.**

**Full payment is to be made to the insurance producer. Where permitted by law, 50% of the annual policy premium is automatically earned.**

**Coverage through Global Aerospace, Inc. will not be effective until the application and premium payment in full have been received by an insurance producer approved by Global Aerospace, Inc., and the applicant is in receipt of a written confirmation from the producer or from Global Aerospace, Inc. that coverage is in effect. This application does not bind the applicant or the company to provide any insurance.**

**Global Aerospace, Inc. underwrites on behalf of the Global Aerospace Underwriters Pool. Policies are issued by US affiliates or subsidiaries of Global Aerospace Underwriters pool members. Details on the US policy issuing companies is published on the Global Aerospace, Inc. website at the following location:** [**http://www.global-aero.com/about/financial-security/us/**](http://www.global-aero.com/about/financial-security/us/)

**FRAUD STATEMENTS**

**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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**APPLICABLE IN COLORADO**

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.

**APPLICABLE IN FLORIDA and OKLAHOMA**

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 FL, a person is guilty of a felony of the third degree).

**APPLICABLE IN KANSAS**

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 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 which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON**

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.

**APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five(5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

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| **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 insurers shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurers to investigate all or any qualifications or statements contained herein.**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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.** |

**THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.**

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| Name of Insurance Producer:       |
| License State:        | State License Number:       |
| Address:       |
| For how long have you been designated this applicant’s Broker of Record?       |