

Non-Owned Aircraft Liability and Physical Damage Insurance Application

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 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 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.

Pilot Information

Name of Individual:	
Address: (Coverage is not available to residents of Alaska or Hawaii)	
Occupation:	Your Age:
Pilot Certificate: <input type="checkbox"/> Student <input type="checkbox"/> Rec. <input type="checkbox"/> Pvt. <input type="checkbox"/> Cmcl. <input type="checkbox"/> ATP <input type="checkbox"/> Ratings <input type="checkbox"/> Inst.	
Logged Hours:	Last 12 months:
Type of aircraft you usually fly:	Hours as PIC in type:
Do you have a CFI-Inst?	Do you have a CFI-ME?
Hours flight instructing:	
Flight Instruction Given Last 12 Months:	
Within the Last 36 months have you:	
Been Involved in any aircraft accident/incident? Y / N	
Been Cited for any FAR Violation? Y / N	
Had your pilot's or driver's license suspended? Y / N	
Been convicted of any felony or DUI charge? Y / N	
*** If you answered "Yes" to any of the above, please contact your insurance agent. ***	

Coverages

Liability Coverages

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.

Personal Renter			
Each Occurrence	Passengers	Non-AOPA Premium	AOPA Premium
\$250,000	\$25,000	\$95 <input type="checkbox"/>	\$90 <input type="checkbox"/>
\$500,000	\$50,000	\$115 <input type="checkbox"/>	\$109 <input type="checkbox"/>
\$500,000	\$100,000	\$180 <input type="checkbox"/>	\$171 <input type="checkbox"/>
\$1,000,000	\$100,000	\$240 <input type="checkbox"/>	\$228 <input type="checkbox"/>

Flight Instructors			
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"/>	\$333 <input type="checkbox"/>
\$500,000	\$100,000	\$500 <input type="checkbox"/>	\$475 <input type="checkbox"/>
\$1,000,000	\$100,000	\$650 <input type="checkbox"/>	\$618 <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.

Decline Physical Damage Coverage

Physical Damage Limit	Non-AOPA Premium	AOPA Premium
\$5,000	\$125 <input type="checkbox"/>	\$119 <input type="checkbox"/>
\$10,000	\$175 <input type="checkbox"/>	\$166 <input type="checkbox"/>
\$20,000	\$250 <input type="checkbox"/>	\$238 <input type="checkbox"/>
\$30,000	\$350 <input type="checkbox"/>	\$333 <input type="checkbox"/>
\$40,000	\$450 <input type="checkbox"/>	\$428 <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"/>	\$1,354 <input type="checkbox"/>

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 used 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 Act of 2002 (TRIA)

(must be completed)

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 \$1 charge.

I would like to begin coverage on _____ for one year. I understand that coverage shall not be effective until Carrio Aviation Insurance has accepted my application and premium payment has been received in full. 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.

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 Carrio Aviation Insurance. This application does not bind the applicant or Carrio Aviation Insurance to provide any insurance.

Your Signature: _____ Today's Date: _____

Your Contact Information:

Phone Number: _____ Email Address: _____

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 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 a person to criminal and civil penalties.

NOTICE TO ARKANSAS AND THE 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 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 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 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 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.”