



AOPA INSURANCE AGENCY, INC
 PO Box 9170 Wichita, KS 67277
 (800)622-2672 KS (316)942-2223 Fax (316)942-0091

PERSONAL NONOWNED AIRCRAFT LIABILITY APPLICATION

IMPORTANT: This insurance is for your Personal and non-commercial use of nonowned fixed wing, non-pressurized, land aircraft having a non-turbine single engine of 450 horsepower or less (including non-powered sailplanes) and capacity for no more than seven (7) total passengers and/or seats (1 pilot and 6 other passengers), and a "Standard, Experimental, Restricted or Light Sport" Aircraft Certificate, and not furnished to you for more than thirty (30) consecutive days. Multi-engine and rotorwing aircraft are not included in this coverage.

HOW TO ORDER COVERAGE: Complete Sections 1-6 below, sign application at bottom of second page, date and return this application to us with your payment for the Total Premium for all Coverages selected.

1. Policyholder Information:

Name: _____ <small>(One Individual Only, No Corporations)</small>	Employer: _____ <small>(Employer Required if You Fly on Company Business)</small>
Legal Guardian: _____ <small>Your must provide the name of your legal guardian if under 18 years old.</small>	
*Address: _____ _____ _____	Your Occupation: _____ <i>Required</i> Home Phone: (____) _____ Work Phone: (____) _____
Email: _____	
Please start my coverage on ___/___/_____, however, I realize my policy will only become effective upon receipt and approval of this application by the Company and provided I have paid the premium in full. * Coverage is not available for residents of Alaska or Hawaii	

2. Your Pilot Information

Birth Date	Pilot Class	IFR Y/N?	Total Hours	Hours Last 12 Months
___/___/___	_____	_____	_____	_____
-	-	-	-	-
You must have current and proper medical and pilot certificates with necessary ratings required by the FAA. Describe type of nonowned aircraft you usually fly: _____ Your Hours as PIC in type: _____				
Within the Last 36 Months Have You*:				
Been involved in any aircraft accident/incident or aviation insurance claim?				<input type="checkbox"/> No <input type="checkbox"/> Yes *
Been cited for violation of any Federal Aviation Regulation?				<input type="checkbox"/> No <input type="checkbox"/> Yes *
Had your pilot's/driver's license surrendered, suspended or revoked?				<input type="checkbox"/> No <input type="checkbox"/> Yes *
Been convicted of operating an aircraft or motor vehicle while under the influence of drugs or alcohol?				<input type="checkbox"/> No <input type="checkbox"/> Yes *
*If you answered YES to any of these questions, please contact our office. Additional information may be required to determine your eligibility for this insurance program.				

3. Check The Bodily Injury and Property Damage Liability Limit Desired: Provides protection for you against claims for Bodily Injury and Property Damage that may occur during your operations of a nonowned aircraft. Damage to the nonowned aircraft is not covered, but you can purchase that protection separately under Item 4 below.

Limit of Liability Each Occurrence / Passenger Sub-Limit	AOPA Member Discount Premium	Non AOPA Member Premium
<input type="checkbox"/> \$ 250,000 / \$ 25,000	\$ 81	\$ 86
<input type="checkbox"/> \$ 500,000 / \$ 50,000	\$ 109	\$ 116
<input type="checkbox"/> \$ 500,000 / \$100,000	\$ 172	\$ 181
<input type="checkbox"/> \$1,000,000 / \$100,000	\$ 209	\$ 220
Additional Premium for Employer as Additional Insured* <input type="checkbox"/> \$50		
* Coverage shall not apply to any loss or occurrence arising out of the additional insured's activities involving the manufacture, sale,		

repair or service of aircraft or aircraft parts, components or accessories, or operations of any airport, hangar facility, flying service or pilot activity.

Please turn over and complete.

4. Check The Liability Limit You Desire for Damage to Nonowned Aircraft

(This Coverage May be Purchased Only if Bodily Injury and Property Damage Coverage Above is Also Purchased)

Limit of Liability	AOPA Member	Non AOPA
	Discount Premium	Member Premium
<input type="checkbox"/> \$ 5,000	\$ 94	\$ 99
<input type="checkbox"/> \$ 10,000	\$ 166	\$ 175
<input type="checkbox"/> \$ 20,000	\$ 238	\$ 250
<input type="checkbox"/> \$ 30,000	\$ 333	\$ 350
<input type="checkbox"/> \$ 40,000	\$ 428	\$ 450
<input type="checkbox"/> \$ 60,000	\$ 570	\$ 600
<input type="checkbox"/> \$ 80,000	\$ 736	\$ 775
<input type="checkbox"/> \$100,000	\$ 926	\$ 975
<input type="checkbox"/> \$150,000	\$1,354	\$1,425
<input type="checkbox"/> \$200,000	\$1,805	\$1,900

5. Optional Civil Air Patrol Coverage

This optional coverage includes civil air patrol missions defined as flights in conjunction with or on behalf of the Civil Air Patrol. Civil Air Patrol uses include search & rescue missions, aerial photography, courier flights and aerial surveillance flights ordered by a corporate officer of the Civil Air Patrol or his/her designee.

I hereby elect to purchase CAP coverage for a premium of \$50.

6. Total Your Premiums:

Annual Premiums for all coverages you have chosen under Sections 3, 4 and 5:	\$ _____
State Taxes applicable in: FL 1.3%, KY 1.8%, NJ 0.9%, WV 0.55% :	\$ _____
KY municipality taxes are applicable. Please add if applies to you.	\$ _____
Total the above then sign, date & return this application with your payment: TOTAL =	\$ _____

The premium is 50% fully earned at inception date of the policy.

It is important that you read and understand the following:

All information provided in this Application is true and complete to the best of my knowledge and no information has been withheld. I agree that this Application and the terms and conditions of the policy in use by the insurance company shall be the basis of any contract between me and the insurance company. I understand that no insurance is in force unless and until the insurance company or its authorized agent effects a binder of insurance or issues a policy. I authorize the insurance company or its authorized agent to investigate the qualifications or statements contained herein.

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 or conceals information concerning any material fact thereto for the purpose of misleading is guilty of insurance fraud.

Applicable in New York State. 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Your Signature: _____ Date: _____

Legal Guardian: _____

Signature required if named insured is under 18 years old.

Are you a member of AOPA ? Yes _____ No _____ AOPA Membership No. _____

Payment Options:

- I've enclosed a check for \$ _____, payable to **AOPA Insurance Agency, Inc.** or;
- Please charge my: VISA Master Card (If paying by credit card, please complete the following:)

Account No. _____ Card Security Code: _____ The 3 or 4 digit number on the back of your card usually found at the end of the signature section.

Name on Card: _____ Exp. Date: _____

Cardholder Billing Address: _____

Only applies if different from address in Section 1.

FRAUD WARNINGS

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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND 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 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 OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED 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 MATERIAL 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.

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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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, 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 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 ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON 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.

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 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 PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

