

NOTICE TO COLORADO APPLICANTS: It is unlawful for 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, 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 may be guilty of insurance fraud.

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 _____

- American Express
 Visa/MasterCard
 Discover



Security Code _____

Credit Card # _____

Exp. date _____

Cardholder's Signature _____



This product brought to you by.....
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- ✓ Coverage for Bodily Injury and Property Damage arising from your use of Non-Owned Aircraft
- ✓ Medical Expense Coverage available for you and your passengers
- ✓ Optional Non-Owned Physical Damage Liability Including Loss of Use of Non-Owned Aircraft
- ✓ Coverage for your aircraft deductible liability up to \$5,000
- ✓ Baggage \$1,000 each passenger
- ✓ Hangars and Contents \$25,000 each occurrence
- ✓ Experimental, Light Sport Aircraft are Included
- ✓ Coverage for CAP flights available
- ✓ Add your employer as an additional insured at no additional cost to you

Get started by simply completing this application and sending it to your aviation broker/representative.

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Personal Non-Owned Aircraft Application for Insurance—Single Engine

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. **Not available in NY or AK

Date you would like to start coverage: _____

Month _____ Day _____ Year _____

Your Name _____

Address _____

City/State/Zip _____

Email Address _____

Occupation _____

Date of Birth or Age _____

Pilot Certificates

- Student Pilot
- Light Sport Pilot/Recreational/Private Pilot
- Commercial Flight Instructor
- Airline Transport Pilot

Ratings and History

- Single Engine Land Multi-Engine Land
- Instrument Rotorwing

Other
(Describe) _____

Total Logged Flight Hours _____

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

Part A. Select Your Liability Coverage (Choose One)

- \$250,000 ea occ limiting passenger bodily injury to \$25,000 each passenger **\$80**
- \$500,000 ea occ limiting passenger bodily injury to \$50,000 each passenger **\$100**
- \$500,000 ea occ limiting passenger bodily injury to \$100,000 each passenger **\$160**
- \$1,000,000 ea occ limiting passenger bodily injury to \$100,000 each passenger **\$200**
- \$1,000,000 ea occ limiting passenger bodily injury to \$200,000 each passenger **\$525**

Part B. Select Your Medical Expense Coverage (Choose One)

- \$1,000 Each Person Including Crew **Incl**
- \$3,000 Each Person Including Crew **\$25**
- \$5,000 Each Person Including Crew **\$50**
- \$10,000 Each Person Including Crew **\$100**

Part C. Select Your Non-Owned Physical Damage Liability (Choose One)

- Not Desired
- \$1,000 each occurrence **\$75**
- \$2,500 each occurrence **\$85**
- \$5,000 each occurrence **\$90**
- \$10,000 each occurrence **\$160**

- \$15,000 each occurrence **\$215**
- \$25,000 each occurrence **\$250**
- \$30,000 each occurrence **\$300**
- \$35,000 each occurrence **\$350**
- \$40,000 each occurrence **\$400**
- \$45,000 each occurrence **\$450**
- \$50,000 each occurrence **\$500**
- \$55,000 each occurrence **\$535**
- \$60,000 each occurrence **\$555**
- \$65,000 each occurrence **\$600**
- \$70,000 each occurrence **\$675**
- \$75,000 each occurrence **\$700**
- \$80,000 each occurrence **\$740**
- \$100,000 each occurrence **\$900**
- \$125,000 each occurrence **\$1,125**
- \$150,000 each occurrence **\$1,350**
- \$200,000 each occurrence **\$1,800**

Optional Coverages (No Charge)

Yes— Add my employer as additional insured
Name of Your Employer _____
Address _____

City/State/Zip _____

Note—aviation related employers may be excluded

Yes—I fly with the CAP. Please Endorse this to my policy

Discounts and Your Total Premium (check all that apply)

- .05 - 5% Discount No Claims
- .05 - 5% Discount Wings -(Must have completed Wings, Basic, Advanced or Master phase within the last 12 months) Date of Last Wings _____
- .10—10% Discount Master CFI

_____ Total Discounts (express in decimal format i.e. .10)

I. Total Parts A, B and C \$ _____

II. **Multiply the total of items A, B and C by the discounts above (i.e. \$1,000 * .10 = \$100)**

III. **Show result here \$ _____ (rounded to the nearest dollar)**

Total Premium (Item I. less Item III)\$ _____

Note—Premiums may be subject to 50% minimum earned and may be subject to state/local tax. Continue on the reverse side.....