



RENTER INSURANCE APPLICATION

Mail application to **P.O. Box 578 Frederick, MD 21705** or call us at **800.622.AOPA (2672)**.

INSTRUCTIONS: Indicate which aircraft type you intend to fly by checking all that apply.
 Single Engine Land Multi Engine Land Rotorwing Seaplane/Amphib

Note: For coverage in Hawaii, Alaska or Kentucky, please contact AOPA Insurance Services at 800.622.AOPA (2672) as the premiums listed do not apply. Coverage is not available to pilots under the age of 14.

For Single Engine Land this insurance is for your personal and non-commercial use of non-owned, fixed wing, non-pressurized, aircraft having a non-turbine engine of 450 horsepower or less (including non-powered sailplanes), capacity of seven (7) or less total seats, and a standard, experimental, restricted, or light sport aircraft certificate, and not furnished to you for more than thirty (30) consecutive days. Multi Engine, Rotorwing and Seaplanes are not included in this coverage. *If only applying for Single Engine Land, continue to complete this application in its entirety.*

For **All Other Aircraft types**, please call AOPA Insurance Services for a custom quote at **800.622.AOPA (2672)**.

I Pilot Information One individual only. No corporations.

ALL FIELDS must be completed. One individual only. No Corporations. *Please Mark Changes*

Full Name _____
 Address _____
 AOPA Member No. _____
 Phone (H) _____ (W) _____
 Cell _____
 E-mail address _____
 Date of Birth _____ Occupation _____
 Make/Model of non-owned aircraft you usually fly: _____
 Your hours as PIC in Make/Model _____
 Pilot Certificate: Student Recreational Sport
 Private Commercial ATP
 Logged Hours: (Total) _____ (Last 12 Months) _____

Within the Last 36 Months Have You*:

Been cited for violation of any Federal Aviation Regulation? No Yes

Had your pilot's/driver's license surrendered, suspended or revoked? No Yes

Been convicted of operating an aircraft or motor vehicle while under the influence of drugs or alcohol? No Yes

Been involved in any aircraft accident/incident or aviation insurance claim? No Yes

*If you answered yes to any of these questions, please call AOPA Insurance Services at **800.622.AOPA (2672)**. Additional information may be required to determine your eligibility insurance in this program.

NOTE: For coverage in Hawaii, Kentucky or Alaska, please contact AOPA Insurance Services at **800.622.AOPA (2672)**, as the prices listed do not apply. Not available to pilots under the age of 14.

5 Payment Information

Please start my coverage on MM/DD/YY ASAP however, I realize my policy will only become effective upon receipt and approval of this application by the Company; my pilot and medical requirements are current with necessary ratings required by the FAA; and when I have paid the premium in full.

Premium is 50% fully earned upon the inception date of the policy. The maximum that can be returned is 50% of the total annual premium if the policy is cancelled.

Enclosed is a check for the total premium, payable to AOPA Insurance Services
 I will be calling AOPA Insurance Services at 800.622.AOPA (2672) to pay by credit card.
 Please email my policy to me at _____
(if different from above)

2 Required Coverage: Bodily Injury/Property Damage Liability

Protects against claims for Bodily Injury and Property Damage that you may become legally obligated to pay for arising from your operation of a non-owned aircraft. Damage to the non-owned aircraft is not covered, but can be purchased in Section 3.

	Each Occurrence	Passenger Sub-Limit	Non-Member Rate	AOPA Member Rate
<input type="checkbox"/>	\$250,000	\$25,000	\$86	\$81
<input type="checkbox"/>	\$500,000	\$50,000	\$116	\$109
<input type="checkbox"/>	\$500,000	\$100,000	\$181	\$172
<input type="checkbox"/>	\$1,000,000	\$100,000	\$220	\$209

3 Optional Coverage

A Liability Limit Desired For Damage To Non-Owned Aircraft:

Protects against claims for damage to the non-owned aircraft, including its loss of use and \$5,000 each occurrence of no-fault deductible coverage. May be purchased only if required coverage above is also purchased.

	Limit of Liability	Non-Member Rate	AOPA Member Rate
<input type="checkbox"/>	\$5,000	\$99	\$94
<input type="checkbox"/>	\$10,000	\$175	\$166
<input type="checkbox"/>	\$20,000	\$250	\$238
<input type="checkbox"/>	\$30,000	\$350	\$333
<input type="checkbox"/>	\$40,000	\$450	\$428

	Limit of Liability	Non-Member Rate	AOPA Member Rate
<input type="checkbox"/>	\$60,000	\$600	\$570
<input type="checkbox"/>	\$80,000	\$775	\$736
<input type="checkbox"/>	\$100,000	\$975	\$926
<input type="checkbox"/>	\$150,000	\$1,425	\$1,354
<input type="checkbox"/>	\$200,000	\$1,900	\$1,805

B Employer as Additional Insured*:

I hereby elect to purchase Employer Additional Insured Coverage **\$50/yr**

Employer Name: _____
 Employer Address: _____

*Coverage shall not apply to any loss 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.

C Civil Air Patrol 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 Civil Air Patrol coverage **\$50/yr**

4 Premium Calculation

	Annual Premium
2 Required Coverage (Bodily Injury/Property Damage Liability)	\$
Medical Payments: \$3,000 each person	\$Included
3 Optional Coverage A (Damage to Non-Owned Aircraft plus \$5,000 no-fault deductible coverage)	\$
Optional Coverage B (Employer Additional Insured)	\$
Optional Coverage C (Civil Air Patrol Coverage)	\$
Tax (Applicable in: NJ 0.7%; WV 0.55%)	\$
<i>Rates are subject to change.</i>	TOTAL ANNUAL PREMIUM \$

It is important that you read and understand the following: I hereby certify that 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 to be issued shall be the basis of any contract between the insurance company and me. I understand that no insurance is in force unless and until the insurance company or its authorized representative effects a binder of insurance or issues a policy. I authorize the insurance company or its authorized representative to investigate the qualifications or statements contained herein. I have read and understand the FRAUD WARNINGS on the reverse side of this application.

Signature _____ Date _____

If you are under the age of 18, a legal guardian must also sign and date this application below.

Signature _____ Date _____
 Legal Guardian's Printed Name _____

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.