

The Avemco Non-Owned Aircraft Insurance Policy

is available for U.S. registered aircraft that are fixed-wing, land based, & have a Standard Airworthiness Certificate, or are certified in the Special Light Sport Category. The aircraft **may NOT** have more than 7 seats, an engine with more than 450 HP, or a turbine engine.

Return Applications To:
Avemco Insurance Company
 411 Aviation Way, Suite 100
 Frederick, MD 21701
 888-241-7891 / Fax: 800-756-7815
 www.avemco.com



STEP 1: SELECT THE COVERAGES AND ANNUAL RATES TO SUIT YOUR SPECIFIC NEEDS

STANDARD BODILY INJURY AND PROPERTY DAMAGE LIABILITY LIMITS & RATES*

Each Person	Property Damage	Each Accident	ANNUAL PREMIUM	MULTI-ENGINE PREMIUM
\$ 25,000	\$ 250,000	\$ 250,000	<input type="checkbox"/> \$ 95	<input type="checkbox"/> \$ 120
\$ 50,000	\$ 500,000	\$ 500,000	<input type="checkbox"/> \$ 115	<input type="checkbox"/> \$ 140
\$100,000	\$ 500,000	\$ 500,000	<input type="checkbox"/> \$ 180	<input type="checkbox"/> \$ 220
\$100,000	\$1,000,000	\$1,000,000	<input type="checkbox"/> \$ 240	<input type="checkbox"/> \$ 290

AIRCRAFT DAMAGE LIABILITY (ADL) LIMITS & RATES*

Limit	ANNUAL PREMIUM	MULTI-ENGINE PREMIUM	Limit	ANNUAL PREMIUM	MULTI-ENGINE PREMIUM
\$ 1,000	<input type="checkbox"/> \$ 60	<input type="checkbox"/> \$ 75	\$ 35,000	<input type="checkbox"/> \$ 385	<input type="checkbox"/> \$ 465
\$ 5,000	<input type="checkbox"/> \$ 120	<input type="checkbox"/> \$ 145	\$ 50,000	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 600
\$10,000	<input type="checkbox"/> \$ 170	<input type="checkbox"/> \$ 205	\$ 75,000	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$ 900
\$15,000	<input type="checkbox"/> \$ 210	<input type="checkbox"/> \$ 255	\$100,000	<input type="checkbox"/> \$ 975	<input type="checkbox"/> \$ 1,170
\$25,000	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 360	\$150,000	<input type="checkbox"/> \$ 1,400	<input type="checkbox"/> \$ 1,680

Liability \$ _____ + ADL \$ _____ = \$ _____

*Premium rates are not applicable in **AK, FL, HI, KY or NJ**. Please contact Avemco directly either on the web at www.avemco.com or by phone at 888-241-7891 to purchase coverage. Prices subject to change without notice.

STEP 2: PROVIDE THE FOLLOWING INFORMATION

GENERAL

- Full Name _____ Date of Birth _____
(one individual only)
- Street Address _____ City _____ State _____ Zip _____
- Phone (Daytime) (_____) _____ (Evening) (_____) _____ (Cell) (_____) _____
- E-Mail _____ Fax _____ Occupation _____
- FAASTeam WINGS Knowledge Course Name _____ Completion Date: _____
- Additional certificates, ratings or recurrent training in the last 12 months? No Yes Please describe _____
- Type of aircraft operating: Standard Airworthiness SLSA/LSA Both

PILOT INFORMATION

License Type	Ratings	Avg. Hours Flown Per Year	Pre-Solo Student/Glider Pilot
			<input type="checkbox"/> Yes <input type="checkbox"/> No (No medical required if Yes)

- Do you satisfy FAA Flight Review requirements? Yes No
- If a medical certificate is required for the pilot certificate privileges you exercise, do you have a valid medical certificate? Yes No
- Within the past 36 months, have you: (If "Yes" to any of the following, provide full details on separate sheet)
 - Been cancelled, declined, or refused renewal on an aircraft insurance policy? (Not applicable in Missouri) Yes No
 - Had an aircraft accident, incident, or insurance claim? Yes No
 - Had your pilots or drivers license surrendered, suspended, or revoked? Yes No
 - Been arrested or charged with operating an aircraft or motor vehicle while under the influence of drugs or alcohol? Yes No
 - Been convicted of, or plead guilty or "no contest" to a felony or misdemeanor other than parking violations? Yes No

STEP 3: SELECT PREFERRED PAYMENT OPTION

- Calculate total premium in Step 1, then make check payable to: Avemco Insurance Company
- Discover Network VISA MasterCard Credit Card # _____ Exp.Date _____ Validation Code _____
Date _____ Applicant's Authorized Signature* _____

*required even if paying by check

I warrant that the above statements are true. Misrepresentation may make the insurance contract null and void. The premium is 50% fully earned at inception date of the policy. The maximum the company will return is 50% of the total premium if the policy is cancelled.

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance containing any false or misleading information or any fact material thereto, commits a fraudulent insurance act, which is a crime. **See page 2 for state specific fraud warnings.**

TERMS: Insurance is subject to the terms of the Non-Owned Aircraft Policy (non-commercial) currently in use by the company. Certain exclusions and limitations apply. We'll be happy to supply a sample policy prior to purchase at your request, or you may review the policy on-line. If you reside in **AK, FL, HI, KY, or NJ** do not use this application. Contact Avemco directly to purchase coverage.

STATE SPECIFIC APPLICATION FRAUD WARNING STATEMENTS

ARKANSAS:

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.

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA:

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.

LOUISIANA:

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.

MAINE:

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 denial of insurance benefits.

NEW YORK:

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.

OKLAHOMA:

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.

OREGON:

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 related to acceptance of the risk or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud, which is a crime.

PENNSYLVANIA:

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.

TENNESSEE:

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.

VIRGINIA:

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.

WEST VIRGINIA:

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.

Return of page 2 with your application not required.