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*Insurance is underwritten by member companies of American International Group, Inc., and is subject to underwriting review and approval. The description herein is a summary only. It does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for complete details of coverage and exclusions. Coverage may not be available in all states. Non-insurance products may be provided through independent third parties.



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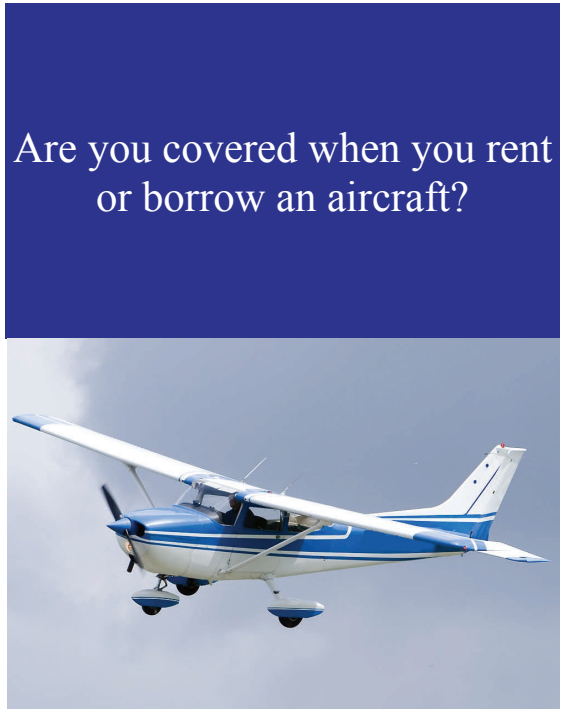
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1/07 NONAPP



Non-Owned Aircraft
Liability and
Physical Damage
Insurance Application

AIG
AVIATION

We Know Aviation..

Are you covered when you use an aircraft owned by someone else?

Did you know that there are approximately 7 pilots for every 1 airplane registered for general aviation use? Therefore, most general aviation pilots need to rent or borrow an airplane when they take to the sky. The owner's aircraft insurance policy protects the owner from his or her mistakes, but what about the pilot renting or borrowing the airplane? What happens if the owner's policy does not include coverage for "permissive pilots?" Or, what if the aircraft is underinsured or uninsured? You may be liable for the damages. So you need to ask yourself, "Can I afford not to be insured?"

AIG Aviation, Inc. is a leading general aviation insurance underwriter, and a member company of American International Group, Inc. AIG Aviation, Inc. offers a highly comprehensive non-owned liability and physical damage insurance coverage, backed by American International Group, Inc.'s excellent financial strength and claim service.

- ➔ Liability Coverage for renters/non-owners—provides coverage for the bodily injury and property damage for which you may be liable.
- ➔ Flight Instructor Liability Coverage—provides coverage for the bodily injury and property damage for which you may be liable including your liability as a Flight Instructor.
- ➔ Deductible Liability Coverage—included when you purchase Physical Damage to your Non-Owned Aircraft. Deductible Liability covers the deductible on the owner's or lessor's aircraft that you rent or borrow up to \$5,000 for each occurrence regardless of your liability. Deductible Liability Coverage is part of and not in addition to coverage provided by Physical Damage to your Non-Owned Aircraft.
- ➔ Liability Coverage for Non-Owned Physical Damage—provides coverage for the physical damage to a non-owned aircraft for which you may be liable.
- ➔ Civil Air Patrol Endorsement—expands coverage for your involvement in sanctioned Civil Air Patrol activities.
- ➔ Coverage extends to aircraft having a standard airworthiness certificate and aircraft having an experimental, restricted or light sport aircraft airworthiness certificate.

Here's what you need to do:

1. Complete the information under parts 1 & 2 of the enclosed application.
2. Add the premium totals in parts 1 & 2, add the applicable tax (if required). Then calculate the total premium and enter it in the space provided on Part 3.
3. Sign the application, enclose a check payable to your agent, tape closed and mail to your insurance agent.

Application for Non-Owned Aircraft Liability and Aircraft Damage Liability

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.

1. PILOT INFORMATION

Your Name _____

(Individual Only)

Address _____

City _____ State _____ Zip _____

This coverage is not available to residents of Alaska or Hawaii.

Your Occupation _____ Your age _____

Your Pilot Certificate: Student Pvt. Cmcl. ATP

Other please specify _____

Your Ratings Inst. _____

Total logged hours _____ Last 12 mos. _____

What type of aircraft do you usually fly?

Your hours as PIC in type _____

Do you have a CFI-Inst.? _____ CFI- ME _____

Hours flight instructing _____

Flight Instruction given last 12 mos. _____

Within the last 36 months have you:

• been involved in any aircraft accident /incident? Yes No

• been cited for any FAR violation? Yes No

• had your pilot's or driver's license suspended? Yes No

• been convicted of any felony or DUI charge? Yes No

If you answered "yes" to any of the above, please contact your insurance agent.

2. COVERAGES

Liability Coverage

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.

Individual Pleasure and Business

| Each Occurrence | Passengers | Non-AOPA Premium | AOPA Premium |
|-----------------|------------|--------------------------------|---------------------------------|
| \$250,000 | \$25,000 | \$ 85 <input type="checkbox"/> | \$ 80 <input type="checkbox"/> |
| \$500,000 | \$50,000 | \$114 <input type="checkbox"/> | \$ 108 <input type="checkbox"/> |
| \$500,000 | \$100,000 | \$180 <input type="checkbox"/> | \$ 171 <input type="checkbox"/> |
| \$1,000,000 | \$100,000 | \$219 <input type="checkbox"/> | \$ 208 <input type="checkbox"/> |

Flight Instructor

| 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"/> | \$332 <input type="checkbox"/> |
| \$500,000 | \$100,000 | \$500 <input type="checkbox"/> | \$475 <input type="checkbox"/> |
| \$1,000,000 | \$100,000 | \$650 <input type="checkbox"/> | \$617 <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.

| Physical Damage Limit | Non-AOPA Premium | AOPA Premium |
|-----------------------|----------------------------------|----------------------------------|
| \$5,000 | \$ 99 <input type="checkbox"/> | \$ 94 <input type="checkbox"/> |
| \$10,000 | \$175 <input type="checkbox"/> | \$166 <input type="checkbox"/> |
| \$20,000 | \$250 <input type="checkbox"/> | \$237 <input type="checkbox"/> |
| \$30,000 | \$350 <input type="checkbox"/> | \$332 <input type="checkbox"/> |
| \$40,000 | \$450 <input type="checkbox"/> | \$427 <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"/> | \$1,353 <input type="checkbox"/> |
| \$200,000 | \$1,900 <input type="checkbox"/> | \$1,805 <input type="checkbox"/> |

Decline Physical Damage coverage

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 purchased 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 Extension Act of 2005 (TRIEA)

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 a \$1 charge.

3. I would like to begin coverage on _____ for one year. I understand that coverage shall not be effective until AIG Aviation, Inc. has accepted my application and premium payment has been received in full through a producer appointed by AIG Aviation, Inc. 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.

*****Do not forget to add \$1 for TRIEA coverage*****

I have enclosed a check payable to my agent in the amount of \$ _____ (Certain state taxes may apply—please contact your agent regarding any state taxes applicable for your state.) I understand that once coverage is bound, a minimum of 50% of the premium is fully earned. (May not be applicable in some states.)

All information herein is warranted to be true to the best of my knowl-

edge 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 AIG Aviation, Inc. This application does not bind the applicant or AIG Aviation, Inc. to provide any insurance.

Your Signature _____

AOPA member # _____ Today's Date _____

Your contact information: Phone _____

Email _____

~~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, 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, New Mexico and the 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 claims 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 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 Maine Applicants: It is 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 a 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 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 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 a 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 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.