

**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 Travers & Associates at 800-888-9859

Date you would like to start Coverage

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Birth or Age \_\_\_\_\_

**Pilot Certificates**

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

**Ratings and History**

- Single Engine Land  Multi-Engine Land
- Instrument  Rotorwing
- Other \_\_\_\_\_

Total Logged Hours All Aircraft \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
| In the past 36 months have you:                                    | Yes                      | No                       |
| Been involved in an aircraft accident or incident?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Had an FAA violation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Been convicted of a DUI or crime classified as a felony?           | <input type="checkbox"/> | <input type="checkbox"/> |
| Been canceled or declined or refused an aircraft insurance policy? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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 \$80,000 each passenger
- \$500,000 ea occ limiting passenger bodily injury to \$100,000 each passenger
- \$500,000 ea occ limiting passenger bodily injury to \$100,000 each passenger
- \$500,000 ea occ limiting passenger bodily injury to \$100,000 each passenger
- \$1,000,000 ea occ limiting passenger bodily injury to \$100,000 each passenger
- \$1,000,000 ea occ limiting passenger bodily injury to \$200,000 each passenger

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

- \$1,000 Each Person Including Crew Incl \$25
- \$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 \_\_\_\_\_

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

**Discounts and Your Total Premium (select all that apply)**

- .05 - 5% Discount No Claims
- .05 - 5% Discount Wings - " (Must have completed wings, advance or master phase within the last 12 months)
- .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 1, 2 and 3 by the discounts above (i.e. \$1,000 \* .10 = \$100)
- III. Show result here \$ \_\_\_\_\_ (rounded to the nearest dollar)

Continue on the reverse side.....

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false information, or misleading facts or information to an insurance company for the purpose of obtaining or attempting to obtain an insurance policy. Penalties include imprisonment, fines, denial of insurance and civil damages. Any insurance company, agent, or insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant, for the purpose of obtaining or attempting to defend 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 obtaining 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 has 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 for 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 obtaining 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 obtaining 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 to help 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 containing a statement of claim containing any materially false information (except for the purpose of misleading information concerning any fact material thereto, complete fraudulent insurance act, which is a crime) 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 on the proceeds of an insurance policy containing false and false, incomplete or misleading information is guilty of a felony. (866-154-1036/55)

**NOTICE TO OREGON APPLICANTS:** Any person who makes an intentional misstatement 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 obtaining 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 crime punishable by confinement to disburse a conviction of a crime.

**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 obtaining 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 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 VICTORIA 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 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.**

**Please complete Payment Information Below**

- American Express
- Visa/MasterCard
- Discover
- Check Enclosed



Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

Sec. Code \_\_\_\_\_

Signature \_\_\_\_\_

**Return this form to Travers Aviation at the address noted below**

This product brought to you by.....  
**Travers Aviation**

**Mailing Address:**  
P.O. Box 220519  
St Louis, MO 63122

**Phone: 800-888-9859 or 314-963-9080**  
**Fax: 314-963-9105**

**Underwritten by Starr Aviation**  
**a member of Starr Companies**



**Personal Non-Owned Coverage**  
**Single Engine Aircraft**

Attention Pilots!

Complete this form to start the process of getting your own insurance when you rent or borrow aircraft.

Non-Owned Aircraft means a fixed wing non-pressurized (and including sailplanes/glider) having a single piston engine not exceeding 450 rated horsepower, and no more than 7 total seats.

- ~ 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. Take a few minutes to protect your future with your non-owned aircraft policy today!

[www.TraversAviation.com](http://www.TraversAviation.com)