



Borrowers and Renters Non-Owned Aviation Insurance Application

Name Insured & Address: _____

E-mail Address: _____

Current Insurance Company: _____

Effective Date _____

Business or Occupation of Applicant: _____

Insurance is requested from: 12:01 AM _____ to 12:01 AM _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

PILOT INFORMATION

Name of Pilot	Date of Birth	Certification(s) & Ratings <i>Please List</i>	Medical Certificate		Hours Logged as Pilot in Command All Aircraft			
			Date	Class	Total	SEL	MEL	Last 12 months
FAA Certificate Number			Date of Last Biennial Flight Review					
Details of other proficiency training								
For Flight Instructions:	Do you hold a Master CFI designation? Yes () No ()							

Type of aircraft usually rented or borrowed: _____

What is the greatest seating capacity of aircraft to be used? _____ Average Seating Capacity? _____

Aircraft to be used is usually based at (City & State): _____ Airport: _____

Are any flights contemplated outside continental U.S.? () Yes () No If "Yes", where: _____



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COVERAGES AND LIMITS

COVERAGE	LIMITS
Non-Owned Bodily Injury and property Damage Excluding Loss of Use of Non-Owned Aircraft (Required)	
() \$ 250,000 Each occurrence and/or accident	\$ 25,000 Bodily Injury Insurance, each passenger
() \$ 500,000 Each occurrence and/or accident	\$ 50,000 Bodily Injury Insurance, each passenger
() \$1,000,000 Each occurrence and/or accident	\$ 50,000 Bodily Injury Insurance, each passenger
() \$1,000,000 Each occurrence and/or accident	\$ 100,000 Bodily Injury Insurance, each passenger
() \$1,000,000 Each occurrence and/or accident	\$ 200,000 Bodily Injury Insurance, each passenger
Medical Limits :	\$ 1,000 each person \$ 3,000 each person \$ 5,000 each person \$10,000 each person
Physical Damage Liability to Non-Owned Aircraft Including Loss of Use of Non-owned Aircraft (Optional)	Not Desired \$ 2,500 each occurrence \$ 5,000 each occurrence \$ 10,000 each occurrence \$ 25,000 each occurrence \$ 50,000 each occurrence \$ 75,000 each occurrence \$100,000 each occurrence \$100,000 each occurrence \$200,000 each occurrence

USAGE AND OPERATION

Pleasure and Business

Fly on behalf of my Employer

Limited Commercial

Instruction of: (Name of Student): _____

Special Uses – Please Describe: _____

SUPPLEMENTAL QUESTIONS

Does the aircraft to be rented have OTHER than a standard airworthiness certificate in full effect?	() Yes () No
Are there any other aircraft owned by the applicant?	() Yes () No
Has the aircraft been equipped with modifications not provided by the manufacturer?	() Yes () No
Will the aircraft be normally operated in OTHER than paved public airports?	() Yes () No
Will the aircraft be used for student or pilot instruction OTHER than for recurrent training of pilots listed in the "Pilot Information" Section of this application?	() Yes () No



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Will other than the applicant and pilots listed in the "Pilot Information" section of this application have use of the aircraft?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the applicant listed in the "Pilot Information" section of this application ever been involved in any aircraft accident?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the applicant listed in the "Pilot Information" section of this application ever been cited for violation of any aviation regulation in any country?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the applicant listed in the "Pilot Information" section of this application ever had an FAA, Military, or other pilot certificate suspended or revoked?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Does the applicant listed in the "Pilot Information" section of this application have any (a) physical impairments, (b) waivers, limitations, conditions on their medical certificates or on their airman certificates? If "Yes" please explain.	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Has the applicant listed in the "Pilot Information" section of this application ever been convicted of or plead guilty to a felony, possession of drugs, or of driving while intoxicated?	(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Please Explain any "Yes" answer in the space below or on a separate sheet of paper:	

MINIMUM PILOT REQUIREMENTS

I understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot designated on this document who has at least the certificates, ratings, and pilot experience indicated, and who, is qualified for the flight involved.

INITIAL _____

USE REQUIREMENTS

I understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.

INITIAL _____

AIRWORTHINESS REQUIREMENTS

I understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate in full effect.

INITIAL _____

FRAUD WARNINGS

GENERAL: 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. (Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 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 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.

FLORIDA: 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.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

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 a denial of insurance benefits.

MARYLAND: 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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

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.



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OHIO: 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.

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 or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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 act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: 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.

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.

VERMONT: 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.

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.

WASHINGTON: 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.

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.

I authorize _____ to represent me / us in placing this insurance.

Date: _____ Applicant's Signature: _____

Insurance Agent of Broker's Signature: _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THE 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 omitted. I 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, and shall form a part of the insurance policy. I hereby authorize the insurer to investigate all or any qualifications and/or statements contained herein. Should any information set out herein change prior to the time of coverage binding, the undersigned shall advise RT Aviation and the insurer of such change immediately upon knowledge thereof.

RT Aviation is a part of RT Specialty division of RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty, LLC. RT Specialty provides wholesale insurance brokerage and other services to agents and brokers. As a wholesale broker, RT Aviation does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License # 0G97516). ©2023 Ryan Specialty, LLC.