

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



A SUBSIDIARY OF HCC INSURANCE HOLDINGS, INC. 

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"/> \$ 95.95	<input type="checkbox"/> \$ 121.20
\$ 50,000	\$ 500,000	\$ 500,000	<input type="checkbox"/> \$ 116.15	<input type="checkbox"/> \$ 141.40
\$100,000	\$ 500,000	\$ 500,000	<input type="checkbox"/> \$ 181.80	<input type="checkbox"/> \$ 222.20
\$100,000	\$1,000,000	\$1,000,000	<input type="checkbox"/> \$ 242.40	<input type="checkbox"/> \$ 292.90

AIRCRAFT DAMAGE LIABILITY (ADL) LIMITS & RATES*

Limit	ANNUAL PREMIUM	MULTI-ENGINE PREMIUM	Limit	ANNUAL PREMIUM	MULTI-ENGINE PREMIUM
\$ 1,000	<input type="checkbox"/> \$ 60.60	<input type="checkbox"/> \$ 75.75	\$ 35,000	<input type="checkbox"/> \$ 388.85	<input type="checkbox"/> \$ 469.65
\$ 5,000	<input type="checkbox"/> \$ 121.20	<input type="checkbox"/> \$ 146.45	\$ 50,000	<input type="checkbox"/> \$ 505.00	<input type="checkbox"/> \$ 606.00
\$ 10,000	<input type="checkbox"/> \$ 171.70	<input type="checkbox"/> \$ 207.05	\$ 75,000	<input type="checkbox"/> \$ 757.50	<input type="checkbox"/> \$ 909.00
\$ 15,000	<input type="checkbox"/> \$ 212.10	<input type="checkbox"/> \$ 257.55	\$ 100,000	<input type="checkbox"/> \$ 984.75	<input type="checkbox"/> \$ 1,181.70
\$ 25,000	<input type="checkbox"/> \$ 303.00	<input type="checkbox"/> \$ 363.60	\$ 150,000	<input type="checkbox"/> \$ 1,414.00	<input type="checkbox"/> \$ 1,696.80

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

*Premium rates are only applicable in Florida and reflect the Florida Hurricane Catastrophe Fund Assessment Surcharge. To purchase in other states, contact Avemco directly either on the web at www.avemco.com or by phone at 888-635-4299 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 _____
- King Practical Risk Management Code _____ 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® VISA MasterCard Credit Card # _____ Exp.Date _____ Validation Code _____
Date _____ Applicant's Authorized Signature* _____

I warrant that the above statements are true. Misrepresentation may make the insurance contract null and void.

*required even if paying by check

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

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. Contact Avemco directly to purchase coverage.