NOTICE TO APPLICANTS, CONTINUED:

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 DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILL-FULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS 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 IAN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENAL-TIES.

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 STATE-MENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDU-LENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT OT 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 CONTAIN-ING 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 INSUR-ANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOW-INGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATE-MENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDU-LENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH 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 STATE-MENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDU-LENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Personal Non-Owned Aircraft Liability Insurance Plan



GLOBAL AEROSPACE



www.global-aero.com

Pleasure & Business Operations Unit 10895 Grandview Drive Building 24, Suite 150 Overland Park, Kansas 66210

QUESTIONS?

Please contact us at: 888-228-0001 PNO@global-aero.com

PERSONAL NON-OWNED **AIRCRAFT LIABILITY Insurance Plan**

Offering non-owned aircraft liability insurance for standard and special light sport aircraft and *experimental/homebuilt/experimental light sport aircraft

When you use an

Stop wondering and know you are protected. Listed below are a few of the benefits you'll receive when you choose to protect yourself with the Global Aerospace Non-Owned Aircraft Liability Insurance Plan:



KEY COVERAGES

Liability Insurance for bodily injury and property damage while you are using a non-owned airplane, whether you are renting or borrowing the airplane you are flying.

Physical Damage Insurance from \$5,000 to \$150,000 for your responsibility for physical damage to a non-owned airplane you are renting or borrowing. (Subject to additional Premium).

Deductible Liability Coverage included when you purchase Physical Damage to your non-owned aircraft. Deductible Liability will cover the deductible on the owner's or lessor's aircraft that is borrowed or rented, up to \$5000 per occurrence, regardless of liability. This coverage is part of the coverage provided by Physical Damage to your non-owned aircraft

Sanctioned Civil Air Patrol Operations are automatically covered.

Expanded Insurance Coverage for:

- \$3,000 for Medical Payments coverage for each person
- \$3,000 for Personal Effects for each passenger/each occurrence
- \$10,000 for Search/Rescue and Emergency expense for each occurrence.

**Enhanced Coverages available to Current EAA Members. See Applications for full details.

*EAA Members Only



You can arrange your personal protection with the Global Aerospace Non-Owned Aircraft Liability and Physical Damage Insurance:

Complete the entire application and send to your Broker today!

This Application is for your personal use of non-owned aircraft having a fixed-wing, non-turbine single engine with 6 seats or less, including standard and special light sport aircraft and *experimental/homebuilt/experimental light sport aircraft. Upon completion, please forward application and payment direct to your aviation insurance broker. Any questions, please call 1-888-228-0001.

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E-MAIL

A. APPLICANT INFORMATION			B. INSURANCE COVERAGES Liability Insurance					
Name (Individual Only)			This insurance (excluding da	e coverage appl mage to the n rising out of th	on-ow	ned aircraft)	that you	are legally
Address			_	Each Each Occurrence Passenge		er Premium		
City	State	Zip Code	\$500,0	\$500,000 subject to \$ \$500,000 subject to \$ \$1,000,000 subject to \$		00,000	\$139 \$169	0
Your Occupation				ance for Dama	•	•	\$199	O
Date of Birth Pilot Certificate:			This insurance to pay to a no	e coverage app n-owned aircra e is only avai	lies to of ft that i	damage that y is in your care	you are le	, or control.
O Student O Rec. O			Damage Limit	Premium		Damage Limit	P	Premium
Ratings: Total Hours: Type of non-owned aircraft you usually fly:			\$5,000 \$10,000 \$15,000	\$95 \$165 \$210	0 0 0	\$50,000 \$75,000 \$100,000		\$480 \$720 \$950
Do you have any medical waivers other than corrective lenses or color blindness?			\$25,000 \$35,000	\$285 \$370	0	\$125,000 \$150,000		\$1,175 \$1,360
	s, have you been involved i accidents or incidents:	in any	O I wish to	decline covera	age for	damage to no	on-owne	d aircraft.
Involving bodily injury:	○ Yes	O No	Optional Cove	Optional Coverage				
Involving property damage	e: O Yes	O No	Add my emplo	Add my employer as an additional insured \$40 O			\$40 🔾	
In the last 3 years have you violation any FAA regulation	_	○ No	Name of Emp	loyer:				
In the last 3 years have you or driver's license suspend		○ No	Medical Paym	nents Insurance	<u>:</u>			
In the last 3 years have you been convicted of driving while intoxicated or been convicted of any felony charge? Yes No			This insurance coverage applies to reasonable medical expenses incurred within one year from the date of a coverage injury to a person arising out of a loss covered under this insurance.					
Please provide details if answer is "Yes".			iviea	ical Payment Limit		Prer	mium	
			\$3,00	00 per person		Inclu	uded	

Coverage for Acts of Terrorism under the Terrorism Risk Insurance program Reauthorization Act of 2007 (TRIPRA)

Coverage provided for bodily injury and property damage for which you may be liable from certified acts of terrorism. This coverage is automatically applied. O I wish to decline TRIPRA coverage.

Please begin my coverage on __ for one year. Coverage from Global Aerospace, Inc. will not be effective until my application and premium payment have been received in full through a Global Aerospace approved producer, and I have received written confirmation from my producer or Global Aerospace that coverage is in effect. A minimum of 50% of the premium is automatically earned. I

fully understand that my policy will include exclusions not found in this description. I certimy application is true and complete to the bes	fy that all information in
** Enhanced Coverages available to Current E	AA Members.
EAA Membership #	EAA Insurance Plan
n addition to standard aircraft, your policy wastandard and special light spexperimental/homebuilt/experimental light student pilots)	ort aircraft and
• \$10,000 medical payments coverage for ea	ach person
• \$5,000 for personal effects for each passer	nger/each occurrence
\$25,000 for search/rescue and emergency occurrence	expense for each
will be the basis of any insurance provided by This application does not bind the application provide any insurance. APPLICANT'S SIGNATURE	
ATT EICAINT 3 SIGNALONE	
DATE OF APPLICATION	
Please forward application and payment (pay direct to - ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	
-°°@ 'o 'h \ " ' N	l 'uŒ
n the event that Global Aerospace needs to myou, please provide your contact information:	nake contact with
PHONE	

GLOBAL AEROSPACE

INSURE WITH CONFIDENCE

SOME STATES REQUIRE THAT WE NOTIFY YOU THAT ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURER, OR OTHER PERSON, FILES AND INSURANCE APPLICATION CONTAINING FALSE OR MISLEADING INFORMATION OR ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A

NOTICE TO 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 IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLI-CANTS: 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 INFORMA-TION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUD-ING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGER. 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 F 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 CLAIM 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 FOR 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 AND APPLICATION FOR INSURANCE CONTAIN-ING 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.

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*EAA Members Only