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SKYSURANCE AGENCY, INC.
LORAIN COUNTY REGIONAL AIRPORT
44050 RUSSIA ROAD
ELYRIA, OH 44035



Non-Owned Aircraft Liability and Physical Damage Insurance Application

Return the enclosed application today
Phone 1-800-545-3262
Email help@skysurance.com
Online skysurance.com



Please enclose payment

Pilot Information

Your Name

Address

City/State/Zip

Phone Number

Email Address

Occupation

Date of Birth

Pilot Certificates

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

Ratings and Hours

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

Total Logged Flight Hours

Total Hours Flown Last 12 Months

Within the past 36 months have you:

- Been involved in any aircraft accidents or incidents?
 Yes** No
- Been cited for any FAR Violations? Yes** No
- Had your pilot or driver's license been suspended or revoked? Yes** No
- Been arrested or convicted of any felony or DUI charge? Yes** No

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

APPLICATION FOR NON-OWNED AIRCRAFT LIABILITY AND AIRCRAFT DAMAGE LIABILITY

If you are using **non-owned aircraft for other than your non-commercial personal pleasure and business use, please contact your aviation insurance broker/representative. **Not available in AK**

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.

Part A. Select Your Liability Coverage (Choose One)

\$250,000 each occ limiting passenger bodily injury to \$25,000 each passenger

\$76

\$500,000 each occ limiting passenger bodily injury to \$50,000 each passenger

\$95

\$500,000 each occ limiting passenger bodily injury to \$100,000 each passenger

\$152

\$1,000,000 each occ limiting passenger bodily injury to \$100,000 each passenger

\$190

\$1,000,000 each occ limiting passenger bodily injury to \$200,000 each passenger

\$499

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

\$1,000 Each Person Including Crew

Included

\$3,000 Each Person Including Crew

\$24

\$5,000 Each Person Including Crew

\$48

\$10,000 Each Person Including Crew

\$95

Part C. Select Your Non-Owned Physical Damage Liability (Choose One)

\$1,000 each occurrence

\$71

\$2,500 each occurrence

\$81

\$5,000 each occurrence

\$86

\$10,000 each occurrence

\$152

\$15,000 each occurrence

\$204

\$20,000 each occurrence

\$214

\$25,000 each occurrence

\$238

\$30,000 each occurrence

\$285

\$35,000 each occurrence

\$333

\$40,000 each occurrence

\$380

\$45,000 each occurrence

\$428

\$50,000 each occurrence

\$475

\$55,000 each occurrence

\$508

\$60,000 each occurrence

\$527

\$65,000 each occurrence

\$570

\$70,000 each occurrence

\$641

\$75,000 each occurrence

\$665

\$80,000 each occurrence

\$703

\$100,000 each occurrence

\$855

\$125,000 each occurrence

\$1,069

\$150,000 each occurrence

\$1,283

\$200,000 each occurrence

\$1,710

Optional Coverage (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.

I would like to begin coverage on _____ for one year. I understand that coverage shall not be effective until Starr has accepted my application and premium payment has been received in full though an approved producer. 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.

Liability Premium

\$ _____

Non-Owned Physical Damage

\$ _____

Total Premium

\$ _____

Your signature

AOPA Number

Today's Date



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44050 RUSSIA ROAD
ELYRIA, OHIO 44035
PHONE: 440-323-3300 or 1-800-545-3262