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PO Box 1048
Kitty Hawk, NC 27949
Tel: (252) 261-1903
Fax: (252) 261-0757
www.firstflightinsurance.com



USUA MEMBER INDIVIDUAL 3RD PARTY LIABILITY INSURANCE APPLICATION

Thank you for your interest in USUA's Third Party Liability program offered through First Flight Insurance Group, Inc. We require a few documents and information *prior* to our offering coverage. Please complete, sign and date the following and return them to us as soon as possible (DO NOT LEAVE ANY QUESTIONS UNANSWERED):

Application

It is imperative that you accurately complete and sign the attached Application. Failure to provide us with the most current and accurate information could affect your coverage.

Name and Full Street Address of Airport

This is the physical address request of your aircraft location on the application. *Please be sure to complete. Do not list just the airport identification number.*

Copy of USUA membership card

If you do not have your card when applying, please provide a copy of the receipt of payment generated by the USUA website.

Copy of Pilot Certification or License -You must be one of the following:

Certificated Sport Pilot, Certificated Student Sport Pilot who is signed off to solo; or a Licensed Private Pilot, Commercial Pilot, or Aircraft Transport Pilot with a minimum of five (5) hours in that type and class of aircraft that is being insured. We will need copy of log book showing 5 hours in type and class of vehicle being insured.

Copy of aircraft registration

Part 103 Ultralights have to be registered with USUA or ASC. Please submit FAA aircraft registration for N numbered aircraft.

Please mail, fax, or e-mail your application and documents to the following:

Mail: First Flight Insurance Group, Inc.
PO Box 1048
Kitty Hawk, NC 27949

Fax: 252-261-0757

Email: dwitmer@firstflightinsurance.com

PREMIUM PAYMENT CAN BE MADE BY CHECK OR BY eCHECK, CREDIT OR DEBIT CARD ON OUR WEBSITE:
www.firstflightinsurance.com. A small fee will be charged by Xpress Pay for this convenience.

First Flight Insurance Group is committed to the safety of all participants and the viability and sustainability of your sport. Safe practices and properly maintained aircraft will benefit us all. If you have any questions concerning the application or forms, please don't hesitate to call us at 252-261-1903. We look forward to working with you.



**USUA Member Individual
3rd Party Liability Insurance**



Name:						
Address:						
City:	St:	Zip:	Cell:			
Home #:	Fax #:	E-mail:				

ULTRALIGHT / LSA TO BE INSURED INFORMATION

Physical Address:	City:	ST:	Zip:
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AIRCRAFT 1	YEAR	MODEL	ORG MANUFACTURER OF AIRCRAFT	VEHICLE REGISTRATION #	STALL SPD	# SEATS	*MAX GROSS WEIGHT (LBS)
	REGISTERED: <input type="checkbox"/> USUA <input type="checkbox"/> FAA <input type="checkbox"/> EAA <input type="checkbox"/> ASC CLASS: <input type="checkbox"/> Fixed Wing <input type="checkbox"/> WS <input type="checkbox"/> PPC <input type="checkbox"/> Amphibian <input type="checkbox"/> PPG TYPE: <input type="checkbox"/> Land <input type="checkbox"/> Sea Will this aircraft be used for towing non-powered hang gliders or paragliders? <input type="checkbox"/> Yes <input type="checkbox"/> No						

AIRCRAFT 2	YEAR	MODEL	ORG MANUFACTURER OF AIRCRAFT	VEHICLE REGISTRATION #	STALL SPD	# SEATS	*MAX GROSS WEIGHT (LBS)
	REGISTERED: <input type="checkbox"/> USUA <input type="checkbox"/> FAA <input type="checkbox"/> EAA <input type="checkbox"/> ASC CLASS: <input type="checkbox"/> Fixed Wing <input type="checkbox"/> WS <input type="checkbox"/> PPC <input type="checkbox"/> Amphibian <input type="checkbox"/> PPG TYPE: <input type="checkbox"/> Land <input type="checkbox"/> Sea Will this aircraft be used for towing non-powered hang gliders or paragliders? <input type="checkbox"/> Yes <input type="checkbox"/> No						

*Verification may be required. Must meet policy criteria.

PILOT INFORMATION – MUST BE CURRENT USUA MEMBER THROUGHOUT POLICY

1 ST Pilot's Name:	USUA Member #:	
Mailing Address:	Member Expiration:	
Date of Birth:	YRs of Ultralight / LSA Experience:	Highest Pilot Rating:
Pilot Registered with <input type="checkbox"/> USUA <input type="checkbox"/> EAA <input type="checkbox"/> ASC <input type="checkbox"/> FAA registration # (If checked): _____		

2 ND Pilot's Name:	USUA Member #:	
Mailing Address:	Member Expiration:	
Date of Birth:	YRs of Ultralight / LSA Experience:	Highest Pilot Rating:
Pilot Registered with <input type="checkbox"/> USUA <input type="checkbox"/> EAA <input type="checkbox"/> ASC <input type="checkbox"/> FAA registration # (If checked): _____		

*Must provide copy of pilot certification

ADDITIONAL INSURED

Name:	
Address:	
Relationship to Insured:	
Name:	
Address:	
Relationship to Insured:	



**USUA Member Individual
3rd Party Liability Insurance**



POLICY PREMIUM
ALL PREMIUMS INCLUDE TAXES & FEES & ARE FULLY EARNED AT INCEPTION

Annual Premium is PER AIRCRAFT including up to 2 pilots. For 3 or more pilots per aircraft or Optional Excess Landowner Liability Limits, please call for rates. Students are NOT eligible unless signed off to solo.

CLASS	DESCRIPTION	QUANTITY	PREMIUM EACH	TOTAL PREMIUM
Class 1* - Powered Paragliders & Powered Hang Gliders	Foot Launched - Not for Powered Parachutes Price per Registered Frame		\$335.78	
Class 2* - Ultralights & Light Sport Aircraft	Max Gross Weight Less than 992 lbs. includes "N" numbered aircraft		\$436.72	
Class 3* - Light Sport Aircraft	Max Gross Weight 993 – 1150 lbs. includes "N" numbered aircraft		\$496.46	
Class 3* - Amphibian	Max Gross Weight 1,430 lbs. includes "N" numbered aircraft		\$580.92	
Class 4* - Tugs	Aerotowing		\$563.41	
Additional Pilots (over 2)	Not Tug Pilots		\$88.58	
Additional Tug Pilots (over 2)	USHPA AT Rated		\$60.77	
	Not In Motion Liability		\$221.45 Flat	
	Terrorism		\$77.25 Flat	
			TOTAL PREMIUM	

*PREMIUM INCLUDES COVERAGE FOR TWO (2) PILOTS

- Pay by check Enclosed # _____
- Payment can be made either by e-check, debit or credit card online at www.firstflightinsurance.com through Xpress Pay. A small fee will be charged by Xpress Pay.

NOTE: PAYMENT DOES NOT CONSTITUTE A BINDER OF COVERAGE

THE CERTIFICATE HOLDER'S COVERAGE WILL BE BOUND UPON RECEIPT OF A COMPLETED APPLICATION, PAYMENT IN FULL, AND VERIFICATION OF INFORMATION. IF BOUND, AN EVIDENCE OF INSURANCE WILL BE ISSUED TO THE APPLICANT BY FIRST FLIGHT INSURANCE GROUP, INC.

I understand that First Flight Insurance Group, Inc. for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

APPLICANT'S SIGNATURE

PRINTED NAME & TITLE

DATE

**Mail completed application with copies of required documents:
First Flight Insurance Group, Inc.
P.O. Box 1048,
Kitty Hawk, NC 27949**

Application can also be faxed (252) 261-0757 or E-mailed: dwtmer@firstflightinsurance.com

FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF 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.

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of 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.

For residents of 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.

For residents of 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 insurance act, which is a crime and subjects a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false Information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby ELECT to PURCHASE coverage for acts of terrorism for a prospective premium of 15% of premium quoted.
	I hereby ELECT to have coverage for acts of terrorism EXCLUDED from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.
Policyholder/Applicant's Signature	DATE
Print Name	#4472 Syndicate on behalf of certain Underwriters at Lloyd's