

## NON-OWNED AIRCRAFT LIABILITY INSURANCE APPLICATION

Email application to [vipcopa@magnesaviation.com](mailto:vipcopa@magnesaviation.com)  
or call us at 1-855-847-2672

This insurance is for your personal and non-commercial use of non-owned, fixed wing, non-pressurized, aircraft having a non-turbine engine of 450 horsepower or less (including non-powered gliders), capacity of eight (8) or less total seats, a standard certificate, and not furnished to you for more than thirty (30) consecutive days. Rotor wing and Seaplanes are not included in this coverage. If only applying for Single Engine or Multi Engine Land, continue to complete this application in its entirety. If you are an instructor, use the aircraft commercially, or for all other aircraft types, please call Magnes for a custom quote at 1-855-847-2672

### 1. Pilot Information (individual only, no corporations)

ALL FIELDS must be completed.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

COPA Member No. \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

\*For pilots under the age of 14 or over the age of 78, please call 1-855-847-2672. Additional information may be required to determine your eligibility for insurance in this program.

#### Within last 36 months have you:

Been cited for violation of any Transport Canada Regulation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Had your pilot's license surrendered, suspended or revoked?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Been convicted of operating an aircraft or motor vehicle while impaired?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Been involved in any aircraft accident, incident or aircraft insurance claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes

\*If you answered yes to any, then please call 1-855-847-2672. Additional information may be required to determine your eligibility for insurance in this program.

### 4. Payment Information

Please start my coverage on  \_\_\_/\_\_\_/\_\_\_ MM/DD/YY

However, I realize my policy will only become effective upon receipt and approval of this application by the Company, my pilot and medical requirements are current with necessary ratings required by Transport Canada, and when I have paid the premium in full.

Premium is 100% fully earned upon the inception date of the policy. There will be no return premium if the policy is cancelled.

Payment Method:  Visa  MasterCard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

### 2. Liability Limit Desired for Damage to Non-Owned Aircraft

Protects you against claims where you are liable for damage to the non-owned aircraft, including its loss of use.

Single Engine Landplane			
	Limit of Liability	Deductible	Premium
<input type="checkbox"/>	\$5,000	\$500	\$100
<input type="checkbox"/>	\$10,000	\$500	\$150
<input type="checkbox"/>	\$50,000	\$500	\$525
<input type="checkbox"/>	\$100,000	\$1,000	\$980
<input type="checkbox"/>	\$200,000	\$1,000	\$1,915

Multi Engine Landplane			
	Limit of Liability	Deductible	Premium
<input type="checkbox"/>	\$5,000	\$500	\$200
<input type="checkbox"/>	\$10,000	\$500	\$300
<input type="checkbox"/>	\$50,000	\$500	\$975
<input type="checkbox"/>	\$100,000	\$1,000	\$1,800
<input type="checkbox"/>	\$200,000	\$1,000	\$3,180

\*Other limits available. Please call 1-855-847-2672.

When you rent an aircraft from a school, their insurance policy typically includes you as an Additional Insured with respect to liability for Bodily Injury or Property Damage as a result of an aircraft accident excluding damage to the aircraft itself. If you rent or borrow an aircraft that is not owned by a school and would like to purchase liability for Bodily Injury and Property Damage, please contact Magnes as 1-855-847-2672.

### 3. Premium Calculation

	Premium
2. Damage to Non Owned Aircraft	\$
Tax (8% for Ontario)	\$
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$</b>

Rates are subject to change.

Underwritten by AIG Insurance Company of Canada  
Pricing effective as of November 1, 2020

It is important that you read and understand the following: I hereby certify that all information provided in this Application is true and complete to the best of my knowledge and no information has been withheld. I agree that this Application and the terms and conditions of the policy to be issued shall be the basis of any contract between the insurance company and me. I understand that the above is a general description of coverage, the terms and conditions of the policy shall apply. I understand that no insurance is in force unless and until the insurance company or its authorized representative effects a binder of insurance or issues a policy. I authorize the insurance company or its authorized representative to investigate the qualifications or statements contained herein.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

If you are under the age of 18, a legal guardian must also sign and date this application below.

Signature \_\_\_\_\_ Date: \_\_\_\_\_