

Aviation Insurance Application

We are pleased to provide you with this proposal. This is a convenient coverage summary, not a legal contract. This proposal is provided to facilitate your understanding of the insurance policy. Please refer to the actual policies quoted for specific terms, conditions, limitations and exclusions that will govern in the event of a loss. Coverage may be invalidated if all pilots do not maintain a current & valid Pilots Certificate, if required an FAA Medical, Flight Review and any other requirements. Higher limits of liability may be available, please contact us to discuss. This quote is only valid for 30 days or the expiration of your current policy, whichever comes first.

ENDORSEMENT

Date: 10/21/16

Effective Date From: 10/24/2016 until 10/24/2017 Both at 12:01 AM standard time at the address above

Insurance Company: U.S. Specialty Insurance Co.

Agent:
Quote#

Applicant Information

Pittsburgh Institute of Aeronautics, Inc.
c/o John Graham III
Pittsburgh, PA 15236

Cell:
H.Phone:
Email:
Occupation:

AOPA #:
EAA#
OTHER:
SOURCE: REF

Present Carrier: USSIC

Exp. Date: 10/24/17 @12:01am local time

Aircraft Section

NOTE USE: Non-Commercial pleasure and business use only

FAA Reg#: 4476N Year: 1943 Make/Model: Howard DGA-15P Seats: 4

Storage: Hangared Airport ID: AGC Airport Base: Pittsburgh, PA

Additional Equipment:

Lienholder-B.O.W. and 30 days notice:

NOTE: There is no coverage in flight unless a Standard airworthiness certificate is in full force and effect.

Pilot Section

Approved Pilots	Age	Lic/Ratings	Total Time	Make/Model Time	Retract Time	Multi Eng Time	last 12 mo Time
John Graham	41	C/asmel-I	1,109	30	523	380	100

List any losses, accidents, FAA waivers or violations, DUI's:

Coverage Section

Annual Premiums

Liability Coverage		Limits of Liability		\$	
Single Limit Bodily Injury and Property Damage Liability:		Each Occurrence	Each Passenger		
Passengers: ☒ included ☐ excluded		\$1,000,000	\$ 100,000		
Medical Payments: \$NONE Each Person / \$0 Each Occurrence				\$	
Physical Damage Coverage		Agreed Value	Deductibles		\$0
			Not In Motion	In Motion	
☒ All Risk Ground and Flight		\$80,000	\$250	\$N/A	
☐ All Risk Ground Not in Flight					
☐ All Risk Ground Not in Motion					
Other Coverage:					\$
ENDT to FF					\$
Total Annual Investment					\$

REMARKS:
BINDER CONFIRMATION
SIGNATURE: _____ **DATE:** _____