



4112 North Croatan Highway, Kitty Hawk, NC 27949
Mailing Address
Post Office Box 1048, Kitty Hawk, NC 27949
Tel: (252) 261-1903 Fax: (855) 814-8591
www.firstflightinsurance.com



USUA 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 on your application. Please be sure to complete. *Do not just list 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. 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. N numbered aircraft must be registered under the insurance applicant's name.

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 documentation will benefit all of us.

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

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

Fax: 855-814-8591

Email: dfay@firstflightinsurance.com

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

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:	
AIRCRAFT 1	YEAR	MODEL	ORG MFG OF A/C, KIT OR PLANS	VEHICLE REGISTRATION #	STALL SPD	# SEATS	*MAX GROSS WEIGHT (LBS)
	REGISTERED: USUA <input type="checkbox"/> FAA <input type="checkbox"/> EAA <input type="checkbox"/> ASC <input type="checkbox"/> Will this aircraft be used for towing non-powered hang gliders or paragliders? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	CLASSIFIED (1): AC <input type="checkbox"/> WS <input type="checkbox"/> PPC <input type="checkbox"/> AMPHIBIAN <input type="checkbox"/> PPG <input type="checkbox"/> CLASSIFIED (2): LAND <input type="checkbox"/> SEA <input type="checkbox"/>						
	Will this aircraft be used for towing non-powered hang gliders or paragliders? YES <input type="checkbox"/> NO <input type="checkbox"/>						
AIRCRAFT 2	YEAR	MODEL	ORG MFG OF A/C, KIT OR PLANS	VEHICLE REGISTRATION #	STALL SPD	# SEATS	*MAX GROSS WEIGHT (LBS)
	REGISTERED: USUA <input type="checkbox"/> FAA <input type="checkbox"/> EAA <input type="checkbox"/> ASC <input type="checkbox"/> Will this aircraft be used for towing non-powered hang gliders or paragliders? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	CLASSIFIED (1): AC <input type="checkbox"/> WS <input type="checkbox"/> PPC <input type="checkbox"/> AMPHIBIAN <input type="checkbox"/> PPG <input type="checkbox"/> CLASSIFIED (2): LAND <input type="checkbox"/> SEA <input type="checkbox"/>						
	Will this aircraft be used for towing non-powered hang gliders or paragliders? YES <input type="checkbox"/> NO <input type="checkbox"/>						

*Verification May Be Required. Must Meet Policy Criteria

PILOT INFORMATION – MUST BE CURRENT USUA MEMBER THROUGHOUT POLICY

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

ADDITIONAL INSURED

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



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



POLICY PREMIUM

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	UNIT PRICE	AMOUNT
Class 1* - Powered Paragliders & Powered Hang Gliders	Not for Powered Parachutes Price per Registered Motor		\$309.06	
Class 2* - Ultralights & Light Sport Aircraft	Max Gross Weight Less than 992 lbs. includes "N" numbered aircraft		\$401.88	
Class 3* - Light Sport Aircraft	Max Gross Weight 993 – 1150 lbs. includes "N" numbered aircraft		\$456.96	
Class 4* - Tugs	Aerotowing		\$519.18	
Additional Pilots (over 2)	Not Tug Pilots		\$81.60	
Additional Tug Pilots (over 2)	USHPA AT Rated		\$56.10	
			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 thru Xpress Pay. (a small fee will be charged)

ALL PREMIUMS ARE FULLY EARNED AT INCEPTION
Premium includes taxes and fees.
Questions? E-mail usua@usua.org

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 & TITLE

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 (855) 814-8591 or E-mailed: dfay@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 _____