



Minnesota Joint Underwriting Association
12400 Portland Ave S, Suite 190
Burnsville, MN 55337
1-800-552-0013 or 952-641-0260
Fax: 952-641-0274
www.mjua.org

**LIGHT SPORT AIRCRAFT PASSENGER LIABILITY INSURANCE
APPLICATION**

SECTION A – GENERAL INFORMATION

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

County: _____

Daytime Phone: _____

Evening Phone: _____

Fax: _____

E-mail: _____

Name of Registered
Owner: _____

Is Registered Owner a corporation? Yes No

Is the coverage you are applying for from MJUA required by the Minnesota Department
of Transportation? Yes No

Pilot #1

First Name: _____

Middle Initial: _____

Last Name:

Date of Birth:

Age of Pilot:

Address:

County:

Daytime Phone:

Evening Phone:

Fax:

E-mail:

Pilot # 2

Is there a second pilot?

Yes

No

First Name:

Middle Initial:

Last Name:

Date of Birth:

Age of Pilot:

Address:

County:

Daytime Phone:

E-mail:



SECTION B – AIRCRAFT INFORMATION

Aircraft Make: _____

Aircraft Model: _____

Registration No.: _____

Gross Vehicle Weight: _____ pounds (1,500 max allowable)

Year of Manufacture: _____

Experimental/Amateur Built: Yes No

Engine Make: _____

Engine Horsepower: _____

Number of registered seats (including pilot): _____

Is the aircraft hangered? Yes No

Aircraft base and location: _____

FAA Airport Identifier: _____

Name of Lienholder: _____

Does your aircraft have an Airworthiness Certificate? Yes No

Date of last Airworthiness Inspection: _____

***A COPY OF THE CURRENT FAA AIRWORTHINESS CERTIFICATE MUST ACCOMPANY THIS APPLICATION**



SECTION C – COVERAGE INFORMATION AND LIMITATION

THE POLICY YOU ARE APPLYING FOR PROVIDES FOR BODILY INJURY COVERAGE WITH A \$100,000 PER PASSENGER SEAT LIABILITY BOTH FOR PASSENGER BODILY INJURY OR DEATH AND FOR PROPERTY DAMAGE; \$100,000 FOR BODILY INJURY OR DEATH TO EACH NONPASSENGER IN ANY ONE ACCIDENT; AND \$300,000 PER OCCURRENCE FOR BODILY INJURY OR DEATH TO NONPASSENGERS IN ANY ONE ACCIDENT.

SECTION D – APPLICATION REQUIREMENTS

AS PART OF YOUR APPLICATION, YOU ARE REQUIRED TO SUBMIT ONE REJECTION OF COVERAGE FROM A STANDARD INSURANCE CARRIER.

A WRITTEN QUOTE PROVIDED BY AN INSURER AT A RATE IN EXCESS OF 110% OF PLAN RATES FOR SIMILAR COVERAGE IS DEEMED TO BE A WRITTEN REJECTION.

Does the applicant conduct any activities outside the state of Minnesota for which the applicant is applying for insurance from MJUA? Yes No

If Yes, identify the percentage amount of the applicant's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities:

Is the insurance for which the applicant is applying for from MJUA required by statute, ordinance, or otherwise required by Minnesota law? Yes No

If Yes, identify the statute, ordinance, or Minnesota law requiring such insurance:

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS. (“Yes” answers do not require explanation)

Does the applicant understand that the insurance being applied for does not cover, and will not indemnify, the applicant for any liability or loss arising from the applicant's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law?

Yes No



I, the undersigned, certify and attest on behalf of the applicant that I have been unable to obtain through ordinary methods, the insurance I am applying for with this application and the information contained in this application is true and complete.

Yes

No

Please identify the name of the insurance company who has refused to provide coverage to the applicant and the date of the refusal: _____

Was the refusal to provide coverage by another insurer based on an offer of coverage at a rate in excess of the rate that would be charged by the MJUA for similar coverage and risk?

Yes

No

If Yes, and the rate for coverage offered is more than 10% in excess of the MJUA's rates for similar coverage and risk, or 20% in excess of the MJUA's rates for liquor liability coverages, attach a copy of such written offer to this application. *NOTE that pursuant to Minn. Stat. 62I.13, Subd. 2, "[i]t shall not be deemed to be a written notice of refusal if the rate for coverage offered is less than ten percent in excess of the joint underwriting association rates for similar coverage and risk or 20 percent in excess of the Joint Underwriting Association rates for liquor liability coverages."*

If No, provide further explanation:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

**Applicant's
Signature:**

Print Name:

Date:



The following **MUST** accompany the completed Light Sport Aircraft Application:

1. Declination from a standard market carrier
2. Copy of the current FAA Airworthiness Certificate
3. Copy of each pilot's FAA pilot license



**MINNESOTA JOINT UNDERWRITING ASSOCIATION
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in *Section 102(1) of the Act*: The term “act of terrorism” means any act or acts that are certified by the Secretary of 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 of the United States in the case of certain air carriers or vessels or the premises of the 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.

UNDER YOUR COVERAGE, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY THE TERRORISM RISK INSURANCE ACT, AS AMENDED. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 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 INSURANCE COMPANY PROVIDING THE COVERAGE.

THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

The portion of your annual premium that is attributable to coverage for acts of terrorism is 0%, and does not include any charges for the portion of losses covered by the United States Government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.



Applicant Name (Print): _____

Applicant Signature: _____

Policy Number, if applicable: _____

Named Insured: _____

Date: _____