

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

SPORT AIRCRAFT PASSENGER LIABILITY INSURANCE APPLICATION

SECTION A - GENERAL INFORMATION

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____ County: _____

Daytime Phone No: _____

Evening Phone No: _____

Fax No: _____

Email Address: _____

Registered Name of Owner: _____

Is registered owner a corporation: Yes _____ No _____

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

Pilot #1

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: _____ mm/dd/yyyy Age of Pilot: _____

Pilot # 2

Is there a second pilot? Yes _____ No _____

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Date of Birth: _____ mm/dd/yyyy Age of Pilot: _____

SECTION B - AIRCRAFT INFORMATION

Aircraft Make and Model: _____

Registration No: _____

Gross Vehicle Weight: _____ pounds (1,150 maximum allowable)

Year of Manufacture: _____

Experimental/Amateur Built: Yes _____ No _____

Engine Make: _____

Engine Horsepower: _____

Number of seats (including pilot): _____

Is the aircraft hangared? Yes _____ No _____

Aircraft base and location: _____

FAA Airport Identifier: _____

Name of Leinholder: _____

SECTION C - COVERAGE INFORMATION AND LIMITATION

THE POLICY YOU ARE APPLYING FOR PROVIDES FOR BODILY INJURY COVERAGE WITH A \$100,000 LIMIT PER PASSENGER AS MANDATED BY THE MINNESOTA DEPARTMENT OF TRANSPORTATION..

NO OTHER COVERAGES OR LIMITS ARE AVAILABLE.

APPLICATION REQUIREMENT

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?

_____ No _____ Yes

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?

_____ No _____ Yes

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.

_____ No _____ Yes

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.

_____ No _____ Yes

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?

_____ No _____ Yes

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: _____