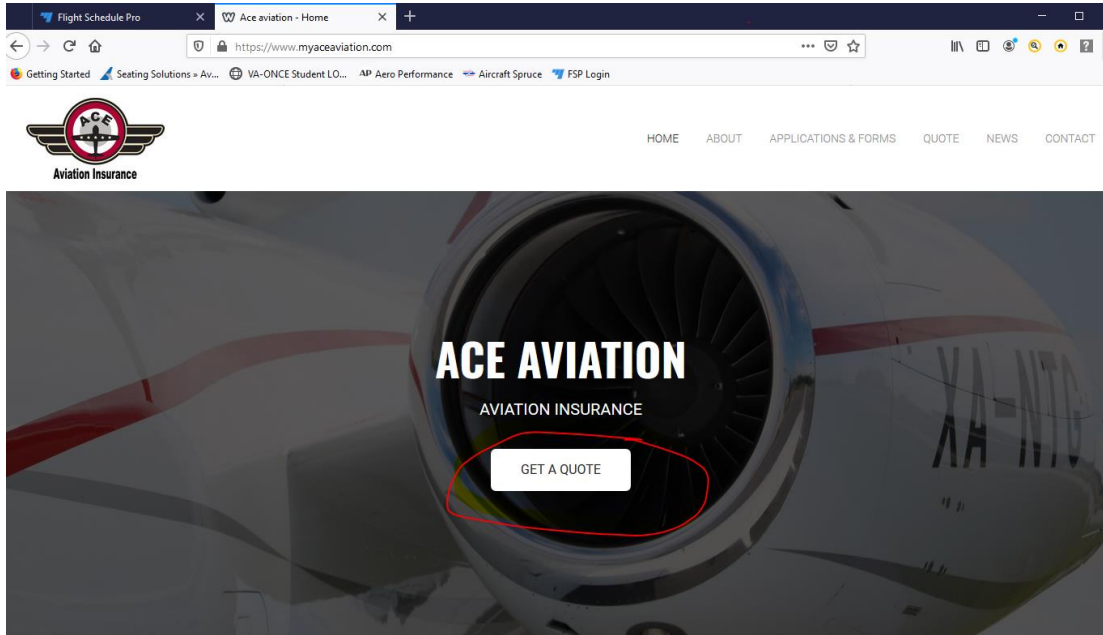
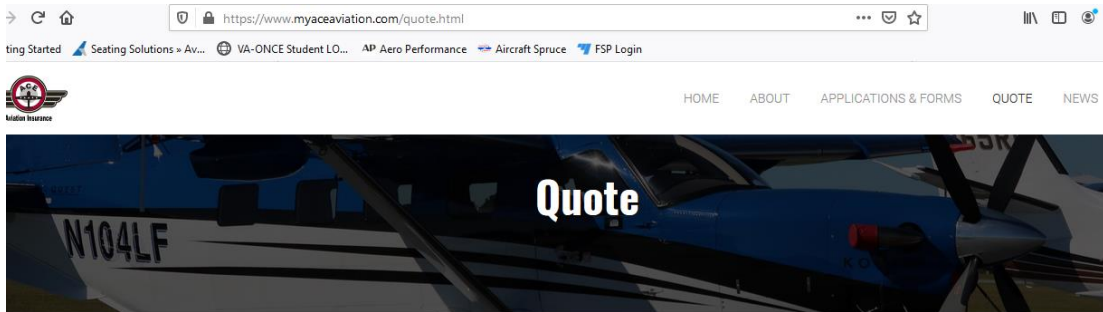


HOW TO OBTAIN RENTERS INSURANCE ONLINE



Click GET A QUOTE.



* Indicates required field

Name * 

Email *

Phone Number *

Aircraft Make and Model *

Quick Quote

AIRCRAFT RENTERS/NON-OWNED QUOTE

AIRCRAFT OWNERS QUOTE

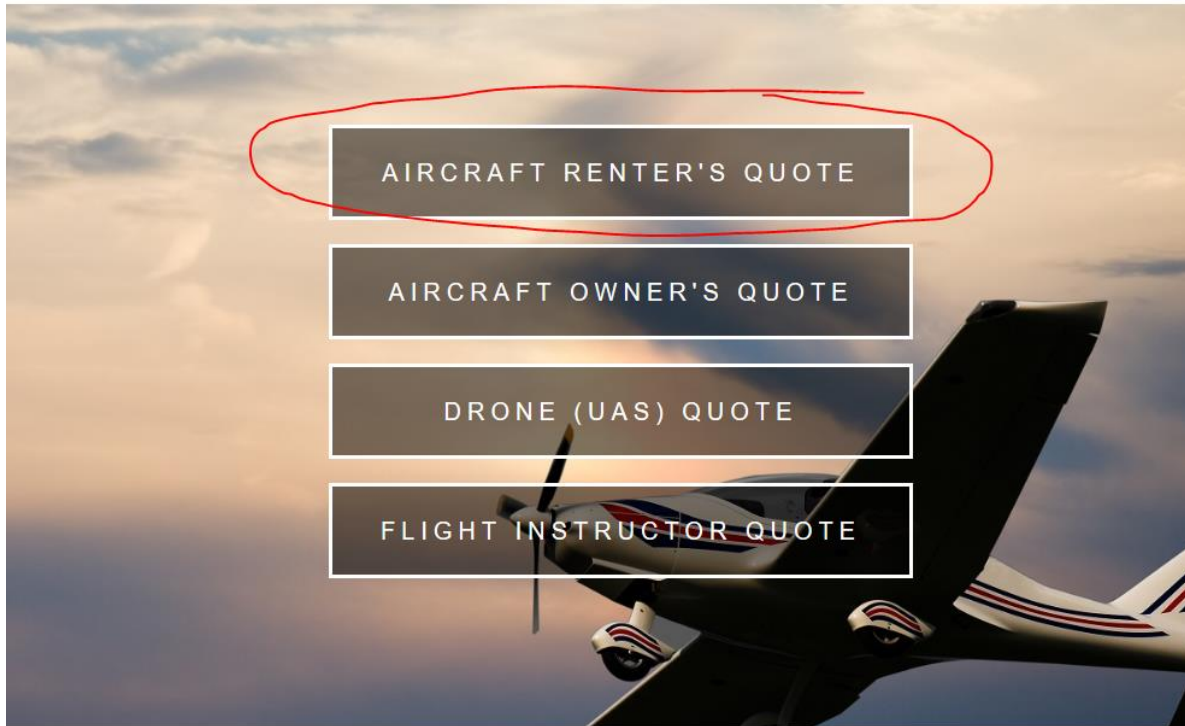
DRONE (UAV) QUOTE

AIRCRAFT OWNERS QUOTE

Click AIRCRAFT RENTERS/NON-OWNED QUOTE.

HOW TO OBTAIN RENTERS INSURANCE ONLINE

ACE AVIATION INSURANCE



Click AIRCRAFT RENTER'S QUOTE



NON-OWNED AIRCRAFT INSURANCE APPLICATION

Applicant Information

Pilot Experience

Insurance Coverage

Application Summary

APPLICANT INFORMATION

Please complete the Applicant Information for Personal Non-Owned aircraft liability coverage then press the "Continue" button to enter pilot experience.
* The asterisk marks required fields.
[Privacy Notice to California Residents](#)

* First Name:	Middle Initial:	* Last Name:
<input type="text" value="BUBBA"/>	<input type="text" value="B"/>	<input type="text" value="SMITH"/>
* Address 1:	Address 2:	
<input type="text" value="1333 WEST STREET"/>	<input type="text"/>	
* City:	* State:	* Zip Code:
<input type="text" value="CANTON"/>	<input type="text" value="Georgia"/>	<input type="text" value="30115"/>
* Email Address:	* Confirm Email Address:	
<input type="text" value="BUBBASMITH@GMAIL.COM"/>	<input type="text" value="BUBBASMITH@GMAIL.COM"/>	
* Contact Phone Number:	Referral Email Address:	
<input type="text" value="404-335-5533"/>	<input type="text" value="Referral Email Address"/>	
* Aircraft Type (Check all that apply):		
<input checked="" type="checkbox"/> Single Engine Land Aircraft and Gliders		
<input type="checkbox"/> Single Engine Seaplane Aircraft		
<input type="checkbox"/> Multi-Engine Land Aircraft		
Get Pricing Indication		
<input checked="" type="checkbox"/> I'm not a robot		

Continue

Fill in the blanks, click the catcha checkbox and then continue.

HOW TO OBTAIN RENTERS INSURANCE ONLINE

Please complete the Pilot Experience for BUBBA SMITH then press the "Continue" button to choose insurance coverage options.
* The asterisk marks required fields.

PILOT CERTIFICATIONS AND RATINGS

* Date of Birth:

* Pilot Certification(please select highest held):

- Instrument Rating
- Aircraft Single Engine Land
- Aircraft Multi-Engine Land
- Aircraft Single Engine Sea
- Glider

HOURS LOGGED (FIXED WING)

* Total Hours:

Total Hours Last 12 Months:

Total Hours Multi-Engine:

Total Hours Conventional Gear (Tailwheel) Total Hours Retractable Gear:

Total Hours Floats:

QUESTIONNAIRE (SELECT YES OR NO FOR EACH)

* Do you have any medical waivers other than corrective lenses or color blindness?

* In the last 5 years, have you been involved in any aircraft accidents or incidents:

Involving bodily injury?

Involving property damage?

* In the last 5 years, have you been cited for violation of any FAA regulations?

* In the last 5 years, have you had your pilot's or driver's license suspended?

* In the last 5 years, have you been convicted of driving while intoxicated or been convicted of any felony charges?

PURPOSE OF USE (CHECK ALL APPLICABLE USES)

- Pleasure (includes flight training you are receiving)
- Business (not flown by professional pilots employed for this purpose)
- Other uses not indicated above (explain)

This policy for which you are submitting this application does not apply to occurrences involving: Skydiving or skydiving related activities; power line, pipeline or highline patrol; aerial photography or cinematography requiring a FAA Certificate of Waiver; any form of hunting; animal herding; taxi, takeoff or alighting on water, while the aircraft is equipped with floats; taxi, takeoff or landing on snow or ice, while the aircraft is equipped with skis; any use involving a charge intended to result in financial profit to the Insured.

Back

Continue

Complete the fields, select pleasure and click continue.



HOW TO OBTAIN RENTERS INSURANCE ONLINE

NON-OWNED AIRCRAFT INSURANCE APPLICATION

Applicant Information	Pilot Experience	Insurance Coverage	Application
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Application Number: Q30952055

INSURANCE COVERAGES

Please choose coverage for BUBBA SMITH then press the "Continue" button to submit your application.
 All fields are required except for Optional Coverage.

LIABILITY INSURANCE [?](#)

This insurance coverage applies to bodily injury and property damage(excluding damage to non-owned aircraft) that you are legally liable to pay arising out of the pers non-owned aircraft.

Each Occurrence	Each Passenger	Annual Premium
<input checked="" type="radio"/> \$250,000	<input checked="" type="radio"/> \$25,000	<input checked="" type="radio"/> \$76
<input type="radio"/> \$500,000	Excluding Passengers ?	<input type="radio"/> \$80
<input type="radio"/> \$500,000	<input type="radio"/> \$50,000	<input type="radio"/> \$99
<input type="radio"/> \$500,000	<input type="radio"/> \$100,000	<input type="radio"/> \$155
<input type="radio"/> \$500,000	<input type="radio"/> \$200,000	<input type="radio"/> \$445
<input type="radio"/> \$1,000,000	<input type="radio"/> \$100,000	<input type="radio"/> \$195
<input type="radio"/> \$1,000,000	<input type="radio"/> \$200,000	<input type="radio"/> \$495

LIABILITY INSURANCE FOR DAMAGE TO NON-OWNED AIRCRAFT [?](#)

This insurance coverage applies to damage that you are legally liable to pay as a result of damage to non-owned aircraft that is in your care, custody, or control. This ins available in conjunction with the Liability Insurance coverage.

Damage Limit	Annual Premium	Damage Limit	Annual Premium
<input checked="" type="radio"/> \$5,000	<input checked="" type="radio"/> \$90	<input type="radio"/> \$55,000	<input type="radio"/> \$505
<input type="radio"/> \$10,000	<input type="radio"/> \$150	<input type="radio"/> \$60,000	<input type="radio"/> \$530
<input type="radio"/> \$15,000	<input type="radio"/> \$200	<input type="radio"/> \$65,000	<input type="radio"/> \$570
<input type="radio"/> \$20,000	<input type="radio"/> \$215	<input type="radio"/> \$70,000	<input type="radio"/> \$625
<input type="radio"/> \$25,000	<input type="radio"/> \$235	<input type="radio"/> \$75,000	<input type="radio"/> \$665
<input type="radio"/> \$30,000	<input type="radio"/> \$280	<input type="radio"/> \$80,000	<input type="radio"/> \$705
<input type="radio"/> \$35,000	<input type="radio"/> \$325	<input type="radio"/> \$100,000	<input type="radio"/> \$860
<input type="radio"/> \$40,000	<input type="radio"/> \$380	<input type="radio"/> \$125,000	<input type="radio"/> \$1,070
<input type="radio"/> \$45,000	<input type="radio"/> \$425	<input type="radio"/> \$150,000	<input type="radio"/> \$1,290
<input type="radio"/> \$50,000	<input type="radio"/> \$475	<input type="radio"/> \$200,000	<input type="radio"/> \$1,750

I wish to decline coverage for damage to non-owned aircraft.

OPTIONAL COVERAGE [?](#)

Add my employer as an additional insured for a \$10 premium

Name of Employer:

MEDICAL EXPENSE COVERAGE [?](#)

This insurance coverage applies to reasonable medical expenses incurred within one year from the date of injury to a passenger arising out of a loss covered under this insurance.

Medical Expense Limit: \$3,000

Premium: Included in the Liability Insurance charge

COVERAGE FOR ACTS OF TERRORISM UNDER THE TERRORISM RISK INSURANCE ACT OF 2002 (AS AMENDED AND EXTENDED BY THE TERRORISM RISK INSURANCE EXTENSION ACT OF 2005 AND THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACTS OF 2007, 2015 AND 2019) [?](#)

Coverage provided for bodily injury and property damage for which you may be liable from certified acts of terrorism. This coverage is included in the Liability Insurance at no additional charge.

[View TERRORISM RISK INSURANCE ACT OF 2002 \(As amended and extended by The Terrorism Risk Insurance Extension Act of 2005 and The Terrorism Risk Insurance Program Reauthorization Acts of 2007, 2015 and 2019\) documentation](#)

PREMIUM

Coverage Premium: \$166

TERMS AND CONDITIONS

In accordance with the provisions of the Act, the Terrorism Risk Insurance Program shall terminate on December 31, 2020. Unless the program is renewed, extended or otherwise continued by the federal government, insurance coverage purchased for losses arising out of acts of terrorism shall terminate as of the date when any one or more of the following first occurs: (a) the policy period ends; (b) the federal Terrorism Risk Insurance Program, established by the Act, has terminated either in its entirety or as respects the type of insurance afforded by this policy; or (c) renewal, extension or continuation of the Terrorism Risk Insurance Program has become effective without a requirement to make terrorism coverage available as respects the type of insurance afforded by this policy.

If the insurance is not terminated upon the occurrence of b. or c. above, insurance will remain in force without change for the remainder of the policy period, unless the company notifies you of any such change in response to any change in the federal law.

If the insurance is terminated upon the occurrence of b. or c. above, pro rata unearned premium will be returned to you.

[I have additional Questions](#)

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Continue

HOW TO OBTAIN RENTERS INSURANCE ONLINE

BILLING INFORMATION

Use Applicant information to populate fields.

* First Name:

BUBBA

* Last Name:

SMITH

* Address Line 1:

1333 WEST STREET

Address Line 2:

* City:

CANTON

* State:

Georgia

* Zip Code:

30115

* Email Address:

BUBBASMITH@GMAIL.COM

* Contact Phone Number:

404-335-5533

TERMS AND CONDITIONS

* All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurers shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurers to investigate all or any qualifications or statements contained herein.

By clicking on the continue button you acknowledge and agree to all the terms and conditions:

This policy for which you are submitting this application does not apply to occurrences involving: Skydiving or skydiving related activities; power line, pipeline or highline patrol; aerial photography or cinematography requiring a FAA Certificate of Waiver; any form of hunting; animal herding; taxi, takeoff or alighting on water, while the aircraft is equipped with floats; taxi, takeoff or landing on snow or ice, while the aircraft is equipped with skis; any use involving a charge intended to result in financial profit to the Insured.

This application is for insurance for your personal use of non-owned aircraft, which is:

- A. any fixed wing, single engine land aircraft powered by a reciprocating piston engine; or
- B. any Sailplane or Glider.

PURCHASE

Your policy should be available to you now. Simply forward it to Kim@cherokeeflight.com and you will be good on your insurance requirements.