



4112 North Croatan Highway
Kitty Hawk, NC 27949

Mailing Address
Post Office Box 1048
Kitty Hawk, NC 27949
Tel: (252) 261-1903
Fax: (252) 261-0292

www.firstflightinsurance.com

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.*

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 Registration, Certification, or License – **You must be one of the following:**

A registered ultralight pilot with USUA, ASC, or EAA

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.

Copy of aircraft registration – Part 103 Ultralights can be registered with USUA or ASC. N numbered aircraft must be registered under the insurance applicants name.

First Flight Insurance Group is committed to the safety of all participants and the viability and sustainability of your industry. Safe practices and properly maintained documentation will benefit all of us.

Please mail, fax, or email your application to one of the following:

**United States Ultralight Association
c/o First Flight Insurance Group, Inc.
PO Box 1048
Kitty Hawk, NC 27949**

Fax: 252-261-0292

Email: jcraig@firstflightinsurance.com

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.

Effective 10/09



United States
 Ultralight Association, Inc.
The Original Ultralight Association



USUA Member Individual 3rd Party Liability Insurance

Name: _____			
Address: _____			
City: _____		St: _____	Zip Code: _____
Home Phone: _____		Cell Phone: _____	
Fax: _____		E-Mail: _____	

ULTRALIGHT / LSA TO BE INSURED			
FIRST AIRCRAFT		Physical Street Address: _____	
Year: _____	Original Manufacturer of Aircraft, Kit or Plans: _____		Model: _____
Engine Manufacturer: _____		Engine Model: _____	Stall Speed: _____
# of Seats: _____	Max. Gross Weight (lbs): <i>Verification May Be Required. Must meet policy criteria.</i>		Class: (Circle Two) 1) AC / WS / PPC / Amphibian / PPG 2) LAND or SEA
Vehicle Registered with: (circle one) USUA EAA ASC FAA			Vehicle Registration # : _____
Will this aircraft be used for towing non-powered hang gliders or paragliders? (Circle One) Yes No			

SECOND AIRCRAFT		Physical Street Address: _____	
Year: _____	Original Manufacturer of Aircraft, Kit or Plans: _____		Model: _____
Engine Manufacturer: _____		Engine Model: _____	Stall Speed: _____
# of Seats: _____	Max. Gross Weight (lbs): <i>Verification May Be Required. Must meet policy criteria.</i>		Class: (Circle Two) 1) AC / WS / PPC / Amphibian / PPG 2) LAND or SEA
Vehicle Registered with: (circle one) USUA EAA ASC FAA			Vehicle Registration # : _____
Will this aircraft be used for towing non-powered hang gliders or paragliders? (Circle One) Yes No			

If you want to insure more than 2 planes, please attach a separate sheet with all information.

PILOTS WHO WILL BE FLYING PLANE		
1 st Pilot's Name:	Date of Birth:	Social Security #:
Mailing Address:		
Years of Ultralight / LSA Experience:	Highest Pilot Rating:	
USUA Member #:	USUA Membership Expiration Date: Must be current throughout policy period.	
PILOT Registered with: (circle one) USUA EAA ASC FAA	FAA Pilot Registration # (if applicable):	

2 nd Pilot's Name:	Date of Birth:	Social Security #:
Mailing Address:		
Years of Ultralight / LSA Experience:	Highest Pilot Rating:	
USUA Member #:	USUA Membership Expiration Date: Must be current throughout policy period.	
PILOT Registered with: (circle one) USUA EAA ASC FAA	FAA Pilot Registration # (if applicable):	

ADDITIONAL INSURED	
Name:	
Address:	
Relationship to Insured:	

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is accepted by First Flight Insurance Group, Inc., all signed forms are in place, **AND the total required premium has been paid in full.** Coverage will be confirmed with a signed Certificate of Insurance, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a Certificate of Insurance or Binder for coverage submitted under this application.

I UNDERSTAND AND AGREE THAT MY USUA MEMBERSHIP, PILOT AND VEHICLE REGISTRATIONS MUST BE KEPT CURRENT THROUGHTOUT THE POLICY PERIOD FOR COVERAGE TO BE IN EFFECT. I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

BELOW FOR OFFICE USE ONLY	
USUA VERIFIED BY: (Printed Name)	DATE:

THE CERTIFICATE HOLDER'S COVERAGE WILL BE BOUND UPON RECEIPT OF A COMPLETED APPLICATION, PAYMENT IN FULL, AND VERIFICATION OF INFORMATION BY USUA. IF BOUND, A CERTIFICATE OF INSURANCE WILL BE ISSUED TO THE APPLICANT BY FIRST FLIGHT INSURANCE GROUP, INC.

NAME OF APPLICANT:				
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 rate. Students are NOT eligible unless signed off to solo.				
Qty	Class	Description	Premium Each	Total Premium
	Class 1* - Powered Paragliders & Powered Hang Gliders	Not for Powered Parachutes	\$297.67 Per Registered Motor	\$
	Class 2* - Ultralights & Light Sport Aircraft	Maximum Gross Weight Less than 992 Lbs. Includes "N" numbered aircraft	\$386.25 Per Aircraft	\$
	Class 3* - Ultralights & Light Sport Aircraft	Maximum Gross Weight 993 - 1,150 Lbs. Includes "N" numbered aircraft	\$439.81 Per Aircraft	\$
	Class 4* - Tugs	Aerotowing Aircraft	\$499.55 Per Aircraft	\$
	Additional Pilots (over 2)	Not Tug Pilots	\$77.25 Per Pilot	\$
	Additional Tug Pilots (over 2)	USHPA AT Rated	\$51.50 Per Pilot	\$
Please Enter Total Premium:				\$

All premiums are fully earned at inception. Premium includes taxes and fees.
 *Premium includes coverage for two (2) pilots. Questions? E-Mail: usua@usua.org.

IF PAYING BY CHECK				
Please make check payable to: First Flight Insurance Group, Inc.				
CHECK #:				CHECK AMOUNT: \$
IF PAYING BY CREDIT CARD				
CREDIT CARD (check one)	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMERICAN EXPRESS <input type="checkbox"/>	
NAME AS IT APPEARS ON CREDIT CARD: _____				
CARDHOLDER BILLING ADDRESS: _____				
CITY: _____		STATE: _____	ZIP: _____	
Home Phone: () _____	Work Phone: () _____			
CARD #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expires: Month _____ Year _____	CVV Code: (3 or 4 digits on back of card) _____			
SIGNATURE OF CARDHOLDER: _____			DATE: _____	
AMOUNT AUTHORIZED TO CHARGE: \$ _____				

Mail completed application with copies of required documents and premium to:
 United States Ultralight Association
 c/o First Flight Insurance Group, Inc. PO Box 1048, Kitty Hawk, NC 27949
 Application can also be faxed **or emailed:** (252) 261-0292 jcraig@firstflightinsurance.com

NOTE: Payment does not constitute a binder of coverage.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, OH, OK, OR, or VT; in DC, LA, ME and VA, insurance benefits may also be denied).