



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		
Location Address:	_____	
Year:	Manufacturer:	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 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		
Location Address:	_____	
Year:	Manufacturer:	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 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 #:
Address:		
Years of Ultralight / LSA Experience:	Pilot Rating(s):	
USUA Member #:	USUA Membership Expiration Date: Must be current throughout policy period.	
PILOT Registered with: (circle one) USUA EAA ASC FAA	Pilot Registration # (if applicable) : N/A for USUA	

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

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 THROUGHOUT 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)	TITLE:
SIGNATURE:	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.				
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	Not Tug Pilots	\$77.25 Per Pilot	\$
	Additional Tug Pilots	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:
First Flight Insurance Group, Inc. P.O. Box 1048, Kitty Hawk, NC 27949-1048.
For certified mail, FedEx, or UPS : 4112 N. Croatan Hwy., Kitty Hawk, NC 27949.
 Application can also be faxed: (252) 261-0292

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).