

Pilot History Form

1. GENERAL INFORMATION

Pilot's Name:			
Address:			
	City:		
	State:	Zip:	
Phone:	Home:	Work:	
Date of Birth:			
Employer:			
Named Insured:			

<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Instrument
<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Multi-Engine Land
<input type="checkbox"/> Airline Transport Pilot	<input type="checkbox"/> Helicopter
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Pro-Pilot Full Time
<input type="checkbox"/> Designated Examiner	<input type="checkbox"/> Pro Card
<input type="checkbox"/> 1 st Class Medical	<input type="checkbox"/> No Accidents
<input type="checkbox"/> 2 nd Class Medical	<input type="checkbox"/> No Waivers
<input type="checkbox"/> 3 rd Class Medical	<input type="checkbox"/> No Violations

2. PILOT EXPERIENCE

Total Time All Aircraft:		Multi-Engine:	
Fixed Wing:		Turbine Jet:	
Rotor Wing:		Turbo Prop:	
Turbine Rotor Wing:		Total Time Last 12-Months:	

Additional details about your flight experience _____

3. INSURED Make & Model (MM) PILOT EXPERIENCE and TRAINING HISTORY

List Insured Aircraft Make and Model:		Total Time In Make and Model:		Date/Place last Formal Training:	
List Insured Aircraft Make and Model:		Total Time In Make and Model:		Date/Place last Formal Training:	
List Insured Aircraft Make and Model:		Total Time In Make and Model:		Date/Place last Formal Training:	

Additional details about your training experience _____

4. TYPE RATINGS (list all) _____

5. QUESTIONS (check "YES" or "NO")

- a. Are you flying under a waiver? Yes No
- b. Have you ever been penalized for an FAR violation? Yes No
- c. Have you ever had an aircraft accident, incident, and/or violation? Yes No
- d. Has any insurance company and/or underwriter ever cancelled, non-renewed, or declined coverage on your behalf? Yes No
- e. Have you ever been convicted of, or are you under indictment in a legal action involving drugs or narcotics? Yes No
- f. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics? Yes No
- g. Has your driver's license ever been suspended or revoked? Yes No

Explain "YES" answers here:

With my signature below, I WARRANT the truth of the above statements and I further WARRANT that no material information has been withheld or suppressed.

Pilot's Signature: _____

Date: _____

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