

IMPORTANT: This form becomes a **legal part of your policy**, and therefore it is mandatory that each question be answered as fully and truthfully as possible; any misstatement, misrepresentation or omission may make the policy invalid, and may also be punishable as fraud in many states.

Each pilot flying the aircraft to be insured must complete a Pilot History Form, leaving no blanks.

Name of Insured or Applicant: _____

Pilot's Name as it appears on your pilot certificate: _____

Address: _____
Street
City
State
Zip Code

Phone: _____ Date of Birth: _____ Occupation: _____

Where did you learn to fly? _____ Date you began training _____

Date you received your license _____ Certificate Number _____

Date/Class of last FAA medical _____ Date of last BFR _____

Type of License: Student Private Commercial ATP Mechanic Engineer Instructor

Ratings: SEL MEL IFR CFI CFII SES MES RW RW/IFR

Flight Experience:	Total Logged Pilot Hours	Total Logged Pilot Hours
Total Time (All Aircraft)	_____	Single-Engine Land _____
Last 90 Days (All Aircraft)	_____	Multi-Engine _____
Past 12 Months (All Aircraft)	_____	Multi-Engine Sea _____
Taildraggers	_____	Single Engine Sea _____
Retractable Gear	_____	Rotor Wing _____
		Turbine Aircraft _____

Breakdown Hours:	Make and Model Insured	Hours
	_____	_____
	_____	_____
	_____	_____

NOTE: Please give full details for any "Yes" answers on the reverse of this document.

- Yes No 1) Are you flying under a waiver?
- Yes No 2) Have you ever been penalized, disciplined, or fined for violations of FAR's?
- Yes No 3) Have you ever been convicted of/pleaded guilty to a felony?
- Yes No 4) Have you ever been convicted of/pleaded guilty to a DUI?
- Yes No 5) Have you ever been convicted of/pleaded guilty to a drug charge?
- Yes No 6) Have you ever taken/are you presently taking antidepressant drugs or tranquilizers?
- Yes No 7) Have you ever had a violation, suspension, accident or incident?
If so, note full details including incident date and insurance amount paid, if any.
- Yes No 8) Has any insurer cancelled or declined to renew any aircraft insurance for you in the past 5 years?

I/we affirm that the statements in the application are true to the best of my/our knowledge and belief, are made in good faith, and no information has been withheld or suppressed which would adversely affect my/our pilot rating(s) or approval by the Insurer(s). Such statements and answers will be the basis of any contract between me/us and the Insurer(s) and shall be effective only if all statements and answers referred to be full, complete, and true on the date set forth herein. I/we hereby authorize the Insurer(s) or their agents to investigate any or all statements contained herein. I/we hereby authorize the FAA to release my/our pilot history(ies) to the Insuring company and its agents to verify the above statements. The Insuring Company and/or its agents are also authorized to request my/our vehicle driving records. I/we understand that this application does not commit the Insurer(s) to any liability whatsoever until the Insurer(s) agree to effect such insurance coverages as have been applied for by this application.

Signature _____ Date _____

PLEASE COMPLETE REVERSE SIDE (IF APPLICABLE)

Training Information:

Please indicate when and where you received any initial/refresher/recurrent or other training in your aircraft in the last 24 months.

Please attach a **copy of your training certificate**. There may be discounts available for training.

Additional Information:

Please use this space to explain, in detail, any “yes” answers to the questions posed on the previous page or to provide any other information you feel may be applicable.
