

Pílot Hístory Form

PO Box 1918 Hamilton, MT 59840 (406) 363-1411 (800) 533-4021 Fax (406) 363-1412

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.

	ame as it	or Applicant: _ appears on your	-		City			State	Zip Code
Phone: Date of Where did you learn to fly? Date you received your license Date/Class of last FAA medical			Date of Birt	Birth: Occupation: Date you began train Certificate Number Date of last BFR				ng	
Type of I Ratings: Flight Ex		Total Time (Last 90 Days	☐ IFR ☐ CFI (All Aircraft) s (All Aircraft) oths (All Aircrafts			SES	chanic MES Single-Enging Multi-Enging Multi-Enging Single Enging Rotor Wing Turbine Ain	ne ne Sea ne Sea	☐ Instructor ☐ RW/IFR Total Logged Pilot Hours
Breakdown Hours:		: Make	Make and Model Insured		Total Hours		Past 12 Months / Last 90 Days / / / /		
NOTE: F	lease give	e full details for a	nv "Yes" answei	s on the rev	erse of this doc	umen	ıt.		
☐ Yes	□ No	1) Are you flyin	•				. .		
☐ Yes	□ No	2) Have you eve	_		d, or fined for	violat	ions of FAR'	s?	
☐ Yes	□ No	3) Have you eve	-	-					
☐ Yes	□ No	4) Have you ever been convicted of/pleaded guilty to a DUI?							
☐ Yes	□ No	5) Have you eve			0		arge?		
☐ 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?							
		•	l details includir	-				if any.	
☐ Yes	□ No	8) Has any insu		_			-	-	e past 5 years?
suppressed me/us and authorized Insuring co I/we unde	d which wou I the Insurer the Insurer Ompany and Irstand that	uld adversely affect n r(s) and shall be effec (s) or their agents to n l its agents to verify to	ny/our pilot rating(s ttive only if all stater investigate any or al he above statements) or approval b nents and answ statements con The Insuring	y the Insurer(s). S vers referred to be i ntained herein. I/v Company and/or it	uch sta full, con ve herb ts agent	tements and an inplete, and true by authorize the its are also autho	swers will be e on the date e FAA to relea orized to req	o information has been withheld or ethe basis of any contract between set forth herein. I/we hereby se my/our pilot history(ies) to the uest my/our vehicle driving records. such insurance coverages as have
Signatur	e				Date				

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.								