

# Pilot History Form

NAME OF AIRCRAFT OWNER OR NAME OF INSURED		PILOT'S FULL NAME			DATE OF BIRTH			
PILOT'S ADDRESS		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE			
<b>EMPLOYMENT HISTORY</b>								
EMPLOYER		DATES EMPLOYED	OCCUPATION. If employed as a pilot, list all duties in addition to those normal for a pilot and indicate percentages of your total time on non-pilot related duties.					
Current Employer								
1								
2								
3								
4								
DRIVER'S LICENSE NUMBER		STATE/PROVINCE		AIRMAN'S CERTIFICATE NUMBER				
<b>CERTIFICATES, ENDORSEMENTS AND RATINGS</b>  Student Single Engine Land Private Single Engine Sea Commercial Seaplane Sr. Commercial Multi Engine Land Airline (ATP, ATR) Multi Engine Sea Certified Flight Instructor Center Line Thrust Helicopter Certified Instrument Instructor Glider Instrument Rating/Class Mechanic Airframe Mechanic Powerplant			<b>CIVILIAN - TOTAL HOURS LOGGED AS PILOT-IN-COMMAND</b>					
			Aircraft	Piston			Turbo Prop	Jet
				Land	Sea	Amph		
			Single Engine Fixed Wing					
			Multi Engine Fixed Wing					
			Rotary Wing					
			<b>MILITARY - TOTAL HOURS LOGGED AS PILOT-IN-COMMAND</b>					
			Aircraft	Piston		Turbo Prop		Jet
			Fixed Wing					
			Rotary Wing					
Other (Specify):								
MEDICAL CLASS AND DATE OF EXPIRATION				DATE OF LAST BIENNIAL OR ANNUAL FLIGHT REVIEW				
<b>BREAKDOWN OF EXPERIENCE BY MAKE AND MODEL</b> (Please specify makes and models of similar type/category first)								
LIST MAKE AND MODEL One per line-must include make and model aircraft being insured		TOTAL LOGGED HOURS AS PILOT-IN-COMMAND				TIME AS SECOND-IN-COMMAND		
		Total hours	Last 90 days	Last 12 months	IFR last 12 months	Total Hours	Last 12 months	
SPECIFY MAKE AND MODEL(S) ON WHICH APPROVAL IS SOUGHT AS PILOT-IN-COMMAND				SECOND-IN-COMMAND				

WHERE AND WHEN DID YOU LEARN TO FLY? (Give year, place and school or course completed)

List Manufacturer's Approved Initial Ground & Flight and Dates Attended (specify by Model)			If you are not currently enrolled in a recurrent flight training program, please complete this section only with respect to your most recent Flight Proficiency Check Flight in the insured aircraft make and model.				
School	Model	Dates					Was it
			NAME OF FACILITY PROVIDING PROFICIENCY CHECK FLIGHT				
<p>Are you or your Company enrolled in any recurrent flight training program?</p> <p>Yes</p> <p>No</p> <p>If yes, specify make and model aircraft, the facility affording the training, their location, dates attended and number of recurrent training programs completed annually by you:</p>							
<p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> <p>Please explain in detail all "Yes" answers.</p>			<p><b>ANSWER ALL QUESTIONS</b></p> <ol style="list-style-type: none"> <li>1. Have you ever had an aircraft claim, incident or accident?</li> <li>2. Have you ever been cited or fined for violation of an aviation regulation?</li> <li>3. Has your pilot certificate ever been suspended or revoked?</li> <li>4. Have you ever been convicted of driving a motor vehicle while under the influence of alcohol or narcotics or for reckless driving?</li> <li>5. Have you ever been convicted of a felony or are you under indictment for a felony?</li> <li>6. Has your driver's license ever been suspended or revoked?</li> <li>7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?</li> <li>8. Have you ever had or been treated for a chemical dependency?</li> <li>9. Are you regularly using any medication?</li> <li>10. Do you have any physical impairments or do you have any waivers, limitation or conditions attached to your Medical Certificate?</li> <li>11. Have you ever had an application for aircraft hull or liability insurance declined by an insurance company?</li> </ol>				

As a normal part of the Company's underwriting procedure a routine inquiry may be made which will include information concerning general reiteration, personal characteristics and mode of living.

In the United States Public Law 90-308 (Federal Fair Credit Reporting Act) requires that if such a report is made upon your written request within a reasonable time after you receive this notice, additional information as to the nature and scope of the inquiry will be provided.

You have my consent to contact pilot training facilities which I have attended for information relating to my training and I hereby expressly authorize any such pilot training facilities to release information about me. I certify that the statements in this form are true to the best of my knowledge and belief.

PILOT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

