

PILOT HISTORY FORM

NAME OF AIRCRAFT OWNER OR NAME OF INSURED	PILOT'S FULL NAME	DATE OF BIRTH
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PILOT'S ADDRESS

EMPLOYMENT HISTORY

EMPLOYER	DATES EMPLOYED	OCCUPATION. If employed as a pilot, list all duties in addition to those normal for a pilot and indicate percentage of your total time spent on non-pilot related duties.
Current Employer 1.		
2.		
3.		
4.		

DRIVERS LICENSE NO.	STATE/PROVINCE	AIRMAN'S CERTIFICATE NO.
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CERTIFICATES / ENDORSEMENTS AND RATINGS	CIVILIAN -TOTAL HOURS – LOGGED						
(Canadian Only) Student: _____ Private: _____ Commercial: _____ * Sr. Commercial: _____ Airline (ATP)/(ATR): _____ Instructor: _____ * Class _____ Instrument Rating: _____ * Class _____ *Night: _____ Other (Specify): _____ _____ Type Ratings / Endorsements (Specify): _____ _____ _____	Single Engine Land: _____ Single Engine Sea: _____ Seaplane: _____ Multi Engine Land: _____ Multi Engine Sea: _____ Center Line Thrust: _____ Helicopter: _____ Glider: _____ Mechanic Aircraft: _____ Mechanic Powerplant: _____		AIRCRAFT			TURBO PROP.	JET
		PISTON					
		LAND	SEA	AMPH			
		SINGLE ENG Fixed Wing					
		MULTI ENG Fixed Wing					
		Rotary Wing					
		MILITARY --TOTAL HOURS – LOGGED					
		AIRCRAFT	PISTON	TURBO PROP.	JET		
		Fixed Wing					
		Rotary Wing					

MEDICAL CLASS AND DATE OF EXPIRATION	DATE OF LAST BIENNIAL OR ANNUAL FLIGHT REVIEW
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BREAKDOWN OF EXPERIENCE BY MAKE AND MODEL

(Please specify makes and models and whether land, sea, or amphibiant)

LIST MAKE AND MODEL (One per line – must include Make and Model aircraft being insured)	TOTAL LOGGED HOURS				TIME AS SECOND-IN-COMMAND (Co-Pilot)			
	Total Hours	Last 90 Days	VFR Last 12 months	IFR Last 12 months	Total Hours	Last 90 days	VRF Last 12 months	IFR Last 12 months

TOTAL LOGGED HOURS FOR TAILWHEEL EQUIPPED AIRCRAFT:	TOTAL PILOT-IN-COMMAND HOURS OF ALL MULTI – ENGINE AIRCRAFT:	APPROXIMATE NUMBER OF WATER LANDINGS AND TAKE-OFFS MADE DURING THE LAST 12 MONTHS:
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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)

PILOT HISTORY FORM

List Manufacturer's Approved, Initial Ground & Flight Schools 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.				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">SCHOOL</td> <td style="width: 33%; border-bottom: 1px solid black;">MODEL</td> <td style="width: 33%; border-bottom: 1px solid black;">DATES</td> </tr> </table>	SCHOOL	MODEL	DATES	WAS IT <input type="checkbox"/> VFR <input type="checkbox"/> IFR	DATE
SCHOOL	MODEL	DATES			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> </table>				NAME OF FACILITY PROVIDING PROFICIENCY CHECK FLIGHT	

Are you or your Company enrolled in any recurrent Flight Training Program? No Yes If Yes, specify make and model aircraft, the facility affording the training, their location and number of recurrent training programs completed annually by you

1. Do you have any physical impairments or do you have any waivers, limitations or conditions attached to your Medical Certificate?	PLEASE EXPLAIN EACH "YES" ANSWER <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____
2. Has your FAA or DOT or Military Pilot Certificate ever been suspended or revoked?	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____
3. Have you ever been cited for any violations of Federal or Canadian Air Regulations or any license limitations?	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____
4. Arising out of the operation of a motor vehicle, have you ever had your driver's license suspended or revoked?	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____
5. Have you even been convicted of or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs?	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____
6. Have you ever had an application for aircraft hull or liability insurance declined by an insurance company?	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____

7. Have you had any aircraft accidents / incidents while acting as Pilot? NO YES If YES, give dates, places, make and model of aircraft, and details of accident(s):

8. Have you filed any aviation claims in the last three years? NO YES If YES, give dates and brief summary of circumstances:

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 91-308 (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: _____