



PILOT HISTORY FORM

Insured's Name: Policy No.:

Pilot's Name Last, First, Middle Date of Birth:

Address

Street, City, State, Zip Code, Phone No.

Occupation Employer How Long

Airman Certificate No. Date & Class of Last Physical

Date of Biennial Flight Review

Pilot Ratings - Student Private Commercial Instructor ATP Instrument

Aircraft Ratings - S.E.L. M.E.L. S.E.S. M.E.S. Helicopter Other

Total Logged Civilian Pilot Hours (Pilot in Command) Co-Pilot

Total Logged Military Pilot Hours (Pilot in Command) Co-Pilot

Enter breakdown of LOGGED PILOT IN COMMAND hours below (Military & Civilian Combined)

Table with 2 columns: HOURS and HOURS. Rows include Single Engine Fixed Gear, Single Engine Retractable Gear, Turbo Prop, Turbo Jet, Helicopter - Reciprocating Powered, Helicopter - Turbine Powered, Multi Engine, Tailwheel, Cross Country, Last 90 days, Night Flying, Instrument Flying, a) actual, b) simulated.

Applicant Requests Approval in the Following Makes and Models of Aircraft

Table with 3 columns: Make and Model of Aircraft, Total Logged Pilot in Command Hours in this aircraft, Is Annual Recurrent Training Received in this Aircraft? When? Where?

Are you flying under a waiver? Describe in Detail

Ever penalized for violation of F.A.R.? Describe in Detail

Have you ever had an Accident, Incident or Violation? Describe in Detail

Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf? Describe in Detail

*Absence of entry means negative answer.

I affirm the truth of the above statements and further affirm that no material information has been withheld or suppressed.

Date Pilot's Signature