Ladd Gardner Aviation Insurance Agency, Inc.
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Addison, TX 75001
Office: (972) 250-0400 Fax: (972) 250-0401
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LADD GARDNER
AVIATION INSURANCE

PILOT HISTORY FORM

NAME				D.OB.	
ADDRESS		CITY		STATE/ZIP	
EMPLOYER		DATE EMPLOYED		POSITION	
AIRMEN'S CERTIFICATE #		NAMED INSURED			
HOME PHONE		WORK PHONE		FAX NO.	
EMAIL ADDRESS					

FLYING EXPERIENCE SUMMARY (LOGGED HOURS)

	TOTAL	LAST 12 MONTHS	LAST 90 DAYS
ALL AIRCRAFT			
Tailwheel			
Retractable Gear			
Multiengine			
Turboprop			
Jet			
Rotorcraft			
Instrument			
Actual			
Simulated (Hood)			
Instructor			
Sea			

LOGGED HOURS IN MODEL(S) TO BE INSURED

Aircraft Model	TOTAL	LAST 12 MONTHS	LAST 90 DAYS

CURRENT CERTIFICATES AND RATINGS

☐ Student	☐ Instructor
☐ Private	☐ Rotorcraft
☐ Commercial	☐ Glider
☐ Airline Transport	☐ Lighter Than Air
☐ Single-Engine Land	☐ A & P Mechanic
☐ Multiengine Land	☐ Aircraft Inspector
☐ Centerline-Thrust	☐ Other:
☐ Single Engine Sea	☐ Type Ratings:
☐ Multiengine Sea	
☐ Instrument	

LAST BIENNIAL FLIGHT REVIEW

Date _____ Model Used _____

MEDICAL CERTIFICATE

Class: ☐ 1st ☐ 2nd ☐ 3rd

Date of Last Physical _____

1. As pilot, any aircraft accidents?	1. ___ No	___ Yes*
2. Ever cited for violating civil or military flight regulations?	2. ___ No	___ Yes*
3. Ever convicted or pled guilty to a felony?	3. ___ No	___ Yes*
4. Ever arrested for driving under the influence of drugs/alcohol?	4. ___ No	___ Yes*
5. Any waivers or limitations on your Medical Certificate? (Attach copy of any Certificate or Demonstrated Ability).	5. ___ No	___ Yes*
6. Any Insurance Company ever cancel, decline to issue or decline to renew any insurance policy held by you?	6. ___ No	___ Yes*

* Explain each "Yes" answer. Include dates and details. If more space is needed, use back of form.

PROFICIENCY/RECURRENT TRAINING attended for specific models: (Attach copy of completion certificate)

School-Location	Year Attended	Aircraft Model	Hours flown	
			Simulator	Flight

I represent that all information provided in this Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld.

Signature: _____ Date: _____

Reset Form