

PILOT HISTORY FORM

PILOT'S FULL NAME	DATE OF BIRTH
PILOT'S ADDRESS (Street) (City) (State/Province) (Zip/Postal Code)	

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.		

DRIVER'S LICENSE NO.	STATE/PROVINCE	AIRMEN'S CERTIFICATE NO.
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CERTIFICATES/ENDORSEMENTS AND RATINGS (*Canadian Only)

- | | | | |
|----------------------|--------------------------|---------------------|--------------------------|
| Student: | <input type="checkbox"/> | Single Engine Land: | <input type="checkbox"/> |
| Private: | <input type="checkbox"/> | Single Engine Sea: | <input type="checkbox"/> |
| Commercial: | <input type="checkbox"/> | *Seaplane | <input type="checkbox"/> |
| *Sr. Commercial | <input type="checkbox"/> | Multi-Engine Land: | <input type="checkbox"/> |
| Airline: (ATP)/(ATR) | <input type="checkbox"/> | Multi-Engine Sea: | <input type="checkbox"/> |
| Instructor: | <input type="checkbox"/> | Center Line Thrust: | <input type="checkbox"/> |
| *Class..... | | Helicopter: | <input type="checkbox"/> |
| Instrument Rating: | <input type="checkbox"/> | Glider: | <input type="checkbox"/> |
| *Class..... | | Mechanic-Aircraft: | <input type="checkbox"/> |
| *Night: | <input type="checkbox"/> | Mechanic-Powerplant | <input type="checkbox"/> |

Other (Specify): _____

Type Ratings/Endorsements (Specify): _____

CIVILIAN – TOTAL HOURS - PILOT IN COMMAND

AIRCRAFT	PISTON			TURBO-PROP	JET
	LAND	SEA	AMPH		
SINGLE ENGINE Fixed Wing					
MULTI ENGINE Fixed Wing					
Rotary Wing					

MILITARY – TOTAL HOURS – PILOT IN COMMAND

AIRCRAFT	PISTON	TURBO-PROP	JET
Fixed Wing			
Rotary Wing			

MEDICAL: CLASS AND DATE OF EXPIRATION _____

BREAKDOWN OF EXPERIENCE BY MAKE AND MODEL

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

LIST MAKE AND MODEL (One Make and Model per line)	TIME AS PILOT-IN-COMAND				TIME AS SECOND-IN-COMAND (Co-Pilot)			
	Last 90 Days	VFR Last 12 Months	IFR Last 12 Months	Last 5 Years	Last 90 Days	VFR Last 12 Months	IFR Last 12 Months	Last 5 Years

APPROXIMATE NUMBER OF WATER LANDINGS AND TAKE-OFFS MADE DURING 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 complete.) _____

List Manufacture's, or Manufacturer's Approved, Initial Ground & Flight School 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: DATE: <input type="checkbox"/> VFR <input type="checkbox"/> IFR
Is your company enrolled in any recurrent Flight Training Program? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES specify make and model aircraft, the facility affording the training, their location sand number of recurrent training programs completed annually by you _____ _____		
1. Do you have any physical impairment or do you have any waivers, limitations or conditions attached to your Medical Certificate?	<input type="checkbox"/> NO <input type="checkbox"/> YES	PLEASE EXPLAIN EACH "YES" ANSWER _____ _____
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 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 while acting as Pilot? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, give dates, places, make and model of aircraft, and details of accident(s)_____		_____ _____ _____
NAME OF AIRCRAFT OWNER OR NAME OF INSURED		
As a normal part of the Company's underwriting procedure a routine inquiry may be made which will include information concerning general reputation, 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.		
Applicable in New York Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.		
Pilot Signature:_____		Date:_____