



**Named Insured** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Name of Pilot** \_\_\_\_\_ **Fax Number** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Email** \_\_\_\_\_  
\_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Pilot Licensing**

Student     Private Fixed Wing     Commercial Fixed Wing     ATP Fixed Wing     Recreational  
 Sport     Private Rotorwing     Commercial Rotorwing     CFI     CFI-Glider

Pilot Certificate No. \_\_\_\_\_

**FAA Pilot Rating**

SE Land     SE Sea     ME Land     ME Sea     Instrument     Glider

Type \_\_\_\_\_

All Aircraft Logged Pilot Hours			Glider Logged Experience		
Total Hours	Last 12 Months	Last 90 Days	Total Hours	Total Flights	Hours/Flights Last 12 Mos

Motorglider Logged Pilot Hours		Glide Ratio Hours/Flights		Last Flight Review	
Total Motorglider	Last 12 Months	Under 38:1	38:1 or Over	Date	Make and Model Used

**Aircraft operated on behalf of the Named Insured – Logged Pilot Hours and Training**

Make and Model	Hours	Flights	Last 12 Mos	Recurrent/Transition Course	Date

**Additional Information**

As pilot, any incidents, accidents; any citations for FAR violations or license limitations?.....  No  Yes  
Any felony convictions or license suspensions arising out of operation of a motor vehicle?.....  No  Yes  
Any arrests/convictions for operation of a motor vehicle recklessly or under influence of alcohol or drugs?.....  No  Yes  
Has any insurance co. or underwriter cancelled, declined or non-renewed any insurance on your behalf?.....  No  Yes

If yes, please explain

Additional information \_\_\_\_\_

I represent that the answers given are true and complete to the best of my knowledge and believe that no material information has been withheld.

Signed \_\_\_\_\_

Date \_\_\_\_\_