



Named Insured _____	Phone Number _____
Name of Pilot _____	Fax Number _____
Address _____	Email _____
_____	Date of Birth _____
Occupation _____	Employer _____

Pilot Licensing

<input type="checkbox"/> Student	<input type="checkbox"/> Private Fixed Wing	<input type="checkbox"/> Commercial Fixed Wing	<input type="checkbox"/> ATP Fixed Wing	<input type="checkbox"/> Recreational
<input type="checkbox"/> CFI	<input type="checkbox"/> Private Rotorwing	<input type="checkbox"/> Commercial Rotorwing	<input type="checkbox"/> ATP Rotorwing	<input type="checkbox"/> Sport
<input type="checkbox"/> CFI-Instrument	<input type="checkbox"/> CFI-Multiengine	<input type="checkbox"/> CFI-Rotorwing	<input type="checkbox"/> CFI-Glider	

Pilot Certificate No. _____

FAA Pilot Rating

<input type="checkbox"/> SE Land	<input type="checkbox"/> SE Sea	<input type="checkbox"/> ME Land	<input type="checkbox"/> ME Sea	<input type="checkbox"/> Instrument	<input type="checkbox"/> Glider
<input type="checkbox"/> Type _____					

All Aircraft Logged Pilot Hours			Logged Pilot Hours			Logged Sea Hours	
Total Logged	PIC	Last 12 Mos	Multiengine (ME)	Retractable Gear	Tailwheel	Total	ME Sea

Logged TurboProp (TP) Hours		Logged Jet Hours		Logged Rotorwing (RW) Hours		
Total TP	ME TP	Total Jet	ME Jet	Total RW	ME RW	Turbine RW

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

Make and Model	Logged Hours	Hrs Last 12 Mos	Training Facility	Simulator Used?	Last Date	Next Date

Last Medical		Last Flight Review		Last Instrument Proficiency Check	
Date	Class	Date	Make and Model	Date	Make and Model

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 _____