



## PILOT HISTORY/QUALIFICATIONS AIRCRAFT HULL & LIABILITY

### PERSONAL INFORMATION

Name of Pilot: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation of Pilot: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Airman Certificate #: \_\_\_\_\_ Class of Medical: \_\_\_\_\_  
 Limitations: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### CURRENT CERTIFICATES & RATINGS

- |                                                  |                                                  |                                              |
|--------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Student:                | <input type="checkbox"/> Instrument: Class _____ | <input type="checkbox"/> Multi Engine – Sea  |
| <input type="checkbox"/> Private:                | <input type="checkbox"/> Single Engine - Land    | <input type="checkbox"/> Type Rated in _____ |
| <input type="checkbox"/> Commercial              | <input type="checkbox"/> Single Engine – Sea     | <input type="checkbox"/> Rotorcraft          |
| <input type="checkbox"/> Airline (ATP)           | <input type="checkbox"/> Center Line Thrust      | <input type="checkbox"/> Glider              |
| <input type="checkbox"/> Instructor: Class _____ | <input type="checkbox"/> Multi Engine – Land     | <input type="checkbox"/> A&P Mechanic        |
|                                                  |                                                  | <input type="checkbox"/> Other _____         |

Date of last logged satisfactorily accomplished Biennial Flight Review (BFR): \_\_\_\_\_  
 Make & Model: \_\_\_\_\_

Date of last logged satisfactorily accomplished Instrument Proficiency Check (IPC): \_\_\_\_\_  
 Make & Model: \_\_\_\_\_

Participating in the FAA Pilot Proficiency “WINGS” Program?  YES  NO  
 If YES, Date: \_\_\_\_\_ Phase: \_\_\_\_\_

### FLIGHT & GROUND SCHOOL TRAINING COURSES

1. Name & Location of School \_\_\_\_\_

Type of Aircraft \_\_\_\_\_ Date \_\_\_\_\_

Initial Type Training  Recurrency Training  Full-axis Motion Flight Simulator Training  Ground School Only

2. Name & Location of School \_\_\_\_\_

Type of Aircraft \_\_\_\_\_ Date \_\_\_\_\_

Initial Type Training  Recurrency Training  Full-axis Motion Flight Simulator Training  Ground School Only

3. Name & Location of School \_\_\_\_\_

Type of Aircraft \_\_\_\_\_ Date \_\_\_\_\_

Initial Type Training  Recurrency Training  Full-axis Motion Flight Simulator Training  Ground School Only

**LOGGED PILOT HOURS**

Total Pilot-In-Command Hours for All Aircraft \_\_\_\_\_

**ITEMIZATION PILOT-IN-COMMAND HOURS**

<b>Class</b>	<b>Make &amp; Model</b>	<b>Last 90 Days</b>	<b>Last 12 Months</b>	<b>Instrument Hours</b>	<b>Co-Pilot Hours</b>
Insured Make/Model	_____	_____	_____	_____	_____
Single Engine Fixed Gear	_____	_____	_____	_____	_____
Single Engine Retractable Gear	_____	_____	_____	_____	_____
Multi-Engine Piston	_____	_____	_____	_____	_____
Turbo-Prop	_____	_____	_____	_____	_____
Jet	_____	_____	_____	_____	_____
Helicopter-Recip-Turbine	_____	_____	_____	_____	_____
Sling Load	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

1. Have you ever had an aircraft claim, incident, or accident?  YES  NO
2. Have you ever been cited or fined for violation of an aviation regulation?  YES  NO
3. Has your pilot certificate ever been suspended or revoked?  YES  NO
4. Have you ever been convicted of a felony or are you under indictment for a felony?  YES  NO
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?  YES  NO
6. Has your drivers' license ever been suspended or revoked?  YES  NO
7. Have you ever been convicted or are you under indictment in a legal action involving drugs or narcotics?  
 YES  NO
8. Are you regularly using an medication?  YES  NO

Explain fully each "YES" answer. (Continue on additional pages as needed)

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## FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO D.C. APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits of false information materially related to a claim which was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who makes an intentional misstatement that is material to a risk may be found guilty if insurance fraud by a court of law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceal for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to civil and criminal penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

All particulars herein are warranted true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insured shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

**I CERTIFY THAT THE STATEMENTS IN THIS FORM ARE TRUE AND THAT NO MATERIAL INFORMATION HAS BEEN WITHHELD OR SUPRESSED**

**Pilot's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_