

Pilot History Form

| GENERAL INFORMATION | | | | Answer all questions (explain all yes answers in the section at the bottom of the page) 1. Are you flying under a waiver? 2. Have you ever been penalized for a FAR violation? 3. Have you ever had an aircraft accident, incident, and/or violation? 4. Have you ever been convicted of, or are you under indictment in a legal action involving drugs or narcotics? 5. Have you ever been convicted of driving in a motor vehicle under the influence of alcohol or narcotics, or reckless driving? 6. Has your driver's license or pilot's license ever been suspended or revoked? |
|---------------------|--------|-------|--|--|
| Pilot's Name | | | | |
| Address | Street | | | |
| City, State, Zip | | | | |
| Mobile | | Other | | |
| Email | | | | |
| Occupation | | DOB | | |
| Employer | | | | |
| Named Insured | | | | |

Current License / Ratings

- Student
- Private
- Instrument
- Commercial
- Airline Transport (ATP)
- Multi-Engine Land
- Multi-Engine Sea
- Multi-Engine Instrument
- Certified Flight Instructor (CFI)
- CFII
- Rotor-Wing
- Rotor-Wing Instrument

| Pilot Experience (hours in each category) | | | |
|---|--|------------------------|--|
| All Aircraft | | Turbo-Prop PIC | |
| Fixed Wing | | Turbo-Prop SIC | |
| Rotor Wing | | Turbo-Fan PIC | |
| Turbine Rotor Wing | | Turbo-Fan SIC | |
| High Performance | | Last BFR Date | |
| Complex | | Date of Last Medical | |
| Retractable Gear | | Class of Last Medical | |
| Pressurized | | FAA Certificate Number | |
| Conventional Gear (tail) | | No Accidents? | |
| Instrument | | No Waivers? | |
| Multi-Engine | | No violations? | |
| Type Ratings Obtained | | | |

MAKE AND MODEL AIRCRAFT TO BE FLOWN - EXPERIENCE IN EACH

| | | | | | |
|---|--|---------------|--|------------------------|--|
| Make & Model 1 | | Total in type | | Logged last 12 months: | |
| Last school (name of school / location / completion date) | | | | | |
| Any other relevant information | | | | | |
| Make & Model 2 | | Total in type | | Logged last 12 months: | |
| Last school (name of school / location / completion date) | | | | | |
| Any other relevant information | | | | | |
| Make & Model 3 | | Total in type | | Logged last 12 months: | |
| Last school (name of school / location / completion date) | | | | | |
| Any other relevant information | | | | | |

Explain fully each "YES" answer from above (continue on additional pages as needed). This is also supplemental space for details on other information.

By signing below, I certify that 1) all statements and information on this application are true and accurate 2) I understand that this pilot form may become a part of an insurance application and accordingly it is a crime to knowingly falsify information or conceal for the purpose of misleading.

Pilot's Signature

Today's Date (month/day/year)