

Pilot History Form

Full name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone/Cell: _____

Date of birth: _____

Certificate #: _____ Date first certificated: _____

Medical Class: _____ Issue Date: _____

Employer: _____ Date employed: _____

Occupation: _____ Percent of time spent on non-flying duties: _____

Licenses and ratings obtained:

☐ Student	☐ Private
☐ Commercial	☐ ATP
☐ Instrument	☐ Rotor wing
☐ Other (specify): _____	
Land:	☐ SEL ☐ MEL
Instructor:	☐ CFI ☐ CFII
Sea:	☐ SEL ☐ MEL

Pilot experience – All experience relevant to the aircraft to be insured must be completed.

		Total	12 mos.	90 days		
All aircraft:		_____	_____	_____		
Fixed wing	Single engine:	_____	_____	_____	Retractable gear: _____ Instrument: _____ Seaplane: _____ Amphibious: _____	Total _____ _____ _____ _____
	Multi-engine:	_____	_____	_____		
	Turboprop:	_____	_____	_____		
	Jet:	_____	_____	_____		

		Total	12 mos.	90 days
Rotor wing	Piston:	_____	_____	_____
	Turbine:	_____	_____	_____

Insured make & model	Total	12 mos.	90 days	Training facility name & location	Model used	Completion date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Additional information:

- Do you have any FAA medical waivers other than corrective lenses? ☐ Yes / ☐ No
- Has your FAA or Military Pilot Certificate ever been suspended or revoked? ☐ Yes / ☐ No
- Have you ever been cited for any violation of Federal Aviation Regulations or Administrative Action? ☐ Yes / ☐ No
- Have you ever been involved in any aircraft accident, loss, claim or incident? ☐ Yes / ☐ No
- Have you ever been convicted of or pleaded guilty to:
 - Charge of reckless driving or driving under the influence of alcohol or drugs? ☐ Yes / ☐ No
 - Felony? ☐ Yes / ☐ No

Please explain any 'Yes' responses to the above questions:

I warrant the truth of the above statements and further warrant that no material information has been withheld or suppressed.

Pilot's signature: _____ Date: _____