



## Pilot History Form

Name:		Age:	
Address:			
City		State	Zip
Employer		Date Employed	AOPA #
Airmen's Certificate No.		Name Insured	
Cell Phone	Work Phone		Email

FLYING EXPERIENCE SUMMARY (LOGGED HOURS)			
	Total	Last 12 Months	Last 90 Days
ALL AIRCRAFT			
Tailwheel			
Single-Engine Piston			
Aerial Applicator			
Retractable Gear			
Multi-Engine			
Turboprop			
Pressurized			
Jet			
Rotorwing Piston			
Rotorwing Turbine			
Instrument			
Nighttime			
Sea			
LOGGED HOURS IN MODEL(S) TO BE INSURED			
Aircraft Model	Total	Last 12 Months	Last 90 Days

CURRENT CERTIFICATES AND RATINGS – CHECK ALL THAT APPLY			
<input type="checkbox"/>	Student	<input type="checkbox"/>	CFI
<input type="checkbox"/>	Private	<input type="checkbox"/>	CFII
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	M.E. CFI
<input type="checkbox"/>	Airline Transport	<input type="checkbox"/>	Glider
<input type="checkbox"/>	Single Engine Land	<input type="checkbox"/>	Lighter than Air
<input type="checkbox"/>	Multi Engine Land	<input type="checkbox"/>	A&P Mechanic
<input type="checkbox"/>	Single Engine Sea	<input type="checkbox"/>	Aircraft Inspector
<input type="checkbox"/>	Multi Engine Sea	<input type="checkbox"/>	Rotorwing
<input type="checkbox"/>	Instrument	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Type Ratings:		
<input type="checkbox"/>			
<input type="checkbox"/>			
LAST BIENNIAL FLIGHT REVIEW			
Date:			
Model Used:			
MEDICAL CERTIFICATE			
Class	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Date of last physical			Exp. Date

PROFICIENCY/RECURRENT TRAINING ATTENDED FOR SPECIFIC MODELS (Attach copy of completion certificate)		
School Name and Location	Month and Year Attended	Aircraft Model

1.	As a pilot, any aircraft accidents, incidents, or claims?	Yes	No
2.	Ever cited for violating civil or military flight regulations?	Yes	No
3.	Ever convicted or pled guilty to a felony?	Yes	No
4.	Ever arrested for driving under the influence of drugs/alcohol?	Yes	No
5.	Any waivers or limitations on your Medical Certificate? (Attach a copy of any Certificate or Demonstrated Ability)	Yes	No
6.	Any Insurance Company ever cancel, decline to lease or decline to renew any insurance policy held by you?	Yes	No

Explain each "Yes" answer. Include dates and details.

*I represent that all the information provided in this Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld.*

\_\_\_\_\_  
Policyholder or Applicant Signature

\_\_\_\_\_  
Date