



Pilot History Form

Applicant Insured

Pilot Name (Printed): _____
 Street Address: _____
 City, State & Zip: _____
 Telephone: _____
 Birthdate: _____
 Soc. Sec. No. _____
 Occupation: _____
 Employer: _____
 Pilot Cert. Number: _____

CURRENT FAA PILOT CERTIFICATES HELD AND YEAR OBTAINED

Student _____
 Private _____
 Commercial _____
 ATP _____
 CFI _____
 CFII _____
 MEI _____
 ATP _____

FAA MEDICAL CERTIFICATE

Issue Date: _____ Class: _____
 Waivers or Limitations (if none, write "None"): _____

FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED

ASEL _____
 AMEL _____
 Instrument _____
 ASES _____
 AMES _____
 Rotor-Helicopter _____

FLIGHT REVIEW *List Date of Last Certificate/Rating if Exempt by Provisions of FAR 61.56(d)

Date of Last Flight Review: _____ Type Aircraft: _____
 Date of Last IPC: _____ Type Aircraft: _____

FIXED WING FLIGHT EXPERIENCE

Total Logged Hours as Pilot _____
 Total Logged Hours in Multi-Engine _____
 Total Logged Hours in Turboprop _____
 Total Logged Hours in Turbojet _____
 Total Logged Hours in Retractable Gear _____
 Total Logged Hours in Tail Wheel _____
 Total Logged Hours Last 90 Days _____ Make & Model _____
 Total Logged Hours in Make & Model _____
 Total Logged Hours in Make & Model _____

ROTORCRAFT FLIGHT EXPERIENCE

Total Logged Hours in Helicopters _____
 Total Logged Hours in Piston Helicopters _____
 Total Logged Hours in Turbine Helicopters _____
 Total Logged Hours in Gyroplanes _____
 Total Logged Hours Last 90 Days _____
 Total Logged Hours in Make & Model _____ Make & Model _____
 Total Logged Hours in Make & Model _____

INITIAL OR RECURRENT FLIGHT PROFICIENCY TRAINING

Type Rated in the Following Aircraft: _____
 Please List Any Type Specific or Any Ground/Flight Training Programs Attended Within the Last 24 Months: _____
 Name of School / Program _____ Date Attended _____
 Name of School / Program _____ Date Attended _____
 FAA "WINGS" Safety Program _____ Date: _____ Level _____

Type of Training

Initial Recurrent
 Initial Recurrent

BACKGROUND INFORMATION (Please Explain Any "Yes" Answers on the Reverse Side)

Have you ever been involved in an aircraft accident or incident? Yes No
 Has any insurance company cancelled, declined or refused to renew any aviation insurance for you? Yes No
 Do you have any convictions, suspensions or revocations relating to a driver's license or airman's certificate for FAR violations, use or possession of controlled substances or driving while intoxicated? Yes No

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld.

Pilot Signature _____

Date Signed _____