



PILOT HISTORY FORM

Insured's Name:

Policy No.:

Pilot's Name _____ Date of Birth: _____
Last, First, Middle

Address _____

Street, City, State, Zip Code, Phone No. _____

Occupation _____ Employer _____ How Long _____

Airman Certificate No. _____ Date & Class of Last Physical _____

Date of Biennial Flight Review _____

Pilot Ratings - Student ___; Private ___; Commercial ___; Instructor ___; ATP ___; Instrument ___

Aircraft Ratings - S.E.L. ___; M.E.L. ___; S.E.S. ___; M.E.S. ___; Helicopter ___; Other _____

Total Logged Civilian Pilot Hours (Pilot in Command) _____; Co-Pilot _____

Total Logged Military Pilot Hours (Pilot in Command) _____; Co-Pilot _____

Enter breakdown of LOGGED PILOT IN COMMAND hours below (Military & Civilian Combined)

Table with 2 columns: HOURS and HOURS. Rows include Single Engine Fixed Gear, Single Engine Retractable Gear, Turbo Prop, Turbo Jet, Helicopter - Reciprocating Powered, Helicopter - Turbine Powered, Multi Engine, Tailwheel, Cross Country, Last 90 days, Night Flying, Instrument Flying, a) actual, b) simulated.

Applicant Requests Approval in the Following Makes and Models of Aircraft

Table with 3 columns: Make and Model of Aircraft, Total Logged Pilot in Command Hours in this aircraft, Is Annual Recurrent Training Received in this Aircraft? When? Where?

Are you flying under a waiver? _____ Describe in Detail _____

Ever penalized for violation of F.A.R.? _____ Describe in Detail _____

Have you ever had an Accident, Incident or Violation? _____ Describe in Detail _____

Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf? _____ Describe in Detail _____

*Absence of entry means negative answer.

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

Date _____ Pilot's Signature _____