



Pilot History Form

Please fill in all blanks, check all applicable boxes, and sign and date at bottom.
This document does not provide any coverage or amend any existing coverage.

1. GENERAL INFORMATION

Pilot's Name:			
Address:			
	City:		
	State:	Zip:	
Phone:	Home:	Work:	
Date of Birth:			
Employer:			
Named Insured:			

FAA Certificate No: _____

<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Instrument
<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Multi-Engine Land
<input type="checkbox"/> Airline Transport Pilot	<input type="checkbox"/> Helicopter
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Pro-Pilot Full Time
<input type="checkbox"/> Designated Examiner	<input type="checkbox"/> Pro Card
<input type="checkbox"/> 1 st Class Medical	<input type="checkbox"/> No Accidents
<input type="checkbox"/> 2 nd Class Medical	<input type="checkbox"/> No Waivers
<input type="checkbox"/> 3 rd Class Medical	<input type="checkbox"/> No Violations

2. PILOT EXPERIENCE

Total Time All Aircraft:		Total Turbine (SIC + PIC):		Total Time Conventional Gear:	
Total Time Fixed Wing:		Total Time Turbine PIC:		Total Time Last 12-Months:	
Total Time Rotor Wing:		Total Time Turbo Jet (SIC + PIC):		Total Time Last 90-Days:	
Total Time Turbine Rotor Wing :		Total Time Turbo-Jet PIC:		Date Last BFR:	
Total Time Multi-Engine:		Total Instrument Time:		Date Last Medical:	

Date you obtained your Instrument Rating: _____ Date you obtained your Multi-Engine Rating: _____

3. INSURED Make & Model (MM) PILOT EXPERIENCE and TRAINING HISTORY

Insured MM #1:		Total Time MM:		Date/Place last Formal Training:	
Insured MM #2:		Total Time MM:		Date/Place last Formal Training:	
Insured MM #3:		Total Time MM:		Date/Place last Formal Training:	

4. TYPE RATINGS (list all) _____

5. QUESTIONS (check "YES" or "NO")

- a. Are you flying under a waiver? ☐ Yes ☐ No
- b. Have you ever been penalized for an FAR violation? ☐ Yes ☐ No
- c. Have you ever had an aircraft accident, incident, and/or violation? ☐ Yes ☐ No
- d. Has any insurance company and/or underwriter ever cancelled, non-renewed, or declined coverage on your behalf? ☐ Yes ☐ No
- e. Have you ever been convicted of, or are you under indictment in a legal action involving drugs or narcotics? ☐ Yes ☐ No
- f. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics? ☐ Yes ☐ No
- g. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

Explain "YES" answers here:

With my signature below, I WARRANT the truth of the above statements and I further WARRANT that no material information has been withheld or suppressed.

Pilot's Signature: _____

Date: _____