

**PILOT HISTORY FORM**


Pilot Name						<b>License/Ratings</b> <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Comm <input type="checkbox"/> ATP <input type="checkbox"/> Recreational <input type="checkbox"/> Sport <input type="checkbox"/> Instrument <input type="checkbox"/> Multi-Engine <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> Roto		
DOB								
Address								
Cell#								
Email								
Occupation								
AOPA#		EAA#						
Type Ratings _____								
<b>Logged Hours</b>								
<b>Total Time</b>	<b>Last 12 Months</b>	<b>Tailwheel</b>	<b>Retract</b>	<b>Multi Eng</b>	<b>Rotor Wing</b>	<b>Turbo Prop</b>	<b>Turbo Jet</b>	<b>Sea</b>
<b>Logged Hours By Aircraft Type to Be Insured</b> <b>Aircraft Currently Operating or Seeking Insurance Approval For</b>								
<b>Make/Model</b>	<b>Total Hours</b>	<b>Last 12 Months</b>	<b>Training Facility</b>			<b>Simulator Used?</b>	<b>Date</b>	
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
<b>For CFI's Only: Please answer below regarding total hours of instructions given</b>								
Dual Given Hours: _____ Dual Given Hours in this Make/Model: _____								
<b>Last Medical</b>		<b>Last Flight Review</b>			<b>Last Instrument Proficiency Check</b>			
Date: _____		Date: _____			Date: _____			
Class: _____		Make/Model: _____			Make/Model: _____			
<b>Additional Pilot Questions</b> <i>If you answered YES to any questions below, please explain in notes</i>								
Any physical impairments or limitations or waivers on the Medical Certificate?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any license limitations within the last 5 years?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has this pilot ever had any aviation claims, incidents, accidents, FAR violations						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has this pilot ever had DUI's, felony convictions, or been under indictment						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Named Insured/Applicant had any aircraft/aviation claims or losses within the past 5 years?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes:								

\_\_\_\_\_  
 Applicant Signature
 \_\_\_\_\_  
 Print Name
 \_\_\_\_\_  
 Date