

**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 _____								

**Logged Hours**

Total Time	Last 12 Months	Tailwheel	Retract	Multi Eng	Rotor Wing	Turbo Prop	Turbo Jet	Sea

**Logged Hours By Aircraft Type to Be Insured**
**Aircraft Currently Operating or Seeking Insurance Approval For**

Make/Model	Total Hours	Last 12 Months	Training Facility	Simulator Used?	Date
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	

**For CFI's Only: Please answer below regarding total hours of instructions given**

Dual Given Hours: \_\_\_\_\_ Dual Given Hours in this Make/Model: \_\_\_\_\_

Last Medical	Last Flight Review	Last Instrument Proficiency Check
Date: _____ Class: _____	Date: _____ Make/Model: _____	Date: _____ Make/Model: _____

**Additional Pilot Questions If you answered YES to any questions below, please explain in notes**

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