

PILOT HISTORY FORM

Mail application to P.O. Box 578 Frederick, MD 21705 or call us at (800) 622-2672. Assured # Name: DOB: Address: City, State, Zip: Date Employed: Position: Employer: Airmen's Certificate No.: Named Insured: Work Phone: Fax No.: Home Phone: Financial interest in the aircraft: ☐ Yes □ No Flying Experience Summary (Logged Hours) Last 12 Months Last 90 Days Total Current Certificates and Ratings - Check all that apply ALL AIRCRAFT Student Instructor Tailwheel Private Retractable Gear Rotorcraft Multiengine Commercial Glider Turboprop Airline Transport Lighter than Air Pressurized Single Engine Land A & P Mechanic Jet Multiengine Land Aircraft Inspector Rotorcraft Centerline-Thrust Other: Instrument Actual Single Engine Sea Type Ratings: Simulated (Hood) Multiengine Instructor Multiengine Sea Instructor Instrument Sea LAST BIENNIAL FLIGHT REVIEW LOGGED HOURS IN MODEL(S) TO BE INSURED Date: Aircraft Model Last 12 Months | Last 90 Days Total Model Used: **MEDICAL CERTIFICATE** Class: □ 1st ☐ 2nd Date of last physical: As a pilot, any aircraft accidents, incidents, or claims? □ No □ Yes 2. Ever cited for violating civil or miolitary flight regulations? □ No ☐ Yes Ever convicted or pled guilty to a felony? □ No ☐ Yes Ever arrested for driving under the influence of drugs/alcohol? □ No ☐ Yes Any waivers or limitations on you Medical certificate? □ No □ Yes (Attach a copy of any Certificate or Demonstrated Ability) Any Insurance Company ever cancel, decline to issue or decline to renew any insurance policy held by you? ☐ Yes □ No Explain each "Yes" answer. Include dates and details. If more space is needed, use back of form. PROFICIENCY/RECURRENT TRAINING attended for specific models Hours Flown (Attach copy of completion certificate) School Location Year Attended Aircraft Model Simulator Flight



I represent that all the information provided in this Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld.