

# Pilot History Form

## Applicant Insured

Pilot Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Pilot Cert. Number: \_\_\_\_\_

LICENSE HELD:	YEAR OBTAINED:
<input type="checkbox"/> Student	_____
<input type="checkbox"/> Private	_____
<input type="checkbox"/> Commercial	_____
<input type="checkbox"/> ATP	_____
<input type="checkbox"/> CFI	_____
<input type="checkbox"/> CFII	_____
<input type="checkbox"/> MEI	_____
<input type="checkbox"/> ATP	_____
FAA PILOT RATING NOW HELD:	YEAR OBTAINED:
<input type="checkbox"/> ASEL	_____
<input type="checkbox"/> AMEL	_____
<input type="checkbox"/> Instrument	_____
<input type="checkbox"/> ASES	_____
<input type="checkbox"/> AMES	_____
<input type="checkbox"/> Rotor-Helicopter	_____

## FAA Medical Certificate

Issue Date:  Class: \_\_\_\_\_

Waivers or Limitations  
(if none, write "None"): \_\_\_\_\_

## Flight Review *\*List Date of Last Certificate/Rating if Exempt by Provisions of FAR 61.56(d)*

Date of Last Flight Review\*:  Type of Aircraft: \_\_\_\_\_

Date of Last IPC:  Type of Aircraft: \_\_\_\_\_

## Fixed Wing Flight Experience

Total Logged Hours as Pilot: \_\_\_\_\_

1. Total Logged Hours in Make & Model: \_\_\_\_\_  
Make & Model: \_\_\_\_\_

Total Logged Hours in Multi-Engine: \_\_\_\_\_

2. Total Logged Hours in Make & Model: \_\_\_\_\_  
Make & Model: \_\_\_\_\_

Total Logged Hours in Turbprop: \_\_\_\_\_

3. Total Logged Hours in Make & Model: \_\_\_\_\_  
Make & Model: \_\_\_\_\_

Total Logged Hours in Turbojet: \_\_\_\_\_

Total Logged Hours in Retractable Gear: \_\_\_\_\_

Total Logged Hours in Tail Wheel: \_\_\_\_\_

Total Logged Hours Last 90 Days: \_\_\_\_\_

## Rotorcraft Flight Experience

Total Logged Hours in Helicopters: \_\_\_\_\_

Total Logged Hours in Piston Helicopters: \_\_\_\_\_

Total Logged Hours in Turbine Helicopters: \_\_\_\_\_

Total Logged Hours in Gyroplanes: \_\_\_\_\_

Total Logged Hours Last 90 Days: \_\_\_\_\_

1. Total Logged Hours in Make & Model: \_\_\_\_\_  
Make & Model: \_\_\_\_\_

## Initial or Recurrent Flight Proficiency Training

Type Rated in the Following Aircraft: \_\_\_\_\_

Please List Any Type Specific or Any Ground/Flight Training Programs Attended Within the Last 24 Months: \_\_\_\_\_

Name of School/Program: \_\_\_\_\_ Date Attended:   Initial  Recurrent Date:

Name of School/Program: \_\_\_\_\_ Date Attended:   Initial  Recurrent Level: \_\_\_\_\_

FAA "WINGS" Safety Program: \_\_\_\_\_ Date:

## Background Information *(Please Explain Any "Yes" Answers on the Reverse Side)*

Have you ever been involved in an aircraft accident or incident?  Yes  No

Has any insurance company cancelled, declined or refused to renew any aviation insurance for you?  Yes  No *(Missouri applicants: DO NOT answer this question)*

Do you have any convictions, suspensions or revocations relating to a driver's license or airman's certificate for:  
FAR violations, use or possession of controlled substances or driving while intoxicated?  Yes  No

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld.

Pilot's Signature:  Date:

# Important Warnings

## **NOTICE TO APPLICANTS:**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

## **NOTICE TO COLORADO APPLICANTS:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

## **NOTICE TO FLORIDA AND OKLAHOMA APPLICANTS:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

## **NOTICE TO KANSAS APPLICANTS:**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

## **NOTICE TO KENTUCKY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

## **NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

## **NOTICE TO NEW JERSEY APPLICANTS:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## **NOTICE TO OREGON APPLICANTS:**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.