

Mail application to P.O. Box 578 Frederick, MD 21705 or call us at (800) 622-2672.

Assured #

Name:

DOB:

Address:

City, State, Zip:

Employer:

Date Employed:

Position:

Airmen's Certificate No.:

Named Insured:

Home Phone:

Work Phone:

Fax No.:

Flying Experience Summary (Logged Hours)			
	Total	Last 12 Months	Last 90 Days
ALL AIRCRAFT			
Tailwheel			
Retractable Gear			
Multiengine			
Turboprop			
Pressurized			
Jet			
Rotorcraft			
Instrument			
Actual			
Simulated (Hood)			
Instructor			
Sea			
LOGGED HOURS IN MODEL(S) TO BE INSURED			
Aircraft Model	Total	Last 12 Months	Last 90 Days

Financial interest in the aircraft:

☐ Yes

☐ No

Current Certificates and Ratings - Check all that apply		
<input type="checkbox"/>	Student	<input type="checkbox"/> Instructor
<input type="checkbox"/>	Private	<input type="checkbox"/> Rotorcraft
<input type="checkbox"/>	Commercial	<input type="checkbox"/> Glider
<input type="checkbox"/>	Airline Transport	<input type="checkbox"/> Lighter than Air
<input type="checkbox"/>	Single Engine Land	<input type="checkbox"/> A & P Mechanic
<input type="checkbox"/>	Multiengine Land	<input type="checkbox"/> Aircraft Inspector
<input type="checkbox"/>	Centerline-Thrust	<input type="checkbox"/> Other:
<input type="checkbox"/>	Single Engine Sea	<input type="checkbox"/> Type Ratings:
<input type="checkbox"/>	Multiengine Sea	<input type="checkbox"/> Multiengine Instructor
<input type="checkbox"/>	Instrument	
LAST BIENNIAL FLIGHT REVIEW		
Date:		
Model Used:		
MEDICAL CERTIFICATE		
Class: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		
Date of last physical:		

1. As a pilot, any aircraft accidents, incidents, or claims?

☐ No ☐ Yes
2. Ever cited for violating civil or military flight regulations?

☐ No ☐ Yes
3. Ever convicted or pled guilty to a felony?

☐ No ☐ Yes
4. Ever arrested for driving under the influence of drugs/alcohol?

☐ No ☐ Yes
5. Any waivers or limitations on your Medical certificate?

☐ No ☐ Yes
- (Attach a copy of any Certificate or Demonstrated Ability)
6. Any Insurance Company ever cancel, decline to issue or decline to renew any insurance policy held by you?

☐ No ☐ Yes
- Explain each "Yes" answer. Include dates and details. If more space is needed, use back of form.

PROFICIENCY/RECURRENT TRAINING attended for specific models (Attach copy of completion certificate)			Hours Flown	
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.

Policyholder or Applicant Signature

Date