

**PIK\*WEST INSURANCE AGENCY**  
**P.O. Box 630339**  
**Simi Valley, CA 93063-0339**  
**Phone: (800) 634-0101; Fax: (805)522-1739**

**PILOT HISTORY FORM**

Named Insured: \_\_\_\_\_

Pilot's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

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

FAA Medical Class: \_\_\_\_\_ Date Last Issued: \_\_\_\_\_ Date of Last Biennial Flight Review: \_\_\_\_\_

**Type of License:**  Student;  Private;  Commercial;  Airline Transport;  Mechanics

**Ratings:**  Single Engine Land;  Multi-Engine Land;  Instrument;  Instructor;  Glider;  Single Engine Sea;  
 Multi-Engine Sea;  Rotor Wing;  Rotor Wing Instrument

Total Logged Civilian Pilot Hours: \_\_\_\_\_ Pilot in Command: \_\_\_\_\_ Co-Pilot: \_\_\_\_\_

Total Logged Military Pilot Hours: \_\_\_\_\_ Pilot in Command: \_\_\_\_\_ Co-Pilot: \_\_\_\_\_

**Recurrent/Transition Courses:** Describe and give dates when & where last courses attended: \_\_\_\_\_

Enter breakdown of Logged **Pilot in Command** hours below (Military and civilian combined)

	Total Time	Total Last 12 Months	Total Last 90 Days	Total IFR Last 12 Months	Total IFR Last 90 Days
<b>AIRPLANE</b>					
Single-Engine Land Fixed Gear					
Single-Engine Land Retractable Gear					
Single-Engine Sea					
Single-Engine Tailwheel					
Multi-Engine Land					
Multi-Engine Sea					
<b>ROTORCRAFT-HELICOPTER</b>					
Piston Powered					
Turbine Powered					
<b>SPECIFIC MAKE AND MODEL OF AIRCRAFT</b>					

**ANSWER ALL QUESTIONS**

Any person who knowingly and with the intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. **Explain all yes answers on Back!**

1. Are you flying under any waiver or limitation? (on your medical or pilot certificate)?  Yes  No
2. Have you ever had a claim, incident or accident?  Yes  No
3. Have you ever been penalized, fined or cited for violation of an aviation regulation?  Yes  No
4. Have you ever been convicted of a felony or are you under indictment for a felony?  Yes  No
5. Has your driver's license ever been suspended?  Yes  No
6. Have you ever been convicted of driving a motor vehicle under the influence of alcohol/narcotics, or reckless driving?  Yes  No
7. Have you ever been treated for chemical dependency or alcohol abuse?  Yes  No
8. Are you regularly using any medication?  Yes  No

PILOT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_