



Named Insured _____ **Phone Number** _____

Name of Pilot _____ **Fax Number** _____

Address _____ **Email** _____

_____ **Date of Birth** _____

Occupation _____ **Employer** _____

Pilot Licensing

- Student
 Private Fixed Wing
 Commercial Fixed Wing
 ATP Fixed Wing
 Recreational
 Sport
 Private Rotorwing
 Commercial Rotorwing
 CFI
 CFI-Glider

Pilot Certificate No. _____

FAA Pilot Rating

- SE Land
 SE Sea
 ME Land
 ME Sea
 Instrument
 Glider

Type _____

All Aircraft Logged Pilot Hours			Glider Logged Experience		
Total Hours	Last 12 Months	Last 90 Days	Total Hours	Total Flights	Hours/Flights Last 12 Mos

Motorglider Logged Pilot Hours		Glide Ratio Hours/Flights		Last Flight Review	
Total Motorglider	Last 12 Months	Under 38:1	38:1 or Over	Date	Make and Model Used

Aircraft operated on behalf of the Named Insured - Logged Pilot Hours and Training

Make and Model	Hours	Flights	Last 12 Mos	Recurrent/Transition Course	Date

Additional Information

- As pilot, any incidents, accidents; any citations for FAR violations or license limitations? No Yes
 Any felony convictions or license suspensions arising out of operation of motor vehicle? No Yes
 Any arrests/convictions for operations of a motor vehicle recklessly or under influence of alcohol or drugs? No Yes
 Has any insurance co. or underwriter cancelled, declined or non-renewed any insurance on your behalf? No Yes

If yes, please explain _____

Additional Information _____

I represent that the answers given are true and complete to the best of my knowledge and believe that no material information has been withheld.

Signed _____ Date _____