PILOT HISTORY FORM

NAME OF AIRCRAFT OWNER OR NAME OF INSURED	PILOT'S FULL NAME	DATE OF BIRTH

PILOT'S ADDRESS (STREET) (CITY) (STATE/PROVINCE) (ZIP/POSTAL CODE)

EMPLOYEMENT HISTORY

EMPLOYER	DATES EMPLOYED	OCCUPATION If employed as a pilot, list all duties in addition to those normal for a pilot and indicate percentage of your total time spent on non-pilot related duties.
Current Employer 1.		
2.		
3.		
4.		

AIRMAN'S CERTIFICATE NO.

CERTIFICATES, ENDORSEMENTS AND RATINGS

- ☐ Student
- ☐ Private
- ☐ Commercial
- ☐ Airline (ATP)/(ATR)
- ☐ Instructor
- ☐ Instrument Rating
- ☐ Helicopter
- ☐ Mechanic Aircraft
- ☐ Other (Specify):
- ☐ Single Engine Land
- ☐ Single Engine Sea
- ☐ Seaplane
- ☐ Multi-Engine Land
- ☐ Multi-Engine Sea
- ☐ Center Line Thrust
- ☐ Glider
- ☐ Mechanic Powerplant

Type Ratings/Endorsements (Specify):

CIVILIAN – TOTAL HOURS – LOGGED

AIRCRAFT	PISTON			TURBO PROP.	JET
	LAND	SEA	AMPH.		
SINGLE ENG Fixed Wing					
MULTI ENG Fixed Wing					
Rotary Wing					

MILITARY – TOTAL HOURS – LOGGED

AIRCRAFT	PISTON	TURBO PROP.	JET
Fixed Wing			
Rotary Wing			

MEDICAL CLASS AND DATE OF EXPIRATION

DATE OF LAST BIENNIAL OR ANNUAL FLIGHT REVIEW

BREAKDOWN OF EXPERIENCE BY MAKE AND MODEL
(Please specify makes and models whether land, sea, or amphibian)

LIST MAKE AND MODEL (One per line – must include Make and Model aircraft being insured)	TOTAL LOGGED HOURS				TIME AS SECOND-IN-COMMAND (Co-Pilot)			
	Total Hours	Last 90 Days	VFR Last 12 Months	IFR Last 12 Months	Total Hours	Last 90 Days	VFR Last 12 Months	IFR Last 12 Months

TOTAL LOGGED HOURS FOR TAILWHEEL EQUIPPED AIRCRAFT:

TOTAL PILOT-IN-COMMAND HOURS OF ALL MULTI-ENGINE AIRCRAFT:

APPROXIMATE NUMBER OF WATER LANDINGS AND TAKE-OFFS MADE DURING THE LAST 12 MONTHS:

SPECIFY MAKE AND MODEL(S) ON WHICH APPROVAL IS SOUGHT AS:

PILOT-IN-COMMAND: SECOND-IN-COMMAND:

WHERE AND WHEN DID YOU LEARN TO FLY? (Give year, place and school or course completed)

IMPORTANT: COMPLETE ALL ITEMS

List Manufacturer's Approved Initial or recurrent Ground & Flight Schools and Dates Attended (Specify by Model)			If you are not currently enrolled in a recurrent Flight Training Program, please complete this section only with respect to your most recent Flight Proficiency Check Flight in the Insured aircraft make and model.
SCHOOL	MODEL	DATES	
			WAS IT ☐ VFR ☐ IFR — DATE
			NAME OF FACILITY PROVIDING PROFICIENCY CHECK FLIGHT

Are you or your Company enrolled in any recurrent Flight Training Program? ☐ NO ☐ YES

If YES, specify make and model aircraft, the facility affording the training, their location and number of recurrent training programs completed annually by you:

	PLEASE EXPLAIN EACH "YES" ANSWER
1. Do you have any physical impairments or do you have any waivers, limitations or conditions attached to your Medical Certificate?	☐ NO ☐ YES
2. Has your FAA or DOT or Military Pilot Certificate ever been suspended or revoked?	☐ NO ☐ YES
3. Have you ever been cited for any violations of Federal or Canadian Air Regulations or any license limitations?	☐ NO ☐ YES
4. Arising out of the operation of a motor vehicle, have you ever had your driver's license suspended or revoked?	☐ NO ☐ YES
5. Have you every been convicted of or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs?	☐ NO ☐ YES
6. Have you ever had an application for aircraft hull or liability insurance declined by an insurance company?	☐ NO ☐ YES

7. Have you had any aircraft accidents / incidents while acting as Pilot? ☐ NO ☐ YES

If YES, give dates, make and model of aircraft, and details of accident(s):

8. Have you filed any aviation claims in the last three years? ☐ NO ☐ YES

If YES, give dates and brief summary of circumstances:

As a normal part of the Company's underwriting procedure a routine inquiry may be made which will include information concerning general information, personal characteristics and mode of living.

In the United States Public Law 91-308 (Federal Fair Credit Reporting Act) requires that if such a report is made upon your written request within a reasonable time after you receive this notice, additional information as to the nature and scope of the inquiry will be provided.

You have my consent to contact pilot training facilities which I have attended for information relating to my training and I hereby expressly authorize any such pilot training facilities to release information about me.

I certify that the statements in this form are true to the best of my knowledge and belief.

PILOT SIGNATURE:_____ DATE:_____

IMPORTANT: COMPLETE ALL ITEMS

Email to Arlington/Roe ***Save Application*** ***Reset Form***