



PILOT QUALIFICATIONS

Named Insured _____ Make & Model Aircraft to be Flown _____

Your Name _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Date of Birth _____ Education (Advise Diplomas and Degrees if any) _____

Occupation _____ Show percent of work time spent on non-flying duties _____ %

Employed by _____ Since _____ Full time Part Time

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Business Phone (_____) _____ Home Phone (_____) _____

List previous employers and position for last 5 year _____

AIRMAN CERTIFICATE NUMBER

Number: _____

Limitations: _____

MEDICAL:

Class: _____

Expiration Date: _____

Limitations: _____

CURRENT CERTIFICATES AND RATINGS

- | | | |
|--|---|---|
| <input type="checkbox"/> Student: Since _____
<small>DATE</small> | <input type="checkbox"/> Instrument | <input type="checkbox"/> Instructor _____
<small>CLASS</small> |
| <input type="checkbox"/> Private | <input type="checkbox"/> Single Engine-Land | <input type="checkbox"/> Type rated in _____ |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Single Engine Sea | <input type="checkbox"/> Glider |
| <input type="checkbox"/> Airline (ATP) | <input type="checkbox"/> Center Line Thrust | <input type="checkbox"/> Light Sport Aircraft |
| <input type="checkbox"/> Rotorcraft | <input type="checkbox"/> Multi-Engine, Land | <input type="checkbox"/> A&P Mechanic |
| | <input type="checkbox"/> Multi Engine, Sea | <input type="checkbox"/> Other _____ |

Date of last logged satisfactorily accomplished Biennial Flight Review _____ Make and model _____

Date of last logged satisfactorily accomplished Pilot Proficiency Exam _____ Make and model _____

Date of last logged satisfactorily accomplished Instrument Proficiency Check _____ Make and model _____

List ASF course completion by title and date: _____

FLIGHT & GROUND SCHOOL TRAINING COURSES

Name & Location of School Type of Aircraft Date Graduated _____ Yes No

Initial Type Training Recurrency Training Full-Axis Motion Flight Simulator Training Ground School Only

Aerial Applicator School

Level of Simulator Training Completed _____

Yes No

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Aerial Applicator School

Level of Simulator Training Completed _____



Total Logged Pilot-In-Command hours for all aircraft _____

Total Logged hours in all aircraft _____

ITEMIZED PILOT-IN-COMMAND HOURS						CO- Pilot Hours
Class	Make & Model	Total	Last 90Days	Last 12 Months	Instrument 6 months	
Insured make And Model						
Single Engine Fixed Gear						
Single Engine Retractable						
Multi Engine Piston						
Turbo-Prop						
Jet						
Helicopter-Recip -Turbine -Sling Load						
Night Vision Devices						
Number of Water Landings & Takeoffs						

-ANSWER ALL QUESTIONS -

Any person who knowingly and with 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.

1. Have you ever had an aircraft claim, incident or accident? Yes No
2. Have you ever been cited or fined for violation of an aviation regulation? Yes No
3. Has your pilot certificate ever been suspended or revoked? Yes No
4. Have you ever been convicted of a felony or are you under indictment for a felony? Yes No
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? Yes No
6. Has your drivers license ever been suspended or revoked? Yes No
7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? Yes No
8. Have you ever had or been treated for a chemical dependency? Yes No
9. Are you regularly using any medication? Yes No

Explain fully each "Yes" answer _____

USE EXTRA PAGE TO FULLY EXPLAIN

ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

X _____
PILOTS SIGNATURE

TODAY'S DATE