



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)

EMPLOYMENT 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.
1. Current Employer		
2.		
3.		
4.		

DRIVER'S LICENSE NO.	STATE/PROVINCE	SOCIAL SECURITY NO.	AIRMEN'S CERTIFICATE NO.	DATE OF ISSUE
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CERTIFICATES/ENDORSEMENTS AND RATINGS (*Canadian Only)

<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> *Sr. Commercial <input type="checkbox"/> Airline: (ATP)/(ATR) <input type="checkbox"/> Instructor <input type="checkbox"/> *Class <input type="checkbox"/> Instrument Rating <input type="checkbox"/> *Class <input type="checkbox"/> *Night Other (Specify): _____ _____ Type Ratings/Endorsements (Specify): _____ _____	(*Canadian Only) <input type="checkbox"/> Single Engine Land <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Seaplane <input type="checkbox"/> Multi-Engine Land <input type="checkbox"/> Multi-Engine Sea <input type="checkbox"/> Center Line Thrust <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Mechanic Aircraft <input type="checkbox"/> Mechanic Powerplant
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CIVILIAN - TOTAL HOURS - LOGGED

AIRCRAFT	PISTON			TURBO-PROP	JET
	LAND	SEA	COMPLEX		
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
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BREAKDOWN OF EXPERIENCE BY MAKE AND MODEL (Please specify makes and models and 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 TAIL-WHEEL EQUIPPED AIRCRAFT:	TOTAL PILOT-IN-COMMAND HOURS OF ALL MULTI-ENGINE AIRCRAFT:	APPROXIMATE NUMBER OF WATER LANDINGS AND TAKE-OFFS MADE DURING LAST 12 MONTHS:
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SPECIFY MAKE AND MODEL(S) ON WHICH APPROVAL IS SOUGHT AS:

PILOT-IN-COMMAND	SECOND-IN-COMMAND
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WHERE AND WHEN DID YOU LEARN TO FLY (Give year, place and school or course completed)

List Manufacturer's Approved, Initial 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.										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">SCHOOL</td> <td style="width:33%; text-align:center;">MODEL</td> <td style="width:33%; text-align:center;">DATES</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	SCHOOL	MODEL	DATES				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: none;"> WAS IT <input type="checkbox"/> VFR <input type="checkbox"/> IFR </td> <td style="width:30%; border-bottom: none; text-align:center;">DATE</td> </tr> <tr> <td colspan="2" style="border-top: none;"> NAME OF FACILITY PROVIDING PROFICIENCY CHECK FLIGHT </td> </tr> </table>	WAS IT <input type="checkbox"/> VFR <input type="checkbox"/> IFR	DATE	NAME OF FACILITY PROVIDING PROFICIENCY CHECK FLIGHT	
SCHOOL	MODEL	DATES									
WAS IT <input type="checkbox"/> VFR <input type="checkbox"/> IFR	DATE										
NAME OF FACILITY PROVIDING PROFICIENCY CHECK FLIGHT											
Are you or your Company enrolled in any recurrent Flight Training Program? <input type="checkbox"/> No <input type="checkbox"/> 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 _____											
1. Do you have any physical impairments or do you have any waivers, limitations or conditions attached to your Medical Certificate?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center; border-bottom: none;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border-bottom: none;"> PLEASE EXPLAIN EACH "YES" ANSWER </td> </tr> <tr> <td colspan="2" style="border-top: none;"> _____ _____ </td> </tr> </table>	<input type="checkbox"/> No <input type="checkbox"/> Yes	PLEASE EXPLAIN EACH "YES" ANSWER	_____ _____							
<input type="checkbox"/> No <input type="checkbox"/> Yes	PLEASE EXPLAIN EACH "YES" ANSWER										
_____ _____											
2. Has your FAA or DOT or Military Pilot Certificate ever been suspended or revoked?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center; border-bottom: none;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border-bottom: none;"> _____ _____ </td> </tr> </table>	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____								
<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____										
3. Have you ever been cited for any violations of Federal or Canadian Air Regulations or any license limitations?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center; border-bottom: none;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border-bottom: none;"> _____ _____ </td> </tr> </table>	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____								
<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____										
4. Arising out of the operation of a motor vehicle, have you ever had your driver's license suspended or revoked?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center; border-bottom: none;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border-bottom: none;"> _____ _____ </td> </tr> </table>	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____								
<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____										
5. Have you ever been convicted of or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center; border-bottom: none;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border-bottom: none;"> _____ _____ </td> </tr> </table>	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____								
<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____										
6. Have you ever had an application for aircraft hull or liability insurance declined by an insurance company?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center; border-bottom: none;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border-bottom: none;"> _____ _____ </td> </tr> </table>	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____								
<input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____										
7. Have you had any aircraft accidents/incidents while acting as Pilot? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give dates, places, make and model of aircraft, and details of accident(s): _____ _____ _____											
8. Have you filed any aviation claims in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give dates, and brief summary of circumstances: _____ _____											
9. Estimated number of trips on University business: _____											
10. Annual number of hours flown on University business (estimate): _____											

As a normal part of the Company's underwriting procedure a routine inquiry may be made which will include information concerning general reputation, 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: _____