

# Specialty Aviation Underwriters

Policy Number: \_\_\_\_\_

## PILOT HISTORY RECORD

(Please fully complete all questions)

**ITEM 1.** Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_

**ITEM 2.** CERTIFICATES AND RATINGS. Check and complete applicable boxes for pilot information, certificates and current ratings held by you including year and dates (MO/DAY/YR) as applicable:

|                            | Pilot Information             |  | FAA Pilot Certs.                    | Year Issued | FAA Pilot Ratings                   | Year Issued |
|----------------------------|-------------------------------|--|-------------------------------------|-------------|-------------------------------------|-------------|
| <input type="checkbox"/>   | Pilot Certificate No.....     |  | <input type="checkbox"/> Student    |             | <input type="checkbox"/> ASEL       |             |
| <input type="checkbox"/>   | FAA Medical Class.....        |  | <input type="checkbox"/> Private    |             | <input type="checkbox"/> AMEL       |             |
| <input type="checkbox"/>   | Date of last FAA Physical.... |  | <input type="checkbox"/> Commercial |             | <input type="checkbox"/> ASES       |             |
| <input type="checkbox"/>   | Date of last BFR.....         |  | <input type="checkbox"/> ATP        |             | <input type="checkbox"/> Instrument |             |
| <input type="checkbox"/>   | Date of last IFR Check .....  |  | <input type="checkbox"/> CFI        |             | <input type="checkbox"/> Rotorcraft |             |
| <input type="checkbox"/> * |                               |  | <input type="checkbox"/> *          |             | <input type="checkbox"/> *          |             |

\*OTHER, complete as necessary. Describe any physical impairments and FAA Medical Waivers you have; if none, state none: \_\_\_\_\_

Aircraft Type Ratings held (specify aircraft): \_\_\_\_\_

**ITEM 3.** AIRCRAFT PILOT EXPERIENCE (only LOGGED pilot hours are to be recorded):

Total Logged Civilian Pilot Hours: \_\_\_\_\_ as P-I-C; \_\_\_\_\_ as Co-Pilot

Total Logged Military Pilot Hours: \_\_\_\_\_ as P-I-C; \_\_\_\_\_ as Co-Pilot

|                                | P-I-C |                               | P-I-C |
|--------------------------------|-------|-------------------------------|-------|
| Single Engine Conventional     |       | Multi-engine Seaplane         |       |
| Single Engine Tri-Gear         |       | Helicopter (reciprocating)    |       |
| Single Engine Retractable Gear |       | Helicopter (turbine)          |       |
| Single Engine Seaplane         |       | Glider                        |       |
| Single Engine Turbine          |       | Last 90 Days (all aircraft)   |       |
| Multi-engine Piston            |       | Last 12 Months (all aircraft) |       |
| Multi-engine Turbo-Prop        |       | Night Flying                  |       |
| Multi-engine Turbo-Jet         |       | Instrument (actual)           |       |
| Multi-engine over 12,500 lbs.  |       | Instrument (simulator)        |       |

OTHER: \_\_\_\_\_

Complete the following for each model of aircraft for which approval is requested for you as pilot:

| Aircraft Make and Model | Total Hours Logged As Pilot –in-Command |                    |                      |           |             |
|-------------------------|---|--------------------|----------------------|-----------|-------------|
|                         | Total Logged Hours                      | Total Last 90 Days | Total Last 12 Months | Total IFR | Total Night |
| 1.                      |   |                    |                      |           |             |
| 2.                      |   |                    |                      |           |             |

WITHIN THE LAST 36 MONTHS, have you as Pilot-in-Command or Co-Pilot: (check the appropriate blanks below)

Had any form of aircraft insurance declined, cancelled or non-renewed?.....  NO  YES\*  
 Been involved in any aircraft accident, incident or aviation insurance claim?.....  NO  YES\*  
 Been cited for violation of any Federal Aviation Regulation?.....  NO  YES\*  
 Had any pilot's, or driver's, license surrendered, suspended or revoked?.....  NO  YES\*  
 Been convicted of operating an aircraft or motor vehicle while under the influence of drugs or alcohol?  NO  YES\*

\*Explain any 'Yes' response (additional information may be required to determine eligibility for insurance): \_\_\_\_\_

**ITEM 4. PILOT TRAINING.** If a student, provide name of instructor, FBO or sponsoring facility and location of flight school: \_\_\_\_\_

Otherwise, provide details of all recent or current safety, training courses, including recurrent for Applicant's aircraft and transition courses, if applicable. Include dates, names of schools/instructors and programs, including any FAA sponsored programs: \_\_\_\_\_

**ITEM 5. OPTIONAL.** Please identify membership in, or association with, any professional aviation organizations such as AOPA, EAA, NBAA etc.: \_\_\_\_\_

I understand that this **Pilot History Record** and the information I have provided forms part of the **Application for Insurance** submitted by: \_\_\_\_\_ and dated: \_\_\_\_\_

I represent that the answers and information provided herein are true and complete to the best of my knowledge and no information has been withheld or suppressed. I authorize the insurance company of its authorized agent to investigate the qualifications or statements contained in this document.

Date: \_\_\_\_\_, 20 \_\_\_\_ Pilot's Original Signature: \_\_\_\_\_

**PLEASE NOTE: ABSENCE OF A RESPONSE TO A QUESTION IS UNDERSTOOD TO BE A NEGATIVE RESPONSE**

The following space may be used to complete your responses:

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