



# PILOT QUALIFICATIONS

Named Insured \_\_\_\_\_ Make & Model Aircraft to be Flown \_\_\_\_\_  
Your Name \_\_\_\_\_

Address \_\_\_\_\_  
FIRST MIDDLE LAST  
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

- Student: Since \_\_\_\_\_ DATE  Instrument
- Private  Single Engine-Land
- Commercial  Single Engine Sea
- Airline (ATP)  Center Line Thrust
- Rotorcraft  Multi-Engine, Land
- Multi Engine, Sea
- Instructor \_\_\_\_\_ CLASS
- Type rated in \_\_\_\_\_
- Glider
- Light Sport Aircraft
- A&P Mechanic
- 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  Recency Training  Full-Axis Motion Flight Simulator Training  Ground School Only  
 Aerial Applicator School  
Level of Simulator Training Completed \_\_\_\_\_  Yes  No

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

Producer \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_