

Pilot Record

Light Aircraft Operators

Name				
Address				
City		State		Zip
Age		Occupation		
Email		Phone		
Employer				

FAA Pilot Certificates	FAA Pilot Ratings
<input type="checkbox"/> Student	<input type="checkbox"/> ASEL
<input type="checkbox"/> Sport	<input type="checkbox"/> AMEL
<input type="checkbox"/> Private	<input type="checkbox"/> Instrument
<input type="checkbox"/> Commercial	<input type="checkbox"/> Helicopter
<input type="checkbox"/> ATP	<input type="checkbox"/> SES
<input type="checkbox"/> CFI	<input type="checkbox"/> MES
<input type="checkbox"/> CFII	<input type="checkbox"/> Glider
<input type="checkbox"/> MEI	

Please explain any YES answers to the following questions in Remarks below.

1. Have you ever been involved in an aircraft claim, incident, or accident? No Yes
2. Has any insurance company cancelled, declined, or refused to renew any aviation insurance for you? No Yes
3. Do you have any convictions, suspensions, or revocations relating to a driver's license/airman certificate for: FAR violations, use or possession of a controlled substance or driving while intoxicated? No Yes
4. Have you ever been convicted of a felony or indicted in a legal action involving drugs or narcotics? No Yes
5. Are you regularly using any medication not reported and approved by the FAA? No Yes

FAA MEDICAL CERTIFICATE	
Date Issued	Class
Waivers or Limitations	

LOGGED PILOT HOURS	
Total Time Logged:	
Total Logged Pilot In Command:	
Total Time Last 90 Days:	
Total Time Last 12 Months:	
Total Instrument:	
Total Retractable Gear / Complex:	
Total Multi-Engine:	
Total Turbo Prop:	
Total Turbo Jet:	
Total Rotorwing Piston:	Turbine:
Total Tail Wheel / Conventional Gear:	
Total CFI Time:	
Total Sea Plane:	
Total Water Landings:	
Name of Make & Model Insured:	
Total Make & Model:	
Last 12 Months in Make & Model:	

Remarks and additional Information:

Ground & Flight Proficiency Training				
Last Biennial Flight Review or equivalent		Date:	Aircraft Type:	
Last Instrument Proficiency Check		Date:	Aircraft Type:	
Ground & Flight Training Provider	Simulator or Aircraft Based	Aircraft Type	Initial or Recurrent	Date
1.				
2.				
Description of Other Training		Date:	Aircraft Type:	
Do you participate in the FAA Wings Program?		<input type="checkbox"/> No <input type="checkbox"/> Yes		

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

Date _____ Signed _____
 (Pilot's personal signature required)

This pilot record is filed in connection with the insurance application of _____ / N _____