

A Proud Division of: A Proud Division of: INSURANCE OFFICE OF AMERICA

PILOT HISTORY FORM

PH: 719-264-9600 FAX: 719-623-1643

Policy Named Insured Arapahoe Flight Club				□Student Pilot	☐ Instrument	
Pilot's Name				□Private Pilot	□ASEL	
Pilot's Address				□Commercial Pilot □ATP	□AMEL □ASES	
Telephone Number				□CFI	□AMES	
Birthdate				□CFII	□Rotor-Helicopter	
Occupation				□MEI		
Pilot Cert. Number						
FLIGHT REVIEW			FAA	FLIGHT MEDICAL	_	
Date of Last Flight Review		Aircraft	Issue	Date	Class	
Date of Last IPC		Aircraft	Waiv	vers or Limitations		
Total Logged Hours in ALL Airc	eraft			n the Last 12 Months		
Total Logged Hours in Multi-Engine			Total Logged Hours in Helicopters			
Total Logged Hours in Turboprop			Total Logged Hours in Piston Helicopters			
Total Logged Hours in Turbojet			Total Logged Hours in Turbine Helicopters			
Total Logged Hours in Retractable Gear			Total Logged Hours in Gyroplanes			
Total Logged Hours in Tail Wheel			Total Logged Hours in Center Line Thrust			
Total Logged Hours in Seaplane			Total Dual Instruction Given(For CFIs Only)			
Type Ratings			Total Aerial Application Logged Hours			
Policy Aircraft Make/Model Total Hours in Aircr			Last 12 Months	2 Months Name and Date of Last Completed Annual Training Specific to Policy Make/Model.		
1. DA 40						
2. Piper PA 28						
3. Piper Aztec						
BACKGROUND INFORMATION Have you had an aircraft claim, Has any insurance company can Do you have any convictions, su certificate for FAR violations, u	incident, celled, de spensions	or accident with clined, or refuse s, or revocations	hin the last 5 years? ed to renew any avi s relating to driver's	ation insurance to you s license or airman's	☐Yes☐No ☐Yes☐No ☐Yes☐No	
I understand that by signing bel	ow, I am a	0 0	statements on this	form are complete an	d true to the best of my	
Pilot's Signature			Date			