

Aero Insurance, LLC
 2001 W. Beltline Hwy, Suite 201
 Madison, WI 53711
 Phone 800-210-8242
 FAX: 608-723-6440



PILOT HISTORY DATA

Full Name of Pilot: _____ Date of Birth: _____
 Address: _____
 _____ Male _____ Female Marital Status: Single Married Divorced Widowed Number of Dependents _____
 Employer's Name: _____ Pilot's Occupation: _____
 Employer's Address: _____

Check All Certificates and Ratings that Apply Below:

Student	Year:	Single Engine Land	Year:	Instructor (CFI)	Year:
Private	Year:	Single Engine Sea	Year:	Helicopter	Year:
Commercial	Year:	Multi Engine Land	Year:	Instrument	Year:
Airline Transport	Year:	Multi Engine Sea	Year:	Other:	Year:

Airman's Certificate Number: _____ Aircraft on which approval is sought: _____
 Date of last Medical & Class: _____ Medical Waivers: ___ Yes ___ No Explain _____
 Type Ratings: (Specify Aircraft: _____ Date of last Biennial Flight Review: _____
 Manufacturer's Ground & Flight Schools Attended, and dates: _____
 Have you attended any pilot refresher/recurrency courses? ___ Yes ___ No Do you plan to attend any? ___ Yes ___ No
 Explain: _____

Flying experience in logged hours do NOT group different aircraft of the same category for the make & model on which approval is being sought. If hours cannot be substantiated by log books, explain on the reverse side how hours have been verified.

Category	Aircraft Make & Model	Military		Airline		Civilian		Total Time	Total in Last 12 Months	Total In Last 90 Days
		Pilot	Co-Pilot	Pilot	Co-Pilot	Pilot	Co-Pilot			
Single Engine Fixed Gear										
Single Engine Retractable Gear										
Multi Engine										
Turbo Jet										
Turbo Prop										
Rotor Wing or Others										
TOTAL										

Have you had any aircraft accidents while acting as pilot/co-pilot? ___ Yes ___ No Driver's License Number/State: _____
 Were you ever cited for violation of Federal Air Regulations? ___ Yes ___ No Were you ever convicted of drunk driving? ___ Yes ___ No
 Of a felony? ___ Yes ___ No Has an Insurer ever declined your application for Aircraft Hull or Liability Insurance? ___ Yes ___ No

IF THE ANSWER IS "YES" TO ANY OF THESE QUESTIONS, GIVE COMPLETED DETAILS, INCLUDING DATES, ON REVERSE SIDE
FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime.

I warrant 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: _____ Pilot's Signature: _____