



ACRISURE®

AEROSPACE

Pilot Record Form

GENERAL INFORMATION

Pilot Name:		FAA Airmen No:	
Reference: (Tail # or Owner Name)		Address:	
Date of Birth:		City, St., Zip:	
Occupation:		Phone:	
Employer:		Email:	

PILOT CERTIFICATION, RATINGS, & EXPERIENCE (TOTAL TIME LOGGED HOURS)

<input type="checkbox"/> Student Pilot <input type="checkbox"/> LSA Pilot <input type="checkbox"/> Private Pilot <input type="checkbox"/> Commercial Pilot <input type="checkbox"/> Airline Transport Pilot	<input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI <input type="checkbox"/> DPE <input type="checkbox"/> A&P <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Pro Card <input type="checkbox"/> Pro-Pilot Full Time <input type="checkbox"/> No Accidents <input type="checkbox"/> No Waivers <input type="checkbox"/> No Violations	Medical Class and Date of Last Med.:		
<input type="checkbox"/> Instrument <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Multi-Engine Land <input type="checkbox"/> Rotorwing <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multi-Engine Sea			Date Last BFR:		
			Date Last IPC:		
			Aerial Application Specific Hours		
Total Fixed Wing:		Total PIC Turboprop:		Total Piston FW:	
Total Retractable:		Total SIC Turboprop:		Total Turbine FW:	
Total Multi:		Total PIC Turbo Jet:		Total Piston RW:	
Total Tail Wheel:		Total SIC Turbo Jet:		Total Turbine RW:	
		Total Piston RW:			
		Total Turbine RW:			
		All Last 12 Mos:			
		Other Hours*:			

Additional Type Ratings, Trainings, or Other* Hour Description: _____

INSURED MAKE/MODEL EXPERIENCE & TRAINING HISTORY (Include the Make/Model to be insured or similar types)

Make/Model:	Total Hours:	PIC:	Recurrent Training Date: _____
		SIC:	School Name & Location: _____
			Completed SIM Training in Make and Model <input type="checkbox"/> YES <input type="checkbox"/> NO
Make/Model:	Total Hours:	PIC:	Recurrent Training Date: _____
		SIC:	School Name & Location: _____
			Completed SIM Training in Make and Model <input type="checkbox"/> YES <input type="checkbox"/> NO
Make/Model:	Total Hours:	PIC:	Recurrent Training Date: _____
		SIC:	School Name & Location: _____
			Completed SIM Training in Make and Model <input type="checkbox"/> YES <input type="checkbox"/> NO

QUESTIONS (check "YES" or "NO")

- | | |
|--|--|
| a. Are you flying under a waiver? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Have you ever been penalized for an FAR violation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. Have you ever had an aircraft accident, incident, and/or violation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| d. Has any insurance company and/or underwriter ever cancelled, non-renewed, or declined coverage on your behalf? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e. In the last 5 years, have you been convicted of or are you under indictment in a legal action involving drugs or narcotics? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| f. In the last 5 years, have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| g. In the last 5 years, has your driver's license been suspended or revoked? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Explain **ALL** above **YES** answers (attach a separate sheet, if necessary):

Pilot Signature: _____ Date: _____