AssuredPartners
AOPA INSURANCE PARTNER

Assd # _____

PILOT HISTORY FORM

NAME _____ DATE OF BIRTH _____
ADDRESS _____ CITY _____ STATE/ZIP _____
EMPLOYER _____ DATE EMPLOYED _____ POSITION _____
AIRMEN'S CERTIFICATE # _____ NAMED INSURED _____
HOME PHONE _____ WORK PHONE _____ FAX NO. _____

FLYING EXPERIENCE SUMMARY (LOGGED HOURS)

	TOTAL	LAST 12 MONTHS	LAST 90 DAYS
ALL AIRCRAFT			
Tailwheel			
Retractable Gear			
Multiengine			
Turboprop			
Jet			
Rotorcraft			
Instrument			
Actual			
Simulated (Hood)			
Instructor			
Sea			

CURRENT CERTIFICATES AND RATINGS

☐ Student	☐ Instructor
☐ Private	☐ Rotorcraft
☐ Commercial	☐ Glider
☐ Airline Transport	☐ Lighter Than Air
☐ Single-Engine Land	☐ A & P Mechanic
☐ Multiengine Land	☐ Aircraft Inspector
☐ Centerline-Thrust	☐ Other:
☐ Single Engine Sea	☐ Type Ratings:
☐ Multiengine Sea	☐ Multi-Engine Instructor
☐ Instrument	

LAST BIENNIAL FLIGHT REVIEW

Date _____ Model Used _____

LOGGED HOURS IN MODEL(S) TO BE INSURED

Aircraft Model	TOTAL	LAST 12 MONTHS	LAST 90 DAYS

MEDICAL CERTIFICATE

Class: ☐ 1st ☐ 2nd ☐ 3rd
Date of Last Physical _____

1. As pilot, any aircraft accidents?	1. ☐ No	☐ Yes*
2. Ever cited for violating civil or military flight regulations?	2. ☐ No	☐ Yes*
3. Ever convicted or pled guilty to a felony?	3. ☐ No	☐ Yes*
4. Ever arrested for driving under the influence of drugs/alcohol?	4. ☐ No	☐ Yes*
5. Any waivers or limitations on your Medical Certificate? (Attach copy of any Certificate or Demonstrated Ability).	5. ☐ No	☐ Yes*
6. Any Insurance Company ever cancel, decline to issue or decline to renew any insurance policy held by you?	6. ☐ No	☐ Yes*

* Explain each "Yes" answer. Include dates and details. If more space is needed, use back of form.

PROFICIENCY/RECURRENT TRAINING attended for specific models: (Attach copy of completion certificate)

School-Location	Year Attended	Aircraft Model	Hours flown	
			Simulator	Flight

I represent that all information provided in this Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld.

Signature: _____ Date: _____

02/19

AssuredPartners Aerospace, AOPA's Partner for aviation insurance

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