



Pilot History Form

Applicant Insured

Pilot Name (Printed): _____
 Street Address: _____
 City, State & Zip: _____
 Telephone: _____
 Birthdate: _____
 Soc. Sec. No. _____
 Occupation: _____
 Employer: _____
 Pilot Cert. Number: _____

CURRENT FAA PILOT CERTIFICATES HELD AND YEAR OBTAINED

Student _____
 Private _____
 Commercial _____
 ATP _____
 CFI _____
 CFII _____
 MEI _____
 ATP _____

FAA MEDICAL CERTIFICATE

Issue Date: _____ Class: _____
 Waivers or Limitations (if none, write "None"): _____

FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED

ASEL _____
 AMEL _____
 Instrument _____
 ASES _____
 AMES _____
 Rotor-Helicopter _____

FLIGHT REVIEW *List Date of Last Certificate/Rating if Exempt by Provisions of FAR 61.56(d)

Date of Last Flight Review: _____ Type Aircraft: _____
 Date of Last IPC: _____ Type Aircraft: _____

FIXED WING FLIGHT EXPERIENCE

Total Logged Hours as Pilot _____
 Total Logged Hours in Multi-Engine _____
 Total Logged Hours in Turboprop _____
 Total Logged Hours in Turbojet _____
 Total Logged Hours in Retractable Gear _____
 Total Logged Hours in Tail Wheel _____
 Total Logged Hours Last 90 Days _____ Make & Model _____
 Total Logged Hours in Make & Model _____
 Total Logged Hours in Make & Model _____

ROTORCRAFT FLIGHT EXPERIENCE

Total Logged Hours in Helicopters _____
 Total Logged Hours in Piston Helicopters _____
 Total Logged Hours in Turbine Helicopters _____
 Total Logged Hours in Gyroplanes _____
 Total Logged Hours Last 90 Days _____
 Total Logged Hours in Make & Model _____ Make & Model _____
 Total Logged Hours in Make & Model _____

INITIAL OR RECURRENT FLIGHT PROFICIENCY TRAINING

Type Rated in the Following Aircraft: _____
 Please List Any Type Specific or Any Ground/Flight Training Programs Attended Within the Last 24 Months: _____
 Name of School / Program _____ Date Attended _____
 Name of School / Program _____ Date Attended _____
 FAA "WINGS" Safety Program Date: _____ Level _____

BACKGROUND INFORMATION (Please Explain Any "Yes" Answers on the Reverse Side)

Have you ever been involved in an aircraft accident or incident? Yes No
 Has any insurance company cancelled, declined or refused to renew any aviation insurance for you? Yes No
 Do you have any convictions, suspensions or revocations relating to a driver's license or airman's certificate for FAR violations, use or possession of controlled substances or driving while intoxicated? Yes No

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld.

IMPORTANT: SEE REVERSE SIDE FOR WARNINGS

Pilot Signature _____

Date Signed _____

AEROSPACE INSURANCE MANAGERS, INC.
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 221 East Glenoaks Boulevard, Suite 150 | Glendale, California 91207 | Tel. 818.547.1400 Fax 818.547.3800 | West Coast Office

Important Warnings

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA. In LA, ME, TN and VA insurance benefits may also be denied)

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT ANY PERSON WHO PRESENTS A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS GUILTY OF A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIMS WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AND APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.