

AOPA Insurance Services

Mid Continent Airport, P. O. Box 9170
 Wichita, KS 67277
 Telephone 800-622-2672 or 316-942-2223
 Fax 316-942-0091



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) CURRENT CERTIFICATES AND RATINGS

	TOTAL	LAST 12 MONTHS	LAST 90 DAYS		
ALL AIRCRAFT				<input type="checkbox"/> Student	<input type="checkbox"/> Instructor
Tailwheel				<input type="checkbox"/> Private	<input type="checkbox"/> Rotorcraft
Retractable Gear			<input type="checkbox"/> Commercial	<input type="checkbox"/> Glider	
Multiengine			<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Lighter Than Air	
Turboprop			<input type="checkbox"/> Single-Engine Land	<input type="checkbox"/> A & P Mechanic	
Jet			<input type="checkbox"/> Multiengine Land	<input type="checkbox"/> Aircraft Inspector	
Rotorcraft			<input type="checkbox"/> Centerline-Thrust	<input type="checkbox"/> Other:	
Instrument			<input type="checkbox"/> Single Engine Sea	<input type="checkbox"/> Type Ratings:	
Actual			<input type="checkbox"/> Multiengine Sea	<input type="checkbox"/> Multi-Engine Instructor	
Simulated (Hood)			<input type="checkbox"/> Instrument		
Instructor			LAST BIENNIAL FLIGHT REVIEW		
Sea		Date _____		Model Used _____	

LOGGED HOURS IN MODEL(S) TO BE INSURED

Aircraft Model	TOTAL	LAST 12 MONTHS	LAST 90 DAYS	
				MEDICAL CERTIFICATE Class: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 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: _____