Ladd Gardner Aviation Insurance Agency, Inc.
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Addison, TX 75001
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LADD GARDNER
AVIATION INSURANCE

PILOT HISTORY FORM

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

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	
☐ Instrument	

LAST BIENNIAL FLIGHT REVIEW

Date _____ Model Used _____

MEDICAL CERTIFICATE

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

LOGGED HOURS IN MODEL(S) TO BE INSURED

Aircraft Model	TOTAL	LAST 12 MONTHS	LAST 90 DAYS

1. As pilot, any aircraft accidents, incidents or claims? 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 influcence 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	Date 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: _____

Reset Form