



Pilot Qualifications

Applicant's Information

Named Insured _____

Make & Model Aircraft to be Flown _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Education (Diplomas and Degrees, if any) _____

Occupation _____ % of work time spent on non-flying duties _____ %

Business Phone _____ Home Phone _____

Employed by _____

Since _____

Full Time

Part Time

Address _____

City _____ State _____ Zip _____

List Previous Employers and Positions for Last 5 Years:

Airman Certificate Number

Number _____ Limitations _____

Medical

Class _____ Expiration Date _____

Limitations _____

Current Certificate and Ratings

- Student: Since _____
- Private
- Commercial
- Airline (ATP)
- Rotorcraft
- Single Engine- Land
- Single Engine- Sea
- Center Line Thrust
- Multi-Engine- Land
- Multi-Engine- Sea
- Instructor, Class: _____
- Type rated in: _____
- Glider
- Light Sport Aircraft
- A&P Mechanic
- Other: _____

Date of Last logged satisfactorily accomplished Biennial Flight Review _____

Make and Model _____

Date of Last logged satisfactorily accomplished Pilot Proficiency Exam _____

Make and Model _____

Date of Last logged satisfactorily accomplished Proficiency Check _____

Make and Model _____

List of ASF course completion by title and date:

Flight and Group School Training Courses

School Name _____

School Address _____

City _____ State _____ Zip _____

Type of Aircraft _____

Date Graduated _____

Type of Course: *(check all that apply)*

- Initial Type Training
 Recurrency Training
 Full-Axis Motion Flight Simulator Training
 Ground School Only
 Aerial Applicator School

Level of Simulator Training Completed _____

Total Logged Pilot-In-Command hours for all aircraft _____

Total Logged hours in all aircraft _____

Itemized Pilot-In-Command Hours

Class	Make & Model	Total	Last 90 Days	Last 12 Months	Instrument 6 Months	Co-Pilot Hours
Insured Make and Model						
Single Engine Retractable						
Turbo-Prop						
Jet						
Helicopter-Recip-Turbine-Sling Load						
Night Vision Devices						
Number of Water Landings & Takeoffs						

Fraud Questions

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

	Yes	No
1. Have you ever had an aircraft claim, incident or accident?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been cited or fined for violation of an aviation regulation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your pilot certificate ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of a felony or are you under indictment for a felony?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you even been convicted of or are you under indictment in a legal action involving drugs or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>

Fraud Questions Continued

Yes

No

8. Have you ever had or been treated for a chemical dependency?

9. Are you regularly using any medication?

Explain fully each **yes** answer:

All of the information herein is true and correct to the best of my knowledge and I have not knowingly or intentionally concealed or misrepresented any fact. This form will become part of the insurance application and as such all fraud statements are applicable.

Pilot's Signature _____ **Date** _____

Producer Information

Producer _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Email Address _____