



Great American Insurance Company
Aviation Division
Pilot Qualifications

Named Insured: _____

Make & Model Aircraft to be Flown: _____

Your Name: _____

Address: _____

Date of Birth: _____ Education (Diplomas and Degrees, if any) _____

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

Employed by: _____ Since: _____ [] Full Time [] Part Time

Address: _____

Business Phone: _____

Home Phone: _____

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

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:

Name & Location of School Type of Aircraft Date Graduated

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

Level of Simulator Training Completed _____ [] Yes [] No



- 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						

ANSWER ALL 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.

- Have you ever had an aircraft claim, incident or accident? Yes No
- Have you ever been cited or fined for violation of an aviation regulation? Yes No
- Has your pilot certificate ever been suspended or revoked? Yes No
- Have you ever been convicted of a felony or are you under indictment for a felony? Yes No
- Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? Yes No
- Has your driver's license ever been suspended or revoked? Yes No
- Have you even been convicted of or are you under indictment in a legal action involving drugs or narcotics? Yes No
- Have you ever had or been treated for a chemical dependency? Yes No
- Are you regularly using any medication? Yes No

Explain fully each "Yes" answer _____
 (USE EXTRA PAGE TO FULLY EXPLAIN)

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.

X _____
 PILOTS SIGNATURE

 TODAY'S DATE

Producer _____
 Address: _____ City _____ State _____ Zip _____
 Telephone No. _____ Fax _____ Email _____

