

Fraud Warning

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

This form is being filed in association with:
Applicant/Insured Name:

Pilot Name and Contact Information

Full Name:			
Street:			
City:	State:	Zip:	
Phone:			
Email:			
Occupation:			
Employer:			
Date of Birth:	Click or tap to enter a date.		

Pilot Background and Experience

Name of flight school/university where primary certificates were obtained:

Name of flight school/university where most recent certificate/rating was obtained:

Certificates, Ratings, Flight Experience and Medical

Airman's Certificate #:

Medical Type:

Medical Date:

<u>Certificate(s)</u>	<u>Rating(s)</u>	<u>Fixed Wing</u>	<u>Rotorwing</u>
<input type="checkbox"/> Student	<input type="checkbox"/> Instrument	Total Hours:	Total Hours:
<input type="checkbox"/> Recreational	<input type="checkbox"/> Multi Engine <input type="checkbox"/> CLT	Retractable Gear:	Piston RW:
<input type="checkbox"/> Light Sport	<input type="checkbox"/> SES <input type="checkbox"/> MES	Tailwheel:	Turbine RW:
<input type="checkbox"/> Private	<input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI	Multi-Engine:	Last 12 Months:
<input type="checkbox"/> Commercial	<input type="checkbox"/> Rotorwing	Turboprop:	
<input type="checkbox"/> ATP	<input type="checkbox"/> Glider	Jet:	
	<input type="checkbox"/> Lighter Than Air	Last 12 Months:	

List any Limitations:

List all relevant aircraft makes/models and Training Experience

Make and Model	Total Hours	12 Months	Training type and facility	Training Date
1.			<input type="checkbox"/> Sim	
2.			<input type="checkbox"/> Sim	
3.			<input type="checkbox"/> Sim	
4.			<input type="checkbox"/> Sim	

Applicant/Insured Name:

Losses, History, Operational and Pilot Questions

Pilot Questions:

- 1. INCIDENT or ACCIDENT: Have you ever had an aircraft accident or incident?..... Yes No
- 2. FAR VIOLATION: Have you ever been penalized for a FAR violation?..... Yes No
- 3. MEDICAL WAIVERS: Are you currently flying under a waiver (Other than Vision Correction)?..... Yes No
- 4. LICENSE ACTION: Have you ever had a Pilot's license suspended or revoked?..... Yes No
- 5. DUI/DWI: Have you ever had a conviction of driving under the influence of alcohol or narcotics?..... Yes No
- 6. DRUG ACTION: Have you ever had a conviction or indictment involving drugs or narcotics?..... Yes No
- 7. CLAIMS: Have you ever made any aircraft insurance claims, or been involved in damage to any aircraft requiring the filing of an insurance claim?..... Yes No
- 8. FELONY: Have you ever been convicted of a Felony?..... Yes No

Explanation of "Yes" Answers

For all "Yes" answers on the preceding questions, identify the question number and include any applicable dates and full explanation and/or description. If more than one response is required for any one question, please include dates and full explanation of each instance.

You may also include any additional training or safety initiatives conducted by applicant and pilots.

Pilot Attestation and Signature

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

x _____
Applicant Signature

Click or tap to enter a date.
Date

Printed Name: _____