



**Policy Holder Name** \_\_\_\_\_

**Pilot Information (To be completed for each covered pilot)**

Last, First, Middle Name \_\_\_\_\_ DoB \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Airman Certificate # \_\_\_\_\_

Date & Class of Last Medical \_\_\_\_\_ Marital Status \_\_\_\_\_

# of Dependents \_\_\_\_\_

*Recurrent Training:*

Name of School \_\_\_\_\_ Date \_\_\_\_\_ Type Aircraft \_\_\_\_\_

Date of BFR \_\_\_\_\_

Certificates: Student \_\_\_ Private \_\_\_ Commercial \_\_\_ Instructor \_\_\_ ATP \_\_\_ Instrument \_\_\_

Aircraft Ratings: S.E.L. \_\_\_ M.E.L. \_\_\_ S.E.S. \_\_\_ M.E.S. \_\_\_ Helicopter \_\_\_ Other \_\_\_\_\_

Total Logged Hours \_\_\_\_\_ Pilot in Command (PIC) \_\_\_\_\_

*Break Out Total PIC hours below (Military & Civilian Combined)*

|               | <i>Hours</i> |                      | <i>Hours</i> |
|---------------|--------------|----------------------|--------------|
| Single Engine |              | Cross Country        |              |
| Multi Engine  |              | Last 12 Months       |              |
| Turbo Prop    |              | Night Flying         |              |
| Turbo Jet     |              | Instrument Actual    |              |
| Rotor Wing    |              | Instrument Simulated |              |

Are you flying under a waiver? \_\_\_\_\_ Have you ever been penalized for violation of F.A.R.? \_\_\_\_\_

Have you ever had an Accident, Incident or Violation? \_\_\_\_\_

Has any of your insurance been cancelled, declined, or refused renewal on your behalf? \_\_\_\_\_

Has your driver's license ever been suspended or revoked? \_\_\_\_\_

**If you answered 'Yes' to any of the above, describe the incident in detail, including dates, charges, convictions, etc. :** \_\_\_\_\_  
 \_\_\_\_\_

*I affirm the truth of the above statements and affirm that no material information has been withheld:*

**Your Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_