



PILOT RECORD

Pilot Name		Pilot Certificates Now Held
Address		<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational
Date of Birth		FAA Pilot Ratings Now Held <input type="checkbox"/> ASEL <input type="checkbox"/> SES <input type="checkbox"/> AMEL <input type="checkbox"/> MES <input type="checkbox"/> IFR <input type="checkbox"/> Glider <input type="checkbox"/> Helicopter <input type="checkbox"/> Other: _____
Certificate Number		
Occupation		
Employer		

FAA MEDICAL CERTIFICATE

Date Issued		Class	
Waivers If none, write none			

TRAINING AND REFRESHER TRAINING

Describe Simulator Flight training		Describe Simulator Flight training	
Aircraft Type		Aircraft Type	
School Date		School Date	
Medical Class		Last Medical Date	
Do you hold a current FSI Pro Card or Simuflite Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of last Biennial Flight Review or equivalent.			
Do you participate in FAA Pilot Proficiency Award Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LOGGED PILOT HOURS

	Hours		Hours		Hours
Total Logged All Aircraft		Retractable Gear		Make and Model	
Multi-Engine		Helicopter		Last 90 days	
Turbo-Propeller		Jet		Last 12 months	
Tail Wheel		Seaplane			
Glider		Instructor			
Amphibious		Other			

Please explain fully any YES answers to the following questions on reverse side.

1.	As pilot in command or co-pilot have you had or been involved in any aircraft accidents or incidents?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2.	As pilot in command or co-pilot have you been found guilty of or been penalized, disciplined, fined or violated for any civil or military Air Regulations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.	Has your automobile drivers license ever been suspended or revoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4.	Have you ever been arrested for operating an automobile under the influence of alcohol or drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5.	Have you had any automobile accidents within the last five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6.	Any aircraft / aviation insurance claims or losses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.	Have you ever been convicted or pleaded guilty to a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8.	Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Remarks:

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

Date _____ Signed _____

(Pilot's personal signature required)

This pilot record is filed in connection with the insurance application of: _____

(Insured's Name)