



**NASHVILLE HEADQUARTERS**  
 1006 Merylinger Court  
 Franklin, TN 37067  
 615.435.8300  
 615.435.8330 (fax)  
 Toll Free: **800.999.1109**  
 www.AviationInsurance.com

**PILOT HISTORY FORM**

Named Insured:  
 Pilot Name:  
 Address:  
 City: Zip:  
 Phone: E-mail:  
 Birth Month: Birth Year:  
 Occupation:  
 Employed by Named Insured: Yes No

FAA Pilot Certificates	Ratings Held
Student Sport Private Commercial ATP CFI	Instrument Multi-Engine CFII Sea Plane Rotorcraft
Type Ratings:	

FAA Medical Certificate	
Issue Date:	Class:
Waivers or Limitations:	

**Please Answer All Questions:**

- |     |    |   |
|-----|----|---|
| Yes | No | Have you ever been involved in an aircraft claim, incident, or accident?  |
| Yes | No | Has any insurance company cancelled, declined, or refused to renew any aviation insurance for you?  |
| Yes | No | Do you have any convictions, suspensions, or revocations relating to a drivers license/airman certificate for: FAR violations, use or possession of a controlled substances or driving while intoxicated? |
| Yes | No | Have you ever been convicted of a felony or indicted in a legal action involving drugs or narcotics?  |
| Yes | No | Are you regularly using any medication not reported and approved by the FAA?  |

**Explain, in detail, each "Yes" answer:**

Logged Pilot Hours	
Total Time Logged:	
Total Logged Pilot in Command:	
Total Time Last 90 days:	
Total Time Last 12 Months:	
Total Instrument:	
Retractable Gear:	
Tail Wheel:	
Sea Plane:	Water Landings:
Multi-Engine Less than 12,500 lbs:	
Multi-Engine More than 12,500 lbs:	
Turbo PROP SEL:	/ MEL PIC: SIC:
Turbo JET SEL:	/ MEL PIC: SIC:
Rotorwing Piston: / Turbine:	
Name of Make & Model Insured:	
Total Time Make & Model:	
Last 12 Months in Make & Model:	

**Satisfactory Completion of Initial or Recurrent / Transition Flight Proficiency Training**

Name & Location of School:	Type of Aircraft:	Date:
1. Initial Type Training      Recurrency Training      Flight Simulator Training      Ground Schools Only		
2. Initial Type Training      Recurrency Training      Flight Simulator Training      Ground Schools Only		
Date of Last Instrument Proficiency Check:	Type of Aircraft:	
Date of Last Flight Review:	Type of Aircraft:	
FAA "Wings" Safety Program:	Date:	Phase Completed:

As a normal part of the Company's underwriting procedure a routine inquiry may be made which could include information concerning your general reputation, personal characteristics, and mode of living. In the United States Public Law 91-308 (Federal Fair Credit Reporting Act) requires that, if such a report is made, upon your written request within a reasonable time after you receive this notice, additional information as to the nature and scope of the inquiry will be provided.

You have my consent to contact pilot training facilities which I have attended for information relating to my training, and I hereby expressly authorize any such pilot training facilities to release information about me. I certify that all of the information in this form 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:

Today's Date: