

Pilot History Form

Name _____		AOPA number _____		Age _____	
Address _____		City _____		State/ZIP _____	
Employer _____		Date Employed _____		Position _____	
Airmen's Certificate # _____		Named Insured _____			
Home phone _____		Work Phone _____		Fax _____	

FLYING EXPERIENCE SUMMARY (LOGGED HOURS)	CURRENT CERTIFICATES AND RATINGS
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	Total	Last 12 Months	Last 90 Days		
All Aircraft				<input type="checkbox"/> Student	<input type="checkbox"/> Instructor
Tailwheel				<input type="checkbox"/> Private	<input type="checkbox"/> Rotorcraft
Retractable Gear				<input type="checkbox"/> Commercial	<input type="checkbox"/> Glider
Multi-engine				<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Lighter than Air
Turboprop				<input type="checkbox"/> Single-Engine Land	<input type="checkbox"/> A&P Mechanic
Jet				<input type="checkbox"/> Multi-engine Land	<input type="checkbox"/> Aircraft Inspector
Rotorcraft				<input type="checkbox"/> Centerline-Thrust	<input type="checkbox"/> Other:
Instrument				<input type="checkbox"/> Single Engine Sea	<input type="checkbox"/> Type Ratings:
Actual				<input type="checkbox"/> Multi-engine Sea	<input type="checkbox"/>
Simulated (Hood)				<input type="checkbox"/> Instrument	<input type="checkbox"/>
Instructor				LAST BIENNIAL FLIGHT REVIEW	
Sea				Date _____	Model _____ Used _____

LOGGED HOURS IN MODEL(S) TO BE INSURED	
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Aircraft Model	Total	Last 12 Months	Last 90 Days	
				MEDICAL CERTIFICATE
				Class: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
				Date of last physical: _____

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|--|----------|------------|
| 1. As pilot, any aircraft accidents? | 1. ___No | 1. ___Yes* |
| 2. Ever cited for violating civil or military flight regulations? | 2. ___No | 2. ___Yes* |
| 3. Ever convicted or pled guilty to a felony? | 3. ___No | 3. ___Yes* |
| 4. Ever arrested for driving under the influence of drugs/alcohol? | 4. ___No | 4. ___Yes* |
| 5. Any waivers or limitations on your Medical Certificate? (Attach copy of any Certificate or Demonstrated Ability.) | 5. ___No | 5. ___Yes* |
| 6. Any Insurance Company ever cancel, decline to issue or decline to renew any insurance policy held by you? | 6. ___No | 6. ___Yes* |
- Explain each "Yes" answer. Include dates and details.

Proficiency/Recurrent Training Attended for Specific Models: (attach copy of completion certificate)
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School – Location	Month/Year Attended	Aircraft Model	Hours Flown	
			Simulator	Flight

I represent that all information provided in this Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld.

Signature: _____

Date: _____