

# PILOT HISTORY

1. Insured Name \_\_\_\_\_ Policy No. \_\_\_\_\_
2. Pilots Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State Zip Phone No.  
Married  Single  Widowed  Divorced   
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How Long \_\_\_\_\_
3. Pilot Certificate No. \_\_\_\_\_ Date & Class of Last Physical \_\_\_\_\_ Date Biennial Flight Review \_\_\_\_\_  
Pilot Certificate: Student  Private  Commercial  Instructor  ATP   
Pilot Ratings: SEL  MEL  SES  MES  Instrument  HELICOPTER  Other: \_\_\_\_\_  
Aircraft Type Ratings: \_\_\_\_\_ Mechanic Ratings - Aircraft  Power Plant
4. Total logged Hours as Pilot in Command (PIC): Civilian \_\_\_\_\_ Military \_\_\_\_\_  
Initial Pilot Training obtained from? Where? \_\_\_\_\_

Enter breakdown of logged Hours PIC Below (Military and Civilian Combined)

	Hours		Hours
Single Engine Fixed Gear	_____	Cross Country	_____
Single Engine Retractable Gear	_____	Last 12 Mos. All A/C	_____
Single Engine Conventional Gear	_____	Last 12 Mos. Make & Model	_____
Multiengine Under 12,500 Lbs.	_____	Night Flying	_____
TurboProp	_____	Instrument Flying	_____
TurboJet	_____	(a) Actual	_____
Twin Engine Over 12,500 Lbs.	_____	(b) Simulated	_____
Single Engine Seaplane	_____		_____
Twin Engine Seaplane	_____		_____
Helicopter: Reciprocating Powered	_____		_____
Turbine Powered	_____		_____

## Applicant Requests Approval in The Following Makes & Models of Aircraft

5. Make and Model of Aircraft PIC Hours Make & Model Date & Place of Recurrent Training This Aircraft?  
\_\_\_\_\_  
\_\_\_\_\_
6. Are you flying under a Waiver? \_\_\_\_\_ Describe in Detail \_\_\_\_\_
7. Ever penalized for violation of FAR's? \_\_\_\_\_ Describe in Detail \_\_\_\_\_
8. Have you ever had an Accident, Incident or Violation? \_\_\_\_\_ Describe in Detail \_\_\_\_\_
9. Has any insurance company or Underwriter canceled, declined or refused to renew any insurance on your behalf? \_\_\_\_\_ Describe in Detail \_\_\_\_\_

I WARRANT the truth of the above statements and further WARRANT that no material information has been withheld or suppressed.

Date \_\_\_\_\_ Pilot Signature \_\_\_\_\_

*\*Absence of entry means negative answer*

Aircraft & Aviation Insurance Services Company

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