

PILOT HISTORY FORM

IMPORTANT: This pilot history form becomes a legal part of the policy, and therefore it is mandatory that each question be answered as fully and truthfully as possible; Any misstatement, misrepresentation or omission may make the policy invalid and may also be punishable as fraud in many states.

Agent Name: _____
 Name Insured: _____
 Pilot Name: _____
 Street Address: _____
 City, State & Zip: _____
 Telephone: _____
 Birth Date: _____
 Occupation: _____
 Employer: _____

Please Answer All Questions:

- Y N - Have you ever been involved in an aircraft claim, incident, or accident?
- Y N - Has any insurance company cancelled, declined, or refused to renew any aviation insurance for you?
- Y N - 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?
- Y N - Have you ever been convicted of a felony or indicted in a legal action involving drugs or narcotics?
- Y N - Are you regularly using any medication?

Explain, in detail, each "Yes" answer given above:



A Division of Shaw Aviation Insurance Service, Inc. - License #0B14220
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FAA Pilot Certificates	Ratings Held
<input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> CFI	<input type="checkbox"/> Instrument <input type="checkbox"/> Multi-Engine <input type="checkbox"/> CFII <input type="checkbox"/> Sea Plane <input type="checkbox"/> Rotorcraft

Pilot Certificate No.: _____
 Issue Date: _____
 Type Ratings: _____

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

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: _____
Make & model of aircraft: _____
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. _____ <input type="checkbox"/> Initial Type Training <input type="checkbox"/> Recurrency Training	_____	_____
2. _____ <input type="checkbox"/> Initial Type Training <input type="checkbox"/> Recurrency Training	_____	_____
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 application 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.

Pilots Signature _____ Date: _____