

## Pilot Qualifications

<b>Named insured:</b>	<b>Make &amp; Model Aircraft to be Flown</b>	
<b>Your Name:</b>		
<b>Address:</b>		
<b>Date of Birth:</b>	<b>Education (Advise Diplomas and Degrees if any)</b>	
<b>Occupation:</b>	<b>Show percent of work time spent on non-flying duties: %</b>	
<b>Employed by:</b>	<b>Since:</b>	<b>Full or Part Time?</b>
<b>Address:</b>		
<b>Business Phone:</b>	<b>Home Phone:</b>	
<b>List previous employers and position for last 5 years:</b>		

<b>Airman Certificate Number</b>	<b>Medical:</b>	
<b>Number:</b>	<b>Class:</b>	
<b>Limitations:</b>	<b>Expiration Date:</b>	<b>Limitations:</b>

### Current Certificates and Ratings

<b>Student: Y / N Since:</b>	<b>Instrument: Y / N Class:</b>	<b>Multi-engine, Sea: Y / N</b>
<b>Private: Y / N</b>	<b>Night: Y / N</b>	<b>Type rated in: Y / N Type:</b>
<b>Commercial: Y / N</b>	<b>Single-Engine – Land: Y / N</b>	<b>Rotorcraft: Y / N</b>
<b>Sr. Commercial: Y / N</b>	<b>Single-Engine – Sea: Y / N</b>	<b>Glider: Y / N</b>
<b>Airline (ATP): Y / N</b>	<b>Center Line Thrust: Y / N</b>	<b>A&amp;P Mechanic: Y / N</b>
<b>Instructor: Y / N Class:</b>	<b>Multi-Engine – Land: Y / N</b>	<b>Other:</b>
<b>Date of last logged satisfactorily accomplished Biennial Flight Review:</b>		<b>Make and Model:</b>
<b>Date of last logged satisfactorily accomplished Pilot Proficiency Exam:</b>		<b>Make and Model:</b>

### Flight & Ground School Training Courses:

Name & Location of School	Type of Aircraft	Date	Graduated (Y / N)
<input type="checkbox"/> Initial Type Training <input type="checkbox"/> Recurrency Training <input type="checkbox"/> Full-Axis Motion Flight Simulator Training <input type="checkbox"/> Ground School Only <input type="checkbox"/> Aerial Applicator School			
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### Aerial Applicator

<b>Number of years experience as an aerial applicator pilot:</b>	<b>Total hours applying Herbicides:</b>	<b>Total hours applying Insecticides:</b>
<b>List states you are currently licensed to conduct aerial application:</b>		
<b>Explain any suspension or revocation of any state aerial applicator certificate held by you:</b>		

**Logged Pilot Hours**

**Total Pilot-In-Command hours for all aircraft:**

Itemized Pilot-in-Command Hours						Co-Pilot Hours
Class	Make & Model	Total	Last 90 Days	Last 12 Months	Instrument 6 months	
Insured Make & Model						
Single-Engine Fixed-Gear						
Single-Engine Retractable						
Multi-Engine Piston						
Turbo-Prop						
Jet						
Helicopter-Recip						
-Turbine						
-Sling Load						
Number of Water Landings & Takeoffs						

**-ANSWER ALL QUESTIONS -**

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

1. Have you ever had an aircraft claim, incident or accident?
2. Have you ever been cited or fined for violation of an aviation regulation?
3. Has your pilot certificate ever been suspended or revoked?
4. Have you ever been convicted of a felony or are you under indictment for a felony?
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?
6. Has your driver's license ever been suspended or revoked?
7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?
8. Have you ever had or been treated for a chemical dependency?
9. Are you regularly using any medication?

Explain fully each "Yes" answer: (use extra page to fully explain)

**All of the information herein is true & 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:**

Producer:
Address:
Telephone Number:
Fax Number: