

P.O Box 32 Frederick, MD. 21705-0032 Office 301-682-6200 Fax 301-682-9793 sales@AIR-Pros.com www.AIR-Pros.com

Pilot Information Form Policyholder Name:

N

Pilot Name		
Address		
Phone / Fax / Cell Number		
Occupation		
Age / Date of Birth		
Type License		
Certificate Number		
Ratings		
Type Ratings (if any)		
Medical Class		
Medical Date		
Waivers		
Flight Review Date (or equivalent)		
Instrument Proficiency Date (or equivalent)		
Total Time		LIST MAKES AND MODELS
Time in the last 6 months		
Retractable Gear Time		
Muti-engine Time		
Tail Wheel Time		
Turbine Time		
Rotorcraft Time		
Pressurized Aircraft Time		
Hours in the in aircraft we are insuring		
Other		
Recurrent / Transition Courses: Describe and give dates of last courses attended.		

I have had no aviation accidents, incidents, suspensions, DUI or DWI or been cancelled or refused aircraft insurance.

Exceptions to above: _____

Signature: _____ Date: _____

Please Fax this form to: Aviation Insurance Resources at 301-682-9793