Aviation Insurance Resources *Pilots Protecting Pilots*

P.O. Box 32 Frederick Municipal Airport Frederick, MD. 21705
Toll Free 1-877-247-7767 Ph 301-682-6200 Fax 301-682-9793 sales@AIR-PROS.com

Personal Information

Name _____

Address _____

_____

_____

Age _____ Birth date _____

AOPA Mbr. No. _____

Occupation _____

Employer _____ No. Yrs. _____

Phone Day _____ Email _____

Cell _____ Fax _____

FAA Information

Medical Certificate

Date Issued _____ Class 1st ☐ 2nd ☐ 3rd ☐

Waivers (if none, enter none) _____

Airman Cert# _____

Pilot Cert. Held	Yr. Obtained	Pilot Ratings Held	Yr. Obtained
☐ Student		☐ Single Engine Land	
☐ Private		☐ Multi-engine Land	
☐ Commercial		☐ Single-Engine Sea	
☐ ATP		☐ Multi-engine Sea	
☐ CFI		☐ Instrument	
☐ Other ( )		☐ Rotorwing	
		☐ Glider	

Date Of Last Biennial Flight Review: _____

Date Of Last Instrument Proficiency Check: _____

Initial and Recurrent Training

Aircraft make & model Inst. Prof. Checkout received in:

Type of training in aircraft to be insured: _____

Is annual recurrent training received in this aircraft? ☐ Yes ☐ No

List all aircraft manufacturer's approved ground and flight schools attended:

School	Model	Dates

Recurrent/Transition Courses:
Describe and give dates of last attended and/or planned training:

School or Instructor _____

Do you hold any professional flight training cards (FSI Pro, Simuflite, etc.)? ☐ No ☐ Yes

If "Yes", aircraft type _____ Date _____

Pilot Experience

Yr 1st Solo Flight _____ Tot Hrs All Aircraft _____ Tot Hrs Insured Aircraft _____ Glider Hrs: _____

Retr Gear Hrs: _____ Multi-engine Hrs: _____ Turbo Prop Hrs: _____ Jet Hrs: _____

Rotor Hrs: _____ Turbine Rotor Hrs: _____ Tail Wheel Hrs: _____ Sea Hrs: _____

List All Aircraft Makes & Models	Total Hours PIC	Total Hours SIC	Total Hours Last 90 Days	Total Hours Last 12 Mos.	Total Hours Instrument	Total Hours Night

Use reverse side for additional aircraft

Please explain fully any "yes" answers to the following questions on the reverse side.

As pilot-in-command or as co-pilot, have you ever had or been involved in any aircraft incidents or accidents?	☐ No	☐ Yes
As pilot-in-command or as co-pilot have you ever been found guilty of any Federal Air Regulations violations?	☐ No	☐ Yes
Has your automobile driver's license ever been suspended or revoked?	☐ No	☐ Yes
Have you ever been arrested for operating an automobile under the influence of alcohol or drugs (DUI)?	☐ No	☐ Yes
Have you had any automobile accidents within the last five years?	☐ No	☐ Yes

I affirm that the answers given are true and complete to the best of my knowledge and that no material information has been withheld.

Signed _____ Date _____

(Pilot's Personal Signature Required)

This pilot record is filed in connection with the insurance application of _____