

PILOT HISTORY FORM

IMPORTANT: This pilot history form becomes a legal part of your 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.

Each pilot flying the aircraft to be insured must complete a Pilot History Form, leaving no blanks.

Name as it appears on your Pilot Certificate \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Phone [\_\_\_\_\_] \_\_\_\_\_ Date of Birth [m/d/y] \_\_\_\_\_ Occupation \_\_\_\_\_

Where did you learn to fly? \_\_\_\_\_ Date you began training \_\_\_\_\_

Date you received license \_\_\_\_\_ Certificate Number \_\_\_\_\_

Date/Class of last FAA medical \_\_\_\_\_ Date of Last Biennial Flight Review \_\_\_\_\_

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TYPE OF LICENSE: Student \_\_\_\_ Private \_\_\_\_ Commercial \_\_\_\_ ATP \_\_\_\_ Mechanic \_\_\_\_ Engineer \_\_\_\_

RATINGS: SEL \_\_\_\_ MEL \_\_\_\_ IFR \_\_\_\_ CFI \_\_\_\_ CFII \_\_\_\_ SES \_\_\_\_ MES \_\_\_\_ RW \_\_\_\_ RW/IFR \_\_\_\_

FLIGHT EXPERIENCE: Total Time \_\_\_\_\_ hours Alaska Time \_\_\_\_\_ hours

“Taildraggers” \_\_\_\_\_ hours Retractable Gear \_\_\_\_\_ hours Multi-Engine \_\_\_\_\_ hours

Multi-Engine Sea \_\_\_\_\_ hours Single Engine Sea \_\_\_\_\_ hours Last 90 days \_\_\_\_\_ hours

Rotor Wing \_\_\_\_\_ hours Turbine Aircraft \_\_\_\_\_ hours Past 12 months \_\_\_\_\_ hours

[Rotor Wing pilots, please see reverse for further questions]

BREAKDOWN HOURS BY TYPE OF AIRCRAFT: Make and Model Insured \_\_\_\_\_ Hours \_\_\_\_\_

Make & Model \_\_\_\_\_ Hours \_\_\_\_\_ Make & Model \_\_\_\_\_ Hours \_\_\_\_\_

Make & Model \_\_\_\_\_ Hours \_\_\_\_\_ Make & Model \_\_\_\_\_ Hours \_\_\_\_\_

IMPORTANT NOTE: If you have received recent training, please see reverse for further questions

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If any of the following answers are “Yes” please give full details on reverse side. Do NOT leave blanks.

- 1) Are you flying under a waiver? \_\_\_\_\_ If so, give details \_\_\_\_\_
2) Have you ever been penalized, disciplined or fined for violation of FAR’s? \_\_\_\_\_ If yes, give details on reverse.
3) Have you ever been convicted of or pleaded guilty to a felony? \_\_\_\_\_ If yes, give details on reverse.
4) Have you ever been convicted of or pleaded guilty to a D.U.I.? \_\_\_\_\_ If yes, give details on reverse.
5) Have you ever been convicted or pleaded guilty to a drug charge? \_\_\_\_\_ If yes, give details on reverse.
6) Have you taken or are you presently taking antidepressant drugs or tranquilizers? \_\_\_\_\_ If yes, give details on reverse.
7) Have you ever had any violations, suspensions, accidents, incidents, whether or not they involved an insurance payment? \_\_\_\_\_ If yes, give details on reverse.
8) Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years? \_\_\_\_\_ If yes, give details on reverse. (Not applicable in Missouri)

I/we affirm that the statements in the application are true to the best of my/our knowledge and belief, are made in good faith, and no information has been withheld or suppressed which would adversely affect my/our pilot rating[s] or approval by the Insurer[s]. Such statements and answers will be the basis of any contract between me/us and the Insurer[s] and shall be effective only if all statements and answers referred to are full, complete and true on the date set forth herein. I/we hereby authorize the Insurer[s] or their agents to investigate any or all statements contained herein. I/we hereby authorize the FAA to release my/our pilot history[ies] to North American Specialty Insurance Company and its agents to verify the above statements. North American Specialty Insurance Company is also authorized to request my/our vehicle driving records. I/we understand that this application does not commit the Insurer[s] to any liability whatsoever until the Insurer[s] agree to effect such insurance coverages as have been applied for by this application.

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

**TRAINING INFORMATION**

Please indicate where and when you received any initial /refresher / recurrent or other training in your aircraft in the last twenty four [24] months. **Please attach a copy of your training certificate. There may be discounts available for training.**

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**ROTOR WING AIRCRAFT PILOTS**

- 1) Where did you receive your rotor wing training and when?\_\_\_\_\_
- 2) Break out your rotor wing time by the following categories as applicable:  
Military hours\_\_\_\_\_ Civilian hours \_\_\_\_\_  
Piston rotor wing time hours \_\_\_\_\_ Turbine rotor wing hours \_\_\_\_\_

*[Please use the following space as necessary for detailed answers to any questions above or on reverse]*

*Pilot's initials:* \_\_\_\_\_