



StarStone National Insurance Company
 Harborside Financial Center
 Harborside 5
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PILOT HISTORY FORM

Name of Owner/Operator of Aircraft _____

This form will not be considered unless it has been signed. IMPORTANT: This 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 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

Tailwheel _____ 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 page 2 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 page 2 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 FARs? _____ *If yes, give details on page 2.*

3) Have you ever been convicted of or pleaded guilty to a felony? _____ *If yes, give details on page 2.*

4) Have you ever been convicted of or pleaded guilty to a D.U.I.? _____ *If yes, give details on page 2.*

5) Have you ever been convicted of or pleaded guilty to a drug charge? _____ *If yes, give details on page 2.*

6) Have you taken or are you presently taking antidepressant drugs or tranquilizers? _____ *If yes, give details on page 2.*

7) Have you ever had any violations, suspensions, accidents, incidents, whether or not they involved an insurance payment? _____ *If yes, give details on page 2.*

8) Has any insurer cancelled or declined to renew any aircraft insurance for you in the past five years? _____ *If yes, give details on page 2.*
 (Not applicable in MO)

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.**

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 page 1]

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 details to StarStone National Insurance Company and its agents to verify the above statements. StarStone National 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 _____

FRAUD WARNINGS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud." Insurers may comply with the warning requirement by attaching an addendum to the application or claim form.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicant Signature _____