

## Pilot Information Report

OWNER	IDENT:	MAKE AND MODEL:	CURRENT INSURANCE POLICY EXPIRY:

PILOT TO BE ADDED		PILOT HOURS					
FULL NAME		<b>LIFETIME HOURS</b>	TYPE	PIC	DUAL	TOTAL	
PHONE			ALL AIRCRAFT				
EMAIL			THIS MAKE AND MODEL				
DATE OF BIRTH			HELICOPTER				
LICENSE NUMBER			FLOAT				
PLEASE CHECK APPLICABLE RATINGS OR ENDORSEMENTS:	<input type="checkbox"/> Student		<input type="checkbox"/> Private	MULTI-ENGINE			
	<input type="checkbox"/> REC		<input type="checkbox"/> Comm	TAIL WHEEL			
	<input type="checkbox"/> UL		<input type="checkbox"/> ATP	RETRACT			
	<input type="checkbox"/> Night		<input type="checkbox"/> IFR	CONSTANT PROP			
	<input type="checkbox"/> Multi		<input type="checkbox"/> OTT	TURBO			
<input type="checkbox"/> Float	<input type="checkbox"/> Instructor						
		<b>LAST 12 MONTHS</b>	ALL AIRCRAFT				
			THIS MAKE AND MODEL				

PILOT HISTORY	TRAINING DETAILS	AIRCRAFT MAKE/MODEL	TOTAL HOURS COMPLETED
LICENSE LIMITATIONS OR CITATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DUAL INSTRUCTION		
AVIATION ACCIDENTS OR CITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTT		
AVIATION CLAIMS LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IFR		
IF YES, EXPLAIN:	GROUND SCHOOL		
	NIGHT		
	INSTRUCTOR CLASS		
	FLOAT		

REASON FOR BEING ADDED TO THE POLICY?

WHAT IS YOUR RELATIONSHIP TO THE OWNER?

LIST OF AIRCRAFT FLOWN	HOURS ON TYPE	LIST OF AIRCRAFT FLOWN	HOURS ON TYPE

**The Applicant Acknowledges That:**

1. All of the information given by the Applicant is true and complete and the Applicant hereby applies for a contract of private aircraft insurance to be based on the truth of the said information.
2. Reports containing personal, credit, factual, investigative, pilot, or driver record information may be sought in connection with this application for insurance or renewal, extension, or variation thereof.
3. It is assumed that the aircraft and pilots meet DOT requirements with no claims or pilot certificate actions within the past three years.

SIGNATURE OF APPLICANT  
(OR AUTHORIZED REPRESENTATIVE)

**X**

DATE \_\_\_\_\_