



# PILOT QUALIFICATIONS

Insurance Provided by  
Member Companies of  
American International Group, Inc.

Named Insured _____ Your Name _____ Date of Birth _____ Occupation _____ Employed by _____ Business Address _____ List Employers & Positions Held Over the Past 5 Years _____ _____ _____ _____	Make & Model of Aircraft to be Flown _____ Home Address _____ List Diplomas/Degrees _____ Percent of Work Time Spent on Non-flying Duties _____ Since (Year) _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> (Check One) Business Phone _____ Home Phone _____
<b>AIRMAN CERTIFICATE NUMBER</b> Number: _____ Limitations: _____	<b>MEDICAL</b> Class: _____ Expiration Date: _____ Limitations: _____
<b>CURRENT CERTIFICATES &amp; RATINGS</b> <input type="checkbox"/> Student: Since (date) _____ <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Sr. Commercial <input type="checkbox"/> Airline (ATP) <input type="checkbox"/> Instructor: Class _____ <input type="checkbox"/> Instrument: Class _____ <input type="checkbox"/> Night <input type="checkbox"/> Single Engine – Land <input type="checkbox"/> Single Engine – Sea <input type="checkbox"/> Center Line Thrust <input type="checkbox"/> Multi Engine – Land <input type="checkbox"/> Multi Engine – Sea <input type="checkbox"/> Type Aircraft rated in _____ <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Glider <input type="checkbox"/> A & P Mechanic <input type="checkbox"/> Other _____	
Date of last logged satisfactorily accomplished Biennial Flight Review : _____ Make & Model: _____ Date of last logged satisfactorily accomplished Pilot Proficiency Exam: _____ Make & Model: _____	
<b>FLIGHT &amp; GROUND SCHOOL TRAINING COURSES</b> Name & Location of School _____ Type of Aircraft _____ Date _____ Graduated? _____ (yes/no) <input type="checkbox"/> Initial Type Training <input type="checkbox"/> Recurrency Training <input type="checkbox"/> Full-axis Motion Flight Simulator Training <input type="checkbox"/> Ground School Only <input type="checkbox"/> Aerial Applicator School Name & Location of School _____ Type of Aircraft _____ Date _____ Graduated? _____ (yes/no) <input type="checkbox"/> Initial Type Training <input type="checkbox"/> Recurrency Training <input type="checkbox"/> Full-axis Motion Flight Simulator Training <input type="checkbox"/> Ground School Only <input type="checkbox"/> Aerial Applicator School Name & Location of School _____ Type of Aircraft _____ Date _____ Graduated? _____ (yes/no) <input type="checkbox"/> Initial Type Training <input type="checkbox"/> Recurrency Training <input type="checkbox"/> Full-axis Motion Flight Simulator Training <input type="checkbox"/> Ground School Only <input type="checkbox"/> Aerial Applicator School	
<b>AERIAL APPLICATOR</b> Number of years experience as an aerial applicator pilot _____ Total hours applying: herbicides _____ insecticides _____ List states in which you are currently licensed to conduct aerial application. _____	

Explain any suspension or revocation of any state aerial applicator certificate held by you. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOGGED PILOT HOURS**

Total Pilot-In-Command Hours for All Aircraft \_\_\_\_\_

**ITEMIZATION PILOT-IN-COMMAND HOURS**

CLASS	MAKE & MODEL	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	CO-PILOT HOURS
INSURED MAKE/MODEL	_____	_____	_____	_____	_____	_____
SINGLE ENGINE FIXED-GEAR	_____	_____	_____	_____	_____	_____
SINGLE ENGINE RETRACTABLE	_____	_____	_____	_____	_____	_____
MULTI ENGINE PISTON	_____	_____	_____	_____	_____	_____
TURBO-PROP	_____	_____	_____	_____	_____	_____
JET	_____	_____	_____	_____	_____	_____
HELICOPTER - RECIP - TURBINE - SLING LOAD	_____	_____	_____	_____	_____	_____
NUMBER OF WATER LANDINGS & TAKE- OFFS	_____	_____	_____	_____	_____	_____

**ANSWER ALL QUESTIONS**

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

1. Have you ever had an aircraft claim, incident, or accident?  YES  NO
2. Have you ever been cited or fined for violation of an aviation regulation?  YES  NO
3. Has your pilot certificate ever been suspended or revoked?  YES  NO
4. Have you ever been convicted of a felony or are you under indictment for a felony?  YES  NO
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?  YES  NO
6. Has your drivers' license ever been suspended or revoked?  YES  NO
7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?  YES  NO
8. Have you ever had or been treated for a chemical dependency?  YES  NO
9. Are you regularly using any medication?  YES  NO

Explain fully each "YES" answer.

Continue on additional pages as needed.

**ALL OF THE INFORMATION HEREIN IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.**

\_\_\_\_\_  
Pilot Signature

\_\_\_\_\_  
Today's Date

**FOR INTERNAL USE ONLY**

Producer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_