



PILOT QUALIFICATIONS

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

Named Insured _____	Make & Model of Aircraft to be Flown _____
Your Name _____	Home Address _____
Date of Birth _____	List Diplomas/Degrees _____
Occupation _____	Percent of Work Time Spent on Non-flying Duties _____
Employed by _____	Since (Year) _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> (Check One)
Business Address _____	Business Phone _____ Home Phone _____
List Employers & Positions Held Over the Past 5 Years _____	

AIRMAN CERTIFICATE NUMBER	MEDICAL
Number: _____	Class: _____
Limitations: _____	Expiration Date: _____
	Limitations: _____

CURRENT CERTIFICATES & RATINGS

<input type="checkbox"/> Student: Since (date) _____	<input type="checkbox"/> Instrument: Class _____	<input type="checkbox"/> Multi Engine – Sea
<input type="checkbox"/> Private	<input type="checkbox"/> Night	<input type="checkbox"/> Type Aircraft rated in _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Single Engine – Land	<input type="checkbox"/> Rotorcraft
<input type="checkbox"/> Sr. Commercial	<input type="checkbox"/> Single Engine – Sea	<input type="checkbox"/> Glider
<input type="checkbox"/> Airline (ATP)	<input type="checkbox"/> Center Line Thrust	<input type="checkbox"/> A & P Mechanic
<input type="checkbox"/> Instructor: Class _____	<input type="checkbox"/> Multi Engine – Land	<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: _____

FLIGHT & GROUND SCHOOL TRAINING COURSES

Name & Location of School _____
Type of Aircraft _____ Date _____ Graduated? ____ (yes/no)

Initial Type Training Recurrency Training Full-axis Motion Flight Simulator Training Ground School Only Aerial Applicator School

Name & Location of School _____
Type of Aircraft _____ Date _____ Graduated? ____ (yes/no)

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Type of Aircraft _____ Date _____ Graduated? ____ (yes/no)

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AERIAL APPLICATOR

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: _____