

AEROSPACE

Aerospace Insurance Managers, Inc.

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 Glendale, CA 97202-2089
 (818)-547-1400 Fax (818)-547-3800

Pilot History Form

Pilot Name (Printed) _____ Street Address: _____ City, State & Zip: _____ Telephone: _____ Birth date: _____ Soc. Sec. No _____ Occupation: _____ Employer: _____ Pilot Cent. Number: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">FAA Pilot Certificates Held And Year Obtained</th> </tr> <tr> <td><input type="checkbox"/> Student</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Commercial</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> ATP</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> CFI</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> CFII</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> MEI</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> ATP</td> <td>_____</td> </tr> </table>	FAA Pilot Certificates Held And Year Obtained		<input type="checkbox"/> Student	_____	<input type="checkbox"/> Private	_____	<input type="checkbox"/> Commercial	_____	<input type="checkbox"/> ATP	_____	<input type="checkbox"/> CFI	_____	<input type="checkbox"/> CFII	_____	<input type="checkbox"/> MEI	_____	<input type="checkbox"/> ATP	_____
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<input type="checkbox"/> MEI	_____																		
<input type="checkbox"/> ATP	_____																		

FAA Medical Certificate		FAA Pilot Ratings Now Held And Year Obtained	
Issued Date	Class	<input type="checkbox"/> ASEL	_____
Waivers or Limitations (if none, write "None"): _____		<input type="checkbox"/> AMEL	_____
Flight Review *List Date of Last Certificate/Rating if Exempt by Provisions of FAR 61.56(d)		<input type="checkbox"/> Instrument	_____
Date of Last Flight Review:*	Type Aircraft:	<input type="checkbox"/> ASES	_____
Date of Last IPC:	Type Aircraft:	<input type="checkbox"/> AMES	_____
		<input type="checkbox"/> RW -Helicopter	_____

Fixed Wing Flight Experience		Rotor-Wing Flight Experience	
Total Logged Hours as Pilot	_____	Total Logged Hours in Helicopters	_____
Total Logged Hours in Multi-Engine	_____	Total Logged Hours in Piston Helicopters	_____
Total Logged Hours in Turboprop	_____	Total Logged Hours in Turbine Helicopters	_____
Total Logged Hours in Turbojet	_____	Total Logged Hours in Gyroplanes	_____
Total Logged Hours in Retractable Gear	_____	Total Logged Hours Last 90 Days	_____
Total Logged Hours in Tail Wheel	_____		
Total Logged Hours Last 90 Days	Make & Model		Make & Model
Total Logged Hours in Make & Model	_____	Total Logged Hours in Make & Model	_____
Total Logged Hours in Make & Model	_____	Total Logged Hours in Make & Model	_____

Initial Or Recurrent Flight Proficiency Training

Type Rated in the Following Aircraft: _____

Please List Any Type Specific or Any Ground/Flight Training Programs Attended Within the Last 24 Months: _____

Name of School / Program	Date Attended	Type of Training
_____	_____	<input type="checkbox"/> Initial <input type="checkbox"/> Recurrent
Name of School / Program	Date Attended	<input type="checkbox"/> Initial <input type="checkbox"/> Recurrent
_____	_____	

FAA "WINGS" Safety Program Date: _____ Level: _____

Background Information (Please Explain Any "Yes" Answers on the Reverse Side)

Have you ever been involved in an aircraft accident or incident? Yes No

Has any insurance company cancelled, declined or refused to renew any aviation insurance for you? Yes No

Do you have any convictions, suspensions or revocations relating to a driver's license or airman's certificate for: FAR violations, use or possession of controlled substances or driving while intoxicated? Yes No

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld. "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."

The Following Specific Warnings are Applicable in the States Specified Below:
 *** State of Arkansas ***

"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 IF GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON NOTICE TO ARKANSAS 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 IF GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON"

*** State of Colorado ***

"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."

*** State of Florida ***

"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 IN THE THIRD DEGREE."

*** State of Kentucky - **

"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."

*** State of Louisiana ***

WARNING: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAYBE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

*** State of Maine ***

"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."

*** State of Minnesota ***

"A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

*** State of New Jersey***

"ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL OR CIVIL PENALTIES."

*** State of New Mexico ***

"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"

*** State of New York ***

"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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION."

*** State of Ohio***

"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."

*** State of Oklahoma ***

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."

*** State of Oregon ***

"ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW"

*** State of Pennsylvania ***

"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."

*** State of Tennessee ***

"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."

*** State of Virginia ***

"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."

Pilot Signature _____ Date Signed _____

THIS PILOT HISTORY IS FILED IN CONNECTION WITH THE INSURANCE APPLICATION _____