

AvPac Insurance Services, Inc.

Pilot History Form

Complete form in entirety by checking all boxes that apply and filling in all blanks. Then sign and date at the bottom of the form. Electronic Signature Accepted

GENERAL INFORMATION

Pilot's Name	
Pilot's Age	
Street Address	
City, State, Zip	
Mobile Phone	
Alt. Phone	
Email Address	
Named Insured	

LICENSE / RATINGS (Place Large "X")

<input type="checkbox"/> Student Pilot	<input type="checkbox"/> Full Time Pro Pilot
<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Instrument
<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Multi-Engine Land
<input type="checkbox"/> Airline Transport Pilot	<input type="checkbox"/> Rotary Wing
<input type="checkbox"/> Cert. Flight Instructor	<input type="checkbox"/> Seaplane
Date of Instrument Rating	
Date of Multi-Engine Rating	
FAA Certificate Number	

LOGGED FLIGHT HOURS (TOTALS)

Total Time	
Pilot In Command	
Turbo-Prop SIC	
Turbo-Prop PIC	
Turbo-Jet SIC	
Turbo-Jet PIC	
Total Turbine Hours	
Multi-Engine	
Retractable Gear	
Tail Wheel	
Instrument	

AIRCRAFT YEAR/MAKE/MODEL

Total Time Insured Model			
Last 12 Months (Model)		Last Model Specific Training (Date and Location)	
Last 90 days (Model)			
Last 12 Months (All A/C)		Other Relevant Aircraft Experience	
Last 90 days (All A/C)			
Class of Current Medical	Model	Hours	Training (Date/Location)
Date of Last Medical			
Date of Last BFR			
Total Time Rotorcraft	Type Ratings Obtained		
Turbine Rotorcraft			
Last 90 days Rotorcraft			

QUESTIONS

YES/NO Explanation for YES answers

Have you ever had an aircraft Accident, Incident or Violation?		
Has your driver's license every been suspended or revoked?		
Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics?		
Have you ever been penalized for a FAR violation?		
Have you ever been convicted of, or are you under indictment in a legal action involving drugs or narcotics?		
Are you flying under a waiver?		
Has any insurance company and/or Underwriter ever cancelled, non-renewed, or declined coverage on your behalf?		

Notes (use separate sheet if necessary)

By signing below I warrant the truth of my responses and that nothing material has been withheld or suppressed.

Pilot's Signature _____

Date _____