Global Aviation Insurance Services

Pilot History Report

Name:_____ Age:_____

Address:_____

City:_____ State:_____ Zip: _____

Employer:_____ Date Employed:_____

Position/Job Description: _____

Current Certificates And Ratings	Year Acquired	Flying Experience Summary (Logged Hours)			
			Total	Last 12 Months	Last 90 Days
Student		All Aircraft			
Private		Tailwheel			
Commercial		Retractable-Gear			
Airline Transport		Multi-Engine			
Single-Engine Land		Turboprop			
Multi-Engine Land		Jet			
Centerline-Thrust		Rotorcraft			
Single-Engine Sea		Instrument:			
Multi-Engine Sea		Actual			
Instrument		Simulated (Hood)			
Instructor		Instructor			
Rotorcraft		Sea			
Glider					
Lighter-Than-air		Logged Hours In Model(s) To Be Used			
A&P Mechanic		Aircraft Model	Total	Last 12 Months	Last 90 Days
Aircraft Inspector					
Other					
Type Ratings:					
		Last Biennial Flight Review			
		Model Used _____		Date: _____	
Medical Certificate: Class _____		Last Physical:		Date: _____	

1. As pilot, have you had any aircraft accidents? _____ Yes _____ No

2. Ever cited for violating civil or military flight regulations? _____ Yes _____ No

3. Ever convicted or pled guilty to a felony? _____ Yes _____ No

4. Ever arrested for driving under the influence of drugs or alcohol? _____ Yes _____ No

5. Any waivers of limitations on your Medical Certificate? _____ Yes _____ No
(Attach Copy Of Any Certificate of Demonstrated Ability)

6. Any Insurance Company ever cancel, decline to issue, or renew _____ Yes _____ No

any insurance policy held by you?

Explain each "Yes" answer and include dates and details"

_____

_____

_____

_____

_____

Manufacturers' Schools (Or Equivalent) attended for specific models (attach copy of certificate)

School – Location	Year Attended	Aircraft Model	Hours Flown Flight	Sim
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I warrant that all information provided in this Pilot History Report is true and complete to the best of my knowledge and that no relevant information has been withheld. I authorize Global Aviation Insurance Services to investigate any and all qualifications of statements contained herein.

Signature: _____ Date: _____

Submitted In Conjunction With Policy Or Application For:

Named Insured: _____ Policy No: _____

Agent: _____