Air Capital Insurance

(Please complete for all pilots, form may be duplicated)

P. O. Box 458 Wichita, KS 67201 Toll Free Number - 877-224-0967 Telephone - 316-858-1999 Fax - 316-858-1994



PILOT HISTORY FORM

NAME						AGE		
ADDRESS				CITY	STATE/ZIP			
EMPLOYER DATE EMPLO					IPLOYED	POSITION		
AIRMEN'S CERTIFICATE # NAMED INSURED								
HOME PHONE			FAX NO.					
FLYING EXPERIENCE SUMMARY (LOGGED HOURS) CURRENT CERTIFICATES AND RATINGS								
	TOTAL AS	TOTAL	LAST 12	LAST 90				
	PIC	TIME	MONTHS	DAYS				
ALL AIRCRAFT					☐ Student	☐ Instructor		
Tailwheel					☐ Private	Rotorcraft		
Retractable Gear					☐ Commercial	Glider		
Multiengine					☐ Airline Transport	☐ Lighter Than Air		
Turboprop					☐ Single-Engine Land	A & P Mechanic		
Jet					☐ Multiengine Land	☐ Aircraft	Inspector	
Rotorcraft					☐ Centerline-Thrust	☐ Other:		
Instrument					☐ Single Engine Sea	☐ Type Ra	tings:	
Actual					☐ Multiengine Sea			
Simulated (Hood)					☐ Instrument			
Instructor					LAST BIENNIAL FLIGHT REVIEW			
Sea						Model		
LOGGED HOURS					Date	Used		
Aircraft Model	TOTAL AS	TOTAL	LAST 12	LAST 90				
	PIC		MONTHS	DAYS	MEDICAL	CERTIFICATE		
					Class:	\square 2nd	□ 3rd	
					Date of Last Physical			
1. As pilot, any aircraft accidents?						1 No	Yes*	
2. Ever cited for violating civil or military flight regulations?							Yes*	
3. Ever convicted or pled guilty to a felony?							Yes*	
4. Ever arrested for driving under the influeence of drugs/alcohol?						4 No	Yes*	
5. Any waivers or limitations on your Medical Certificate? (Attach copy of any 5 No Yes*								
Certificate or Demonstrated Ability).								
6. Any Insurance Company ever cancel, decline to issue or decline to renew 6 No Yes*								
any insurance policy held by you?								
* Explain each "Yes" answer. Include dates and details. If more space is needed, use back of form.								
PROFICIENCY/RECURRENT TRAINING attended for specific models: (Attach copy of completion certificate)								
School-Location		Year Attended Aircraft Model			Hours flown			
						Simulator	Flight	
						+		
I represent 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.								
G:						~ .		
Signature: Date:								