

PILOT QUALIFICATIONS



Named Insured _____ Make & Model Aircraft to be Flown _____

Your Name _____
FIRST MIDDLE LASTAddress _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Date of Birth _____ Education (Advise Diplomas and Degrees if any) _____

Occupation _____ Show percent of work time spent on non-flying duties _____%

Employed by _____ Since _____ ☐ Full time ☐ Part TimeAddress _____
STREET CITY STATE-PROVINCE ZIP/POSTAL CODE

Business Phone_(_____) _____ Home Phone_(_____) _____

List previous employers and position for last 5 year _____

AIRMAN CERTIFICATE NUMBER

Number: _____

Limitations: _____

MEDICAL:

Class: _____

Expiration Date: _____

Limitations: _____

CURRENT CERTIFICATES AND RATINGS

- ☐ Student: Since _____ DATE ☐ Instrument ☐ Instructor _____ CLASS
- ☐ Private ☐ Single Engine-Land ☐ Type rated in _____ TYPE OF AIRCRAFT
- ☐ Commercial ☐ Single Engine - Sea ☐ Glider
- ☐ Airline (ATP) ☐ Center Line Thrust ☐ Light Sport Aircraft
- ☐ Rotorcraft ☐ Multi-Engine, Land ☐ A&P Mechanic
- ☐ Multi Engine, Sea ☐ Other _____

Date of last logged satisfactorily accomplished Biennial Flight Review _____ Make and model _____

Date of last logged satisfactorily accomplished Pilot Proficiency Exam _____ Make and model _____

Date of last logged satisfactorily accomplished Instrument Proficiency Check _____ Make and model _____

FLIGHT & GROUND SCHOOL TRAINING COURSES

Name & Location of School _____

Type of Aircraft _____

Date _____

Graduated

☐ Yes ☐ No☐ INITIAL TYPE TRAINING ☐ RECCURENCY TRAINING ☐ FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING ☐ GROUND SCHOOL ONLY ☐ AERIAL APPLICATOR SCHOOL

LEVEL OF SIMULATOR TRAINING COMPLETED _____

☐ Yes ☐ No☐ INITIAL TYPE TRAINING ☐ RECCURENCY TRAINING ☐ FULL AXIS MOTION FLIGHT SIMULATOR TRAINING ☐ GROUND SCHOOL ONLY ☐ AERIAL APPLICATOR SCHOOL

LEVEL OF SIMULATOR TRAINING COMPLETED _____

AERIAL APPLICATOR

Number of years experience as an aerial applicator pilot _____ Total hours applying: Herbicides _____ Insecticides _____

List states you are currently licensed to conduct aerial application. _____

_____Explain any suspension or revocation of any state aerial applicator certificate held by you. _____

Total Logged Pilot-In-Command hours for all aircraft _____

Total Logged hours in all aircraft _____

ITEMIZED PILOT-IN-COMMAND HOURS						CO-PILOT HOURS
CLASS	MAKE & MODEL	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	
INSURED MAKE AND MODEL						
SINGLE-ENGINE						
FIXED GEAR						
SINGLE-ENGINE						
RETRACTABLE						
MULTI-ENGINE						
PISTON						
TURBO-PROP						
JET						
HELICOPTER-RECIP						
-TURBINE						
-SLING LOAD						
NIGHT VISION DEVICES						
NUMBER OF WATER LANDINGS & TAKEOFFS						

-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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been cited or fined for violation of an aviation regulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your pilot certificate ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been convicted of a felony or are you under indictment for a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has your drivers license ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever had or been treated for a chemical dependency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you regularly using any medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain fully each "Yes" answer _____

USE EXTRA PAGE TO FULLY EXPLAIN

ALL OF THE INFORMATION HEREIN IS TRUE AND 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.

X _____
PILOTS SIGNATURE

TODAY'S DATE

Producer World Aerospace Insurance Services

Address 690 SW 1st CT, Suite 501 City Miami State FL Zip 33130

Telephone No. (305) 776-6736 Fax No. (786) 522-9011 Email Address rlawson@seaerospaceinsurance.com