

## Pilot Qualifications Applications

If coverage is issued, it will be on a claims-made basis.

Named Insured \_\_\_\_\_

Make & Model Aircraft to be Flown \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

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 Time

Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

List previous employers and position for last 5 year \_\_\_\_\_

**AIRMAN CERTIFICATE NUMBER MEDICAL:**

Class: \_\_\_\_\_

Number: \_\_\_\_\_

**MEDICAL:**

Class: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Limitations: \_\_\_\_\_

**CURRENT CERTIFICATES AND RATINGS**

Student: Since \_\_\_\_\_  
 (Date)

Instrument

Instructor \_\_\_\_\_  
 (Class)

Private

Single Engine-Land

Type rated in \_\_\_\_\_

Commercial

Single Engine - Sea

Glide (Type of Aircraft)

Airline (ATP)

Center Line Thrust

Light Sport Aircraft

Rotorcraft

Multi-Engine, Land

A&P Mechanic

Multi Engine, Sea

Other \_\_\_\_\_

## Professional Liability Errors & Omissions Application

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	Date
_____	_____	_____	_____
Graduated    Yes    No			
INITIAL TYPE TRAINING	RECURRENCE TRAINING	GROUND SCHOOL ONLY	
FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING	AERIAL APPLICATOR SCHOOL		
LEVEL OF SIMULATOR TRAINING COMPLETED _____			
_____	_____	_____	_____
Graduated    Yes    No			
INITIAL TYPE TRAINING	RECURRENCE TRAINING	GROUND SCHOOL ONLY	
FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING	AERIAL APPLICATOR SCHOOL		

### 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Pilot Qualifications Applications

Total Logged Pilot-In-Command hours for all aircraft \_\_\_\_\_

Total Logged hours in all aircraft \_\_\_\_\_

**ITEMIZED PILOT-IN-COMMAND HOURS**

<b>CLASS</b>	<b>MAKE &amp; MODEL</b>	<b>TOTAL</b>	<b>LAST 90 DAYS</b>	<b>LAST 12 MONTHS</b>	<b>INSTRUMENT 6 MONTHS</b>	<b>CO-PILOT HOURS</b>
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						

