BWI PILOT HISTORY FORM

Policy Holder Name:_____

Pilot Name (As it Appears on your Pilot Certificate: _____
Address: _____ City/State/Zip: _____
Phone Number: _____ Date of Birth: _____ Occupation: _____
Pilot Certificate Number: _____
Date/Class of Last FAA Medical: _____ Date of Last Biennial Fight Review: _____
Medical Waivers or Limitations (If none, write "None"): _____

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Type of License: Student _____ Private_____ Commercial _____ ATP _____ CFI _____ CFII _____ MEI _____
Ratings: SEL __ MEL __ IFR __ CFI __ CFII __ SES __ MES __ RW __ RW/IFR __

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Flight Experience:

Total Logged Hours as Pilot: _____ Total Logged Tailwheel Hours: _____ Total Logged Retractable Gear Hours: _____

Total Logged Multi-Engine Hours: _____ Total Logged Single Engine Sea Hours: _____ Total Logged Alaska Hours: _____

Total Logged Skis Hours: _____ Total Logged Multi-Engine Sea Hours: _____ Total Logged Turbine Hours: _____

Total Logged Rotorwing Hours: ___ Total Logged Piston Rotorwing Hours: ___ Total Logged Turbine Rotorwing Hours: __

Total Logged Hours in Last 90 Days: _____ Total Logged Hours in Past 12 Months: _____

Breakdown Hours by Type of Aircraft: Insured Make and Model Aircraft: _____ Hours: _____

Make and Model Aircraft: _____ Hours: _____ Make and Model Aircraft: _____ Hours: _____

Make and Model Aircraft: _____ Hours: _____ Make and Model Aircraft: _____ Hours: _____

Initial or Recurrent Flight Proficiency Training:

Type Rated in the Following Aircraft(s): _____
Name of School: _____ Location of School: _____ Date Attended: _____
Initial Training: _____ Recurrent Training: _____
Name of School: _____ Location of School: _____ Date Attended: _____
Initial Training: _____ Recurrent Training: _____

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Pilot Background Information:

1. Have you been involved in an aircraft accident or incident in the past 5 years? Yes: ____ No: ____
   a. If yes, please provide Date, Description, Payout Amount:
   _____
   _____
2. Has an Ins. Company cancelled, declined or refused to renew any Aviation Insurance for you? Yes: ____ No: ____
3. Do you have any convictions, suspensions ore vocations relating to a Driver's License or Airmen's Certificate for FAR Violations, use or possess of controlled substances or driving while intoxicated? Yes: ____ No: ____

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld.

Pilot Signature: _____ **Date Signed:** _____