



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

Your Name \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

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

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

Employed by \_\_\_\_\_ Since \_\_\_\_\_  Full Time  Part Time

Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Business Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

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

Are you a certificated pilot?  Yes  No *Based on answer to this question, please complete applicable section below.*

Certificated Pilot	Airman Certificate Number: _____
	Limitations: _____
<b>CURRENT CERTIFICATES AND RATINGS</b>	
<input type="checkbox"/> Student: Since _____ DATE	<input type="checkbox"/> Instrument
<input type="checkbox"/> Private	<input type="checkbox"/> Single Engine - Land
<input type="checkbox"/> Commercial	<input type="checkbox"/> Single Engine - Sea
<input type="checkbox"/> Airline (ATP)	<input type="checkbox"/> Center Line Thrust
<input type="checkbox"/> Rotorcraft	<input type="checkbox"/> Multi-Engine - Land
	<input type="checkbox"/> Multi-Engine - Sea
	<input type="checkbox"/> Instructor _____ CLASS
	<input type="checkbox"/> Type rated in _____ TYPE OF AIRCRAFT
	<input type="checkbox"/> Glider
	<input type="checkbox"/> Light Sport Aircraft
	<input type="checkbox"/> A&P Mechanic
	<input type="checkbox"/> Other _____
Non-Certificated Pilot	Have you successfully completed an FAA (or equivalent) Private Pilot ground instruction course? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered "Yes" to the question above, have you passed the FAA (or equivalent) Private Pilot written examination? <input type="checkbox"/> Yes (Date Passed _____) <input type="checkbox"/> No

**MEDICAL CERTIFICATE INFORMATION:**

Do you hold a current and valid Medical Certificate?  
 Yes  No

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

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

Date manufacturer's training for specific UAS to be insured was completed: \_\_\_\_\_

Date qualified by aircraft owner/employer on the specific UAS to be insured: \_\_\_\_\_

Date of last manufacturer/employer Proficiency Check for specific UAS to be insured (if applicable): \_\_\_\_\_

**ADDITIONAL TRAINING APPLICABLE TO UNMANNED AIRCRAFT**

Name & Location of School/Training Provider	UAS Model	Date	Completed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> INITIAL MANUFACTURER'S TRAINING	<input type="checkbox"/> RECCURENCY TRAINING	<input type="checkbox"/> CREW RESOURCE MANAGEMENT (CRM)	<input type="checkbox"/> SIMULATOR PROFICIENCY/RECURRENT

**UNMANNED AIRCRAFT PILOT/OPERATOR EXPERIENCE AND CURRENCY**

**ITEMIZED PILOT-IN-COMMAND / PRIMARY OPERATOR EXPERIENCE WITH UNMANNED AIRCRAFT**

UAS GROUP	MAKE(S) & MODEL(S)	NUMBER OF MISSIONS FLOWN / LAUNCHES / RECOVERIES			
		TOTAL	LAST 90 DAYS	LAST 30 DAYS	LAST 12 MONTHS
INSURED MAKE AND MODEL		/ /	/ /	/ /	/ /
GROUP 1 (MGTOW 0-20 lbs.)		/ /	/ /	/ /	/ /
GROUP 2 (MGTOW 21-55 lbs.)		/ /	/ /	/ /	/ /
GROUP 3 (MGTOW < 1,320 lbs.)		/ /	/ /	/ /	/ /
GROUP 4 (MGTOW > 1,320 lbs.) (OPERATING ALT. < FL180)		/ /	/ /	/ /	/ /
GROUP 5 (MGTOW > 1,320 lbs.) (OPERATING ALT. > FL180)		/ /	/ /	/ /	/ /

**MANNED AIRCRAFT PILOT EXPERIENCE AND CURRENCY (APPLICABLE FOR CERTIFICATED PILOTS)**

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

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

**ITEMIZED PILOT-IN-COMMAND HOURS OF MANNED AIRCRAFT**

CLASS	MAKE(S) & MODEL(S)	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	CO-PILOT HOURS
FIXED WING SINGLE ENGINE PISTON						
MULTI-ENGINE PISTON						
TURBO-PROP						
JET						
HELICOPTER						
GLIDER / BALLON						

Date of last logged satisfactorily accomplished Biennial Flight Review (if applicable): \_\_\_\_\_ Make and Model \_\_\_\_\_

Date of last logged satisfactorily accomplished Pilot Proficiency Exam (if applicable): \_\_\_\_\_ Make and Model \_\_\_\_\_

Date of last logged satisfactorily accomplished Instrument Proficiency Check (if applicable): \_\_\_\_\_ Make and Model \_\_\_\_\_

**FLIGHT & GROUND SCHOOL TRAINING COURSES APPLICABLE TO MANNED AIRCRAFT**

Name & Location of School	Type of Aircraft	Date	Graduated
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
LEVEL OF SIMULATOR TRAINING COMPLETED _____			
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
LEVEL OF SIMULATOR TRAINING COMPLETED _____			

CONTINUED ON FOLLOWING PAGE

**-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(S) 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**

\_\_\_\_\_  
PILOT'S/OPERATOR'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

Producer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_