## **AOPA Insurance Agency, Inc.**

Mid Continent Airport, P. O. Box 9170

Wichita, KS 67277

Telephone 800-622-2672 or 316-942-2223

Fax 316-942-0091

## PILOT HISTORY FORM

Assured #

NAME					DATE OF BIRTH		
ADDRESS				CITY	STATE/ZIP		
EMPLOYER DATE EM				IPLOYED	POSITION		
AIRMEN'S CERTIFICATE#			NAMED I	NSURED			
HOME PHONE		FAX NO.					
FLYING EXPERIENCE SUMM	ARY (LOC	GGED HOUR	S)	CURRENT CERT	IFICATES AND RAT	TINGS	
	TOTAL	LAST 12	LAST 90				
		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 Mecha		
Jet				☐ Multiengine Land	☐ Aircraft Insp	ector	
Rotorcraft				☐ Centerline-Thrust	Other:		
Instrument				☐ Single Engine Sea	☐ Type Rating	s:	
Actual				☐ Multiengine Sea	☐ Multi-Engin		
Simulated (Hood)				☐ Instrument			
Instructor	1				NNIAL FLIGHT REVIEW		
Sea				Ensi Bienn	Model		
LOGGED HOURS IN MODEI	(S) TO RI	INSURED		Date	Used		
Aircraft Model	<del>``</del>	LAST 12	LAST 90	Date			
Allerant Woder	IOTAL	MONTHS	DAYS	MEDIC	AL CERTIFICATE		
Cessna C-182/Skylane	+	WONTIS	DATS	Class:	□ 2nd	□ 3rd	
Ocssila o Toziokylane				Date of Last Physical	21IQ		
				Date of East I hysical			
	1		1	+			
	+			+			
1. As pilot, any aircraft accidents	.2			1	1 No	Yes*	
					<del></del>	Yes*	
2. Ever cited for violating civil or military flight regulations?  3. Ever convicted or plad guilty to a follow?					2 No		
3. Ever convicted or pled guilty to a felony?					3No	Yes*	
4. Ever arrested for driving under the influence 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.							
22 0 0			3 <u>1 </u>	· c 1-1	6 1		
	RECURRE			specific models: (Attach copy o			
School-Location	School-Location Year Attended		Aircraft Model	Hours flown			
*					Simulator	Flight	
						<u> </u>	
		<u> </u>					
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.							
Signature:					Date:		
	·				·		