

# 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

Assured # \_\_\_\_\_

## PILOT HISTORY FORM

NAME _____	DATE OF BIRTH _____
ADDRESS _____	CITY _____
STATE/ZIP _____	EMPLOYER _____
DATE EMPLOYED _____	POSITION _____
AIRMEN'S CERTIFICATE # _____	NAMED INSURED _____
HOME PHONE _____	WORK PHONE _____
FAX NO. _____	

### FLYING EXPERIENCE SUMMARY (LOGGED HOURS) CURRENT CERTIFICATES AND RATINGS

	TOTAL	LAST 12 MONTHS	LAST 90 DAYS		
ALL AIRCRAFT				<input type="checkbox"/> Student	<input type="checkbox"/> Instructor
Tailwheel				<input type="checkbox"/> Private	<input type="checkbox"/> Rotorcraft
Retractable Gear				<input type="checkbox"/> Commercial	<input type="checkbox"/> Glider
Multiengine				<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Lighter Than Air
Turboprop				<input type="checkbox"/> Single-Engine Land	<input type="checkbox"/> A & P Mechanic
Jet				<input type="checkbox"/> Multiengine Land	<input type="checkbox"/> Aircraft Inspector
Rotorcraft				<input type="checkbox"/> Centerline-Thrust	<input type="checkbox"/> Other:
Instrument				<input type="checkbox"/> Single Engine Sea	<input type="checkbox"/> Type Ratings:
Actual				<input type="checkbox"/> Multiengine Sea	<input type="checkbox"/> Multi-Engine Instructor
Simulated (Hood)				<input type="checkbox"/> Instrument	
Instructor				<b>LAST BIENNIAL FLIGHT REVIEW</b>	
Sea		Date _____	Model _____	Used _____	

LOGGED HOURS IN MODEL(S) TO BE INSURED					
Aircraft Model	TOTAL	LAST 12 MONTHS	LAST 90 DAYS		
Cessna C-182/Skylane				<b>MEDICAL CERTIFICATE</b> Class: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Date of Last Physical _____ _____ _____	
Mooney M20J or other model _____					
Piper Comanche					
Bonanza, Models _____					

- As pilot, any aircraft accidents? 1. \_\_\_ No \_\_\_ Yes\*
  - Ever cited for violating civil or military flight regulations? 2. \_\_\_ No \_\_\_ Yes\*
  - Ever convicted or pled guilty to a felony? 3. \_\_\_ No \_\_\_ Yes\*
  - Ever arrested for driving under the influence of drugs/alcohol? 4. \_\_\_ No \_\_\_ Yes\*
  - Any waivers or limitations on your Medical Certificate? (Attach copy of any Certificate or Demonstrated Ability). 5. \_\_\_ No \_\_\_ Yes\*
  - Any Insurance Company ever cancel, decline to issue or decline to renew any insurance policy held by you? 6. \_\_\_ No \_\_\_ Yes\*
- \* Explain each "Yes" answer. Include dates and details. If more space is needed, use back of form.

PROFICIENCY/RECURRENT TRAINING attended for specific models: (Attach copy of completion certificate)			
School-Location	Year Attended	Aircraft Model	Hours flown
			Simulator Flight
*			

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: \_\_\_\_\_