



**Pilot Information - Attach Pilot History Form PHF 02 For Each Pilot**

Names	AGE	Pilot Certificates and Ratings							Total Logged hours as PIC		
		MEL	COM	INST	ATP	R/W	Other	Type Ratings	T/P	Jet	R/W
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Does Applicant/Owner participate in formal flight training program for each insured aircraft?  No  Yes

Name of school(s) \_\_\_\_\_

Does school have visual flight simulator for each make and model?  No  Yes

**Pilot Training Information**

Has each pilot completed manufacturer's ground and flight school for the make and model of aircraft flown?

		Most Recent A/C Training	Date of Training	Please provide a copy of latest manufacturer's school completion certificate for each pilot.
Pilot #1.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /	
Pilot #2.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /	
Pilot #3.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /	
Pilot #4.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /	
Pilot #5.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /	
Pilot #6.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /	
Pilot #7.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /	
Pilot #8.	<input type="checkbox"/> No <input type="checkbox"/> Yes		/ /	

Will anyone other than the pilots named above operate the Applicant's aircraft?  No  Yes

Explain "Yes" \_\_\_\_\_

Does Applicant/Operator employ their own maintenance people?  No  Yes

Have the maintenance personnel completed manufacturer's maintenance course?  No  Yes

**Loss History** Has Applicant or Operator had any accidents in the last 5 years?  No  Yes – Explain below

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Use this space for answering questions. Attach sheet if necessary.

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Date Insurance is to begin \_\_\_\_\_ Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_