

## **GENERAL PILOT INFORMATION**

Named Insured/Aircraft Owner/Policyholder:						
Make & Model of Aircraft to be Flown: 1.2.3.4.						
Your Name:Address:Date of Birth:Education: High School 1234College 1234Graduate School 1234						
Occupation: Employer: How long: Is piloting aircraft your primary profession: Yes/No If No, Describe: Are you a full time employee for this operation or contract pilot: Full Time Employee/Contract If Contract Pilot, who else do you fly for: What percent of your piloting time is spent flying for this operation:						
List Employers & Positions Held Over the Past 5 Years if your position is a professional pilot:						
Airman Certificate - Number:Limitations:Medical - Class:Limitations:Expiration Date:						
CURRENT CERTIFICATES & RATINGS         Student: Since (date)       Instrument: Class       Multi Engine – Sea         Private       Night       Type Aircraft rated in:         Commercial       Single Engine – Land       Rotorcraft         Sr. Commercial       Single Engine – Sea       Glider         Airline (ATP)       Center Line Thrust       A & P Mechanic         Instructor: Class       Multi Engine – Land       Other         Date of last logged satisfactorily accomplished Biennial Flight Review:       Make & Model:         Date of last logged satisfactorily accomplished Pilot Proficiency Exam:       Make & Model:						
FLIGHT & GROUND SCHOOL TRAINING COURSES (Specific to Make & Model Aircraft which you are applying to fly)         are applying to fly)       Type of Aircraft         Name of Facility       Frequency       Last successful completion date         1.       Initial Type Training       Recurrent Training       Full-axis Motion Flight Simulator Training       In Aircraft Training       Ground School Only						
2. 🗌 Initial Type Training 🗌 Recurrent Training 🗌 Full-axis Motion Flight Simulator Training 🗌 In Aircraft Training 🗌 Ground School Only						
3. 🗌 Initial Type Training 🔲 Recurrent Training 🗌 Full-axis Motion Flight Simulator Training 🗌 In Aircraft Training 🗌 Ground School Only						
4. 🗌 Initial Type Training 🔲 Recurrent Training 🗌 Full-axis Motion Flight Simulator Training 🗌 In Aircraft Training 🗌 Ground School Only						



3353 Peacthree Road, NE, Suite 1000 Atlanta, GA 30326 Return to: AviationSubmissions@cvstarrco.com

## NAME: \_\_\_\_\_ LOGGED PILOT HOURS

Total Pilot In-Command Hours for All Aircraft:

## **ITEMIZATION OF HOURS**

CLASS MAKE/MODEL TO BE FLOWN	Total	PIC	SIC	Last 90 days	Last 12 months
1 2 3 4.					
SINGLE ENGINE FIXED					
SINGLE ENGINE RETRACTABLE					
MULTIENGINE		<u> </u>			
TURBINE					
PISTON ROTORWING		<u> </u>			
TURBINE ROTORWING		<u> </u>			
TOTAL HOURS ALL AIRCRAFT	_				

List the makes/models of all aircraft flown in the last twelve months other than as listed in 1-4 above and the hours of flight in each for the last twelve months: \_\_\_\_\_

## **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? 🗌 YES 🗌 NO
- 3. Has your pilot certificate ever been suspended or revoked? YES NO
- 4. Have you ever been convicted of a felony or are you under indictment for a felony? 
  YES NO
- 5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? 
  YES NO
- 6. Has your drivers' license ever been suspended or revoked? 
  YES NO
- 7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? 
  YES NO

8. Have you ever had or been treated for a chemical dependency? 
YES NO

9. Are you regularly using any medication? 
YES NO

Explain fully each "YES" answer: Continue on additional pages as needed.

ALL OF THE INFORMATION HEREIN IS TRUE & 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.

**Pilot Signature** 

Today's Date (d/m/y)