



A Member Company of C.V. Starr & Co., Inc.

3353 Peachtree 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	Total	PIC	SIC	Last 90 days	Last 12 months
MAKE/MODEL TO BE FLOWN					
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
SINGLE ENGINE FIXED	_____	_____	_____	_____	_____
SINGLE ENGINE RETRACTABLE	_____	_____	_____	_____	_____
MULTIENGINE	_____	_____	_____	_____	_____
TURBINE	_____	_____	_____	_____	_____
PISTON ROTORWING	_____	_____	_____	_____	_____
TURBINE ROTORWING	_____	_____	_____	_____	_____
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
2. Have you ever been cited or fined for violation of an aviation regulation? 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)