

**PHOENIX AVIATION MANAGERS, INC.  
POST OFFICE BOX 440757  
KENNESAW, GA 30144**

**PILOT HISTORY FORM**

NAME OF AIRCRAFT OWNER OR NAME OF INSURED	PILOT'S FULL NAME	DATE OF BIRTH
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PILOT'S ADDRESS	STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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**EMPLOYMENT HISTORY**

EMPLOYER	DATES EMPLOYED	OCCUPATION. If employed as a pilot, list all duties in addition to those normal for a pilot and indicate percentages of your total time on non-pilot related duties.
Current Employer 1		
2		
3		
4		

DRIVER'S LICENSE NUMBER	STATE/PROVINCE	AIRMAN'S CERTIFICATE NUMBER
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CERTIFICATES, ENDORSEMENTS AND RATINGS	CIVILIAN - TOTAL HOURS LOGGED AS PILOT-IN-COMMAND						
<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Sr. Commercial <input type="checkbox"/> Airline (ATP, ATR) <input type="checkbox"/> Instructor/Class  <input type="checkbox"/> Instrument Rating/Class  <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Single Engine Land <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Seaplane <input type="checkbox"/> Multi Engine Land <input type="checkbox"/> Multi Engine Sea <input type="checkbox"/> Center Line Thrust <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Mechanic Aircraft <input type="checkbox"/> Mechanic Powerplant	Aircraft	Piston			Turbo Prop	Jet
		Land	Sea	Amph			
		Single Engine Fixed Wing					
		Multi Engine Fixed Wing					
		Rotary Wing					
	MILITARY - TOTAL HOURS LOGGED AS PILOT-IN-COMMAND						
			Aircraft	Piston	Turbo Prop		Jet
		Fixed Wing					
		Rotary Wing					

MEDICAL CLASS AND DATE OF EXPIRATION	DATE OF LAST BIENNIAL OR ANNUAL FLIGHT REVIEW
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**BREAKDOWN OF EXPERIENCE BY MAKE AND MODEL**  
(Please specify makes and models of similar type/category first)

LIST MAKE AND MODEL One per line-must include make and model aircraft being insured	TOTAL LOGGED HOURS AS PILOT-IN-COMMAND				TIME AS SECOND-IN-COMMAND	
	Total hours	Last 90 days	Last 12 months	IFR last 12 months	Total hours	Last 12 months

SPECIFY MAKE AND MODEL(S) ON WHICH APPROVAL IS SOUGHT AS PILOT-IN-COMMAND	SECOND-IN-COMMAND
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WHERE AND WHEN DID YOU LEARN TO FLY? (Give year, place and school or course completed)

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List Manufacturer's Approved Initial Ground & Flight Schools and Dates Attended (specify by Model)			If you are not currently enrolled in a recurrent flight training program, please complete this section only with respect to your most recent Flight Proficiency Check Flight in the insured aircraft make and model.
School	Model	Dates	
			Was it <input type="checkbox"/> VFR <input type="checkbox"/> IFR Date _____
			NAME OF FACILITY PROVIDING PROFICIENCY CHECK FLIGHT

Are you or your Company enrolled in any recurrent flight training program?

Yes

No

If yes, specify make and model aircraft, the facility affording the training, their location, dates attended and number of recurrent training programs completed annually by you:

ANSWER ALL QUESTIONS

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Have you ever had an aircraft claim, incident or accident?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Have you ever been cited or fined for violation of an aviation regulation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Has your pilot certificate ever been suspended or revoked?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Have you ever been convicted of driving a motor vehicle while under the influence of alcohol or narcotics or for reckless driving?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Have you ever been convicted of a felony or are you under indictment for a felony?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Has your driver's license ever been suspended or revoked?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Have you ever had or been treated for a chemical dependency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Are you regularly using any medication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Do you have any physical impairments or do you have any waivers, limitation or conditions attached to your Medical Certificate?

Please explain in detail all "Yes" answers.

As a normal part of the Company's underwriting procedure a routine inquiry may be made which will include information concerning general reiteration, personal characteristics and mode of living.

In the United States Public Law 90-308 (Federal Fair Credit Reporting Act) requires that if such a report is made upon your written request within a reasonable time after you receive this notice, additional information as to the nature and scope of the inquiry will be provided.

You have my consent to contact pilot training facilities which I have attended for information relating to my training and I hereby expressly authorize any such pilot training facilities to release information about me. I certify that the statements in this form are true to the best of my knowledge and belief.

PILOT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

A Member of Old Republic Insurance Company  
Tel: 770/590 4950 Fax: 770/590 0599