



Print Form

# AGRICULTURAL PILOT QUALIFICATIONS FORM

40 Stark Street | Manchester, NH | 03101 | O: 860-249-8066 | Web: www.king-insurance.com/aviation

**Please complete all items on this form.**

**Policyholder Name:** \_\_\_\_\_ **Make and Model to be Flown:** \_\_\_\_\_

## General Information

Pilot Name: _____	Airman's Certificate Number: _____
Street Address: _____	Limitations: _____
City: _____ State: _____ Zip Code: _____	Medical Class: _____
Date of Birth: _____ Home Phone: _____	Medical Expiration Date: _____
Work Phone: _____ Cell Phone: _____	Med. Limitations: _____
Occupation: _____	AOPA Membership #: _____
Employed by: _____	EAA Membership #: _____
Email: _____	

## Certificates and Ratings

<input type="checkbox"/> Private (Fixed Wing)	<input type="checkbox"/> Private (Rotor Wing)	<input type="checkbox"/> ASEL	<input type="checkbox"/> ASES
<input type="checkbox"/> Commercial (Fixed Wing)	<input type="checkbox"/> Commercial (Rotor Wing)	<input type="checkbox"/> AMEL	<input type="checkbox"/> AMES
<input type="checkbox"/> ATP (Fixed Wing)	<input type="checkbox"/> ATP (Rotor Wing)	<input type="checkbox"/> IFR (Fixed Wing)	<input type="checkbox"/> IFR (Rotor)
<input type="checkbox"/> CFI (Fixed Wing)	<input type="checkbox"/> CFII (Fixed Wing)	<input type="checkbox"/> MEI	<input type="checkbox"/> CFI (Sport)
<input type="checkbox"/> CFI (Rotor Wing)	<input type="checkbox"/> CFII (Rotor Wing)	<input type="checkbox"/> A&P Mechanic	<input type="checkbox"/> Inspector Authorization
<input type="checkbox"/> FAA Designated Examiner	<input type="checkbox"/> Other (see last page)		

## Pilot Experience

Total Time All Aircraft:	Aerial Application Time Fixed-Wing Piston:	Total Time Tailwheel:
Total Time Fixed Wing:	Aerial Application Time Fixed-Wing Turbine:	Total Time Multi Engine:
Total Time Turbine Fixed Wing:	Aerial Application Time Rotor-Wing Piston:	Total Time Last 12 Months:
Total Time Rotor Wing:	Aerial Application Time Rotor-Wing Turbine:	
Total Time Turbine Rotor Wing:	PAASS Completion Date:	

Date of last logged Biennial Flight Review: _____	Make & Model: _____
Number of Years you have been in Aerial Application: _____	List all states in which you are presently licensed to conduct aerial application
List all State, Regional and National Aerial application associations you are a member: _____	

## Insured Aircraft

Insured Make and Model #1	Total Time in Insured Make and Model:	Total Time in Insured Make and Model in past year:
Insured Make and Model #2	Total Time in Insured Make and Model:	Total Time in Insured Make and Model in past year:
Insured Make and Model #3	Total Time in Insured Make and Model:	Total Time in Insured Make and Model in past year:
Insured Make and Model #4	Total Time in Insured Make and Model:	Total Time in Insured Make and Model in past year:

## Flight and Ground School Courses

1. Name and Location of School: \_\_\_\_\_

Type of Aircraft: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  Completion Certificate Attached

Initial Type Training  Recurrency Training  Full Axis Flight Sim.  Ground School Only  Aerial Applicator School

2. Name and Location of School: \_\_\_\_\_

Type of Aircraft: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  Completion Certificate Attached

Initial Type Training  Recurrency Training  Full Axis Flight Sim.  Ground School Only  Aerial Applicator School

3. Name and Location of School: \_\_\_\_\_

Type of Aircraft: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  Completion Certificate Attached

Initial Type Training  Recurrency Training  Full Axis Flight Sim.  Ground School Only  Aerial Applicator School

### ANSWER ALL QUESTIONS (Please explain all yes answers)

1. Have you ever had an aircraft claim, incident, or accident?	<input type="radio"/> Yes <input type="radio"/> No
2. Have you ever been cited or fined for violation of an aviation regulation?	<input type="radio"/> Yes <input type="radio"/> No
3. Has your pilot certificate ever been suspended or revoked?	<input type="radio"/> Yes <input type="radio"/> No
4. Have you ever been convicted of a felony or are you under indictment for a felony?	<input type="radio"/> Yes <input type="radio"/> No
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?	<input type="radio"/> Yes <input type="radio"/> No
6. Has your drivers' license ever been suspended or revoked?	<input type="radio"/> Yes <input type="radio"/> No
7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?	<input type="radio"/> Yes <input type="radio"/> No
8. Have you ever had or been treated for a chemical dependency?	<input type="radio"/> Yes <input type="radio"/> No
9. Are you regularly using any medication?	<input type="radio"/> Yes <input type="radio"/> No
10. Have you had any automobile accidents in the last 5 years?	<input type="radio"/> Yes <input type="radio"/> No

**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.**

**NOTES:** Please use this section for any added comments or explanations of the questions above. Please note section and question number.

**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.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Print Form**