



PILOT QUALIFICATIONS FORM

40 Stark Street | Manchester, NH | 03101 | O: 860-249-8066 | 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: _____			
Work Phone: _____		Cell Phone: _____			
Occupation: _____					
Employed by: _____					
Email: _____					
			AOPA Membership #: _____		
			EAA Membership #: _____		

Certificates and Ratings

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

Pilot Experience

Total Time All Aircraft:	Total Turbine (SIC+PIC):	Total Time Amphibian:
Total Time Fixed Wing:	Total Time Turbine PIC:	Total Time Straight Floats:
Total Time Multi Engine:	Total Time Turbo Jet (SIC+PIC):	Total Time Retract. Gear (SE):
Total Time Retract. Gear (ME):	Total Time Turbo-Jet (PIC):	Total Time Tailwheel:
Total Time Rotor Wing:	Total Instrument Time (Actual):	Total Time Last 12 Months:
Total Time Turbine Rotor Wing:	Total Instrument Time (Sim):	Total Time Last 90 days:

Date of last logged Biennial Flight Review: _____	Make & Model: _____
Date of last logged Instrument Proficiency Check: _____	Make & Model: _____
List all Type Ratings: _____	

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

<input type="checkbox"/> Initial Type Training	<input type="checkbox"/> Recurrency Training	<input type="checkbox"/> Full Axis Flight Sim.	<input type="checkbox"/> Ground School Only	<input type="checkbox"/> Aerial Applicator School
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2. Name and Location of School: _____

Type of Aircraft: _____ Date of Completion: _____ Completion Certificate Attached

<input type="checkbox"/> Initial Type Training	<input type="checkbox"/> Recurrency Training	<input type="checkbox"/> Full Axis Flight Sim.	<input type="checkbox"/> Ground School Only	<input type="checkbox"/> Aerial Applicator School
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3. Name and Location of School: _____

Type of Aircraft: _____ Date of Completion: _____ Completion Certificate Attached

<input type="checkbox"/> Initial Type Training	<input type="checkbox"/> Recurrency Training	<input type="checkbox"/> Full Axis Flight Sim.	<input type="checkbox"/> Ground School Only	<input type="checkbox"/> Aerial Applicator School
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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: _____