Aero Insurance, LLC
2001 W. Beltline Hwy, Suite 201
Madison, WI 53711
Phone 800-210-8242
FAX: 608-723-6440   **PILOT HISTORY DATA**

Full Name of Pilot: _____ Date of Birth: _____

Address: _____

_____ Male _____ Female   Marital Status: Single   Married   Divorced   Widowed   Number of Dependents _____

Employer's Name: _____ Pilot's Occupation: _____

Employer's Address: _____

Check All Certifcates and Ratings that Apply Below:

Student	Year:	Single Engine Land	Year:	Instructor (CFI)	Year:
Private	Year:	Single Engine Sea	Year:	Helicopter	Year:
Commercial	Year:	Multi Engine Land	Year:	Instrument	Year:
Airline Transport	Year:	Multi Engine Sea	Year:	Other:	Year:

Airman's Certificate Number: _____ Aircraft on which approval is sought: _____

Date of last Medical & Class: _____ Medical Waivers: ____ Yes ____ No   Explain_____

Type Ratings: (Specity Aircraft: _____ Date of last Biennial Flight Review: _____

Manufacturer's Ground & Flight Schools Attended, and dates: _____

Have you attended any pilot refresher/recurrency courses? ____ Yes ____ No   Do you plan to attend any? ____ Yes ____ No

Explain: _____

Flying experience in logged hours do NOT group different aircraft of the same category for the make & model on which approval is being sought. If hours cannot be substaniated by log books, explain on the reverse side how hours have been verified.

Category	Aircraft Make & Model	Military		Airline		Civilian		Total Time	Total in Last 12 Months	Total In Last 90 Days
		Pilot	Co-Pilot	Pilot	Co-Pilot	Pilot	Co-Pilot			
Single Engine Fixed Gear										
Single Engine Retractable Gear										
Multi Engine										
Turbo Jet										
Turbo Prop										
Rotor Wing or Others										
TOTAL										

Have you had any aircraft accidents while acting as pilot/co-pilot? ___ Yes ___ No   Driver's License Number/State: _____

Were you ever citied for violation of Federal Air Regulations? ___ Yes ___ No   Were you ever convicted of drunk driving? ___ Yes ___ No

Of a felony? ___ Yes ___ No Has an Insurer ever declined your application for Aircraft Hull or Liability Insurance? ___ Yes ___ No

          IF THE ANSWER IS "YES" TO ANY OF THESE QUESTIONS, GIVE COMPLETED DETAILS, INCLUDING DATES, ON REVERSE SIDE

<u>FRAUD WARNING</u>: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime.

I warrant that the answers given are true and complete to the best of my knowledge and belief, and that no material information has been withheld.

Date: _____   Pilot's Signature: _____