



PILOT HISTORY FORM

Named Insured:		Address:		
Pilot's Name:				
Date of Birth:	AOPA #:	Phone Number:		
Occupation:		Email:		
Certificates and Ratings				
Student	Commercial	Single Engine Sea	Glider	
Sport	ATP	Multi-Engine Sea	CFI	
Recreational	Single Engine Land	Instrument	CFII	
Private	Multi-Engine Land	Helicopter	MEI	
Medical and Currency Updates				
Last Medical Date:		Last Flight Review Date:		
Last Medical Class:		Last Manufactures School:		
Instrument Proficiency Check Date:		Last Date Attended:		
Flight Experience				
Total		Rotor Wing		
PIC		Turbine Rotor		
Multi - Engine		Glider		
Instrument		Total Agricultural		
Turbo - Jet		Seaplane		
Turbo - Prop		Dual Given		
Retractable Gear		Total Last 90 Days		
Tail Wheel		Total Last 12 Month		
Aircraft Make and Model Experience				
Make & Model of Insured Aircraft	Make & Model Current Total Time	Make & Model Time Last 12 Mos.	Name of Make & Model Manufactures Approved School	Approved School Date Attended
Please Explain Any Yes Answers In The Remarks Section			Yes	No
Have you been involved in any aircraft accidents or incidents in the past five years?				
Have you been found guilty of any FAR violations?				
Have you been convicted of operating a motor vehicle under the influence of alcohol or drugs?				
Are you flying under a medical waiver other than corrective lenses?				
Has any aviation insurance company cancelled, declined or refused to renew on your behalf?				
Remarks:				

I REPRESENT THAT THE ANSWERS GIVEN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT NO MATERIAL INFORMATION HAS BEEN WITHHELD.

Signed: _____ **Date:** _____

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