



Named Insured _____ Make & Model Aircraft to be Flown _____

Your Name _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Date of Birth _____ Education (Advise Diplomas and Degrees if any) _____

Occupation _____ Show percent of work time spent on non-flying duties _____ %

Employed by _____ Since _____ Full Time Part Time

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Business Phone () _____ Home Phone () _____

List previous employers and position for last 5 years _____

Are you a certificated pilot? Yes No *Based on answer to this question, please complete applicable section below.*

Certificated Pilot	Airman Certificate Number: _____
	Limitations: _____
CURRENT CERTIFICATES AND RATINGS	
<input type="checkbox"/> Student: Since _____ DATE	<input type="checkbox"/> Instrument
<input type="checkbox"/> Private	<input type="checkbox"/> Single Engine - Land
<input type="checkbox"/> Commercial	<input type="checkbox"/> Single Engine - Sea
<input type="checkbox"/> Airline (ATP)	<input type="checkbox"/> Center Line Thrust
<input type="checkbox"/> Rotorcraft	<input type="checkbox"/> Multi-Engine - Land
	<input type="checkbox"/> Multi-Engine - Sea
	<input type="checkbox"/> Instructor _____ CLASS
	<input type="checkbox"/> Type rated in _____ TYPE OF AIRCRAFT
	<input type="checkbox"/> Glider
	<input type="checkbox"/> Light Sport Aircraft
	<input type="checkbox"/> A&P Mechanic
	<input type="checkbox"/> Other _____
Non-Certificated Pilot	Have you successfully completed an FAA (or equivalent) Private Pilot ground instruction course? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered "Yes" to the question above, have you passed the FAA (or equivalent) Private Pilot written examination? <input type="checkbox"/> Yes (Date Passed _____) <input type="checkbox"/> No

MEDICAL CERTIFICATE INFORMATION:

Do you hold a current and valid Medical Certificate?

Yes No

Class: _____ Expiration Date: _____

Limitations: _____

Date manufacturer's training for specific UAS to be insured was completed: _____

Date qualified by aircraft owner/employer on the specific UAS to be insured: _____

Date of last manufacturer/employer Proficiency Check for specific UAS to be insured (if applicable): _____

ADDITIONAL TRAINING APPLICABLE TO UNMANNED AIRCRAFT

Name & Location of School/Training Provider	UAS Model	Date	Completed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> INITIAL MANUFACTURER'S TRAINING	<input type="checkbox"/> RECCURENCY TRAINING	<input type="checkbox"/> CREW RESOURCE MANAGEMENT (CRM)	<input type="checkbox"/> SIMULATOR PROFICIENCY/RECURRENT

UNMANNED AIRCRAFT PILOT/OPERATOR EXPERIENCE AND CURRENCY

ITEMIZED PILOT-IN-COMMAND / PRIMARY OPERATOR EXPERIENCE WITH UNMANNED AIRCRAFT						
UAS GROUP	MAKE(S) & MODEL(S)	NUMBER OF MISSIONS FLOWN / LAUNCHES / RECOVERIES				
		TOTAL	LAST 90 DAYS	LAST 30 DAYS	LAST 12 MONTHS	
INSURED MAKE AND MODEL		/ /	/ /	/ /	/ /	
GROUP 1 (MGTOW 0-20 lbs.)		/ /	/ /	/ /	/ /	
GROUP 2 (MGTOW 21-55 lbs.)		/ /	/ /	/ /	/ /	
GROUP 3 (MGTOW < 1,320 lbs.)		/ /	/ /	/ /	/ /	
GROUP 4 (MGTOW > 1,320 lbs.) (OPERATING ALT. < FL180)		/ /	/ /	/ /	/ /	
GROUP 5 (MGTOW > 1,320 lbs.) (OPERATING ALT. > FL180)		/ /	/ /	/ /	/ /	

MANNED AIRCRAFT PILOT EXPERIENCE AND CURRENCY (APPLICABLE FOR CERTIFICATED PILOTS)

Total Logged Pilot-In-Command hours for all manned aircraft _____

Total Logged hours in all manned aircraft _____

ITEMIZED PILOT-IN-COMMAND HOURS OF MANNED AIRCRAFT						CO-PILOT HOURS
CLASS	MAKE(S) & MODEL(S)	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	
FIXED WING SINGLE ENGINE PISTON						
MULTI-ENGINE PISTON						
TURBO-PROP						
JET						
HELICOPTER						
GLIDER / BALLON						

Date of last logged satisfactorily accomplished Biennial Flight Review (if applicable): _____ Make and Model _____

Date of last logged satisfactorily accomplished Pilot Proficiency Exam (if applicable): _____ Make and Model _____

Date of last logged satisfactorily accomplished Instrument Proficiency Check (if applicable): _____ Make and Model _____

FLIGHT & GROUND SCHOOL TRAINING COURSES APPLICABLE TO MANNED AIRCRAFT

Name & Location of School	Type of Aircraft	Date	Graduated
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
LEVEL OF SIMULATOR TRAINING COMPLETED _____			
<input type="checkbox"/> INITIAL TYPE TRAINING <input type="checkbox"/> RECURRENCE TRAINING <input type="checkbox"/> FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING <input type="checkbox"/> GROUND SCHOOL ONLY <input type="checkbox"/> AERIAL APPLICATOR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No
LEVEL OF SIMULATOR TRAINING COMPLETED _____			

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