

OLD REPUBLIC INSURANCE COMPANY



PILOT HISTORY FORM

Applicant Name: _____ Policy No. (if known): _____

Pilot Information

Name: _____ Date of Birth: _____
 Street: _____
 City _____ State _____ Zip Code _____

Employment History

Employer (begin with current employer)	Dates Employed	Occupation - If employed as a pilot, list all duties in addition to those normal for a pilot and indicate % of your time spent on non-pilot related duties.
	to	
	to	

Airman's Certificate No: _____ Limitations: _____
 Medical Class: _____ Medical Issuance Date: _____ Limitations: _____

Certificates, Endorsements, and Ratings

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Instructor | <input type="checkbox"/> Single Engine Land | <input type="checkbox"/> Center Line Thrust | <input type="checkbox"/> Airframe Technician |
| <input type="checkbox"/> Private | <input type="checkbox"/> Instrument Rating | <input type="checkbox"/> Single Engine Sea | <input type="checkbox"/> Glider | <input type="checkbox"/> Powerplant |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Helicopter | <input type="checkbox"/> Multi-Engine Land | <input type="checkbox"/> Inspection Authorization | |
| <input type="checkbox"/> Airline Transport Pilot | <input type="checkbox"/> Sea Plane | <input type="checkbox"/> Multi-Engine Sea | <input type="checkbox"/> Other (explain): _____ | |

Type Ratings/Endorsements (specify): _____

Total Hours Logged - Civilian and Military

Aircraft	Total Hours	Piston			Turboprop	Jet
		Land	Sea	Amphib		
Single Engine - Fixed Wing						
Multi Engine - Fixed Wing						
Rotor Wing						

Breakdown of Experience by Make and Model (please specify makes and models whether land, sea or amphib)

Make and Model (one per line - must include Make and Model aircraft being insured)	Total Logged Hours			Time as Second-in-Command		
	Total Hours	Last 90 Days	Last 12 Mon	Total Hours	Last 90 Days	Last 12 Mon

Number of water landings last 12 months: _____ Tailwheel Hours: _____ AG Hours: _____ Turbine AG Hours: _____

Specify make and model(s) on which approval is sought:
 Pilot-in-Command: _____
 Second-in-Command: _____

Date of last biennial or annual flight review: _____

Where did you learn to fly?
 (year, place and school of course completed)

List Manufacturer's Approved, Initial Ground & Flight Schools and Dates Attended (specify by model)

School (name and location)	Make and Model	Dates

Pilot Name: _____

Answer all questions:

Have you ever had an aircraft claim, incident or accident?

Yes No

Have you ever been investigated, cited or fined for violation of an aviation regulation?

Yes No

Has your pilot certificate ever been suspended or revoked?

Yes No

Have you ever been convicted of a felony or are you under indictment for a felony?

Yes No

Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?

Yes No

Has your driver's license ever been suspended or revoked?

Yes No

Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?

Yes No

Explain each 'Yes' answer fully:

FRAUD WARNINGS

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 thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company, Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

APPLICABLE IN FLORIDA and OKLAHOMA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

As a normal part of the Company's underwriting procedure a routine inquiry may be made which will include information concerning general information, personal characteristics and mode of living.

In the United States Public Law 91-308 (Federal Fair Credit Reporting Act) requires that if such a report is made upon your written request within a reasonable time after you receive this notice, additional information as the nature and scope of the inquiry will be provided.

You have my consent to contact pilot training facilities which I have attended for information relating to my training and I hereby expressly authorize any such pilot training facilities to release information about me.

I certify that the statements in this form are true to the best of my knowledge and belief, and I have not knowingly or intentionally concealed any pertinent information.

Pilot Signature: _____

Date: _____