

Nason Associates
13851 W. 63rd St., #396
Shawnee, KS 66216
913-677-1550

Agent/Broker: _____
Address: _____
City/State/Zip: _____

PILOT HISTORY DATA

1. Policyholder Name _____

2. Pilot's Full Name _____ Age _____
Address _____
Pilot's Occupation _____ How long _____ Employer's Name _____

3. Airman's Certificate Number _____ Driver's License Number/State _____
Date of last Medical & Class _____ Medical Waivers ___ Yes ___ No If yes, please explain _____
Date of last Biennial Flight Review _____ Date of last Instrument Proficiency Check _____

4. Check All Certificates and Ratings that Apply Below
____ Student _____ Commercial _____ Instrument _____ Helicopter
____ LSA _____ ATP _____ Single Engine Land _____ Other(s) _____
____ Private _____ CFI _____ Multi Engine Land _____
Aircraft type / rating _____

5. Manufacturer's Ground & Flight Schools Attended, and dates _____
Have you attended any pilot refresher/recurrency courses? ___ Yes ___ No
If yes, please provide dates and description _____
Is recurrent training scheduled? ___ Yes ___ No Please Explain _____

6. Aircraft Model on which approval is sought _____
Total Logged Pilot In Command Hours in this aircraft _____ in past 12 months _____ in past 90 days _____
If 0 hours in aircraft seeking approval, please list similar make/model aircraft including hours flown _____

	Hours*		Hours*
Single Engine Fixed Gear	_____	Turboprop	_____
Single Engine Retractable Gear	_____	Turbojet	_____
Single Engine Tailwheel	_____	Helicopter Turbine	_____
Multi Engine less than 12,500 lbs.	_____	Helicopter Piston	_____
Multi Engine more than 12,500 lbs.	_____	Total Flying Time	_____
Past 12 months logged in all aircraft	_____		

* If hours cannot be substantiated by log books, please explain how hours have been verified/reconstructed.

7. Have you had any aircraft accidents/incidents while acting as pilot/co-pilot? ___ Yes ___ No
Have you ever been cited for violation of Federal Air Regulations? ___ Yes ___ No
Have you ever been convicted of operating a vehicle while under the influence of drugs (including alcohol)? ___ Yes ___ No
Have you ever been convicted of a felony? ___ Yes ___ No
Has an Insurer ever cancelled your Aircraft Hull or Liability Insurance? ___ Yes ___ No

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

FRAUD WARNING: 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 such person to criminal and civil penalties.

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: _____