



Highland Aviation Insurance Agcy

Tel: 973-985-8403

Fax: 973-506-1527

### Pilot History Form

**General Information**

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Business Tel: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Aircraft Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Insured Value: \$ \_\_\_\_\_

Where will the aircraft be based? City \_\_\_\_\_ State \_\_\_\_\_ Airport Identifier: \_\_\_\_\_

Aircraft Storage: Hangar \_\_\_\_\_ Tiedown \_\_\_\_\_

Use: Pleasure and Business: \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Coverage Information**

Liability Limits Requested:

\_\_\_ \$1,000,000/\$100,000

\_\_\_ \$1,000,000/\$200,000

\_\_\_ \$1,000,000 smooth

Other (please specify) \_\_\_\_\_

REGARDING ALL PILOTS: Please list any aviation accidents, waivers, violations, losses, incidents, DUI or DWI's here:

\_\_\_\_\_  
\_\_\_\_\_

**Pilot Information**

**Pilot #1**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Medical: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate Rating: Student \_\_\_\_\_ Recreational \_\_\_\_\_ Sport: \_\_\_\_\_ Private: \_\_\_\_\_

Commercial: \_\_\_\_\_ ATP: \_\_\_\_\_ Instructor: \_\_\_\_\_

Ratings: Single Engine Land: \_\_\_\_\_ Multiengine Land: \_\_\_\_\_

Single Engine Sea: \_\_\_\_\_ Rotorcraft Helicopter: \_\_\_\_\_

Instrument: \_\_\_\_\_ Instrument Helicopter: \_\_\_\_\_

Logged Hours:

Total logged hours: \_\_\_\_\_

Pilot in command of all aircraft: \_\_\_\_\_

Hours in retractable gear aircraft: \_\_\_\_\_

Hours in multi-engine aircraft: \_\_\_\_\_

Hours in turboprop aircraft: \_\_\_\_\_

Hours in turbine aircraft: \_\_\_\_\_

Hours in helicopter/turbine: \_\_\_\_\_  
Hours in helicopter/piston: \_\_\_\_\_  
Hours flown in past 12 month in insured make and model: \_\_\_\_\_  
Hours flown in past 12 month in any make and model: \_\_\_\_\_  
Total hours in insured make and model: \_\_\_\_\_  
Date of last BFR: \_\_\_\_\_  
Describe any proficiency training within the last 12 months: \_\_\_\_\_

**Pilot #2**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Medical: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate Rating: Student \_\_\_\_\_ Recreational \_\_\_\_\_ Sport: \_\_\_\_\_ Private: \_\_\_\_\_

Commercial: \_\_\_\_\_ ATP: \_\_\_\_\_ Instructor: \_\_\_\_\_

Ratings: Single Engine Land: \_\_\_\_\_ Multiengine Land: \_\_\_\_\_

Single Engine Sea: \_\_\_\_\_ Rotorcraft Helicopter: \_\_\_\_\_

Instrument: \_\_\_\_\_ Instrument Helicopter: \_\_\_\_\_

Logged Hours:

Total logged hours: \_\_\_\_\_

Pilot in command of all aircraft: \_\_\_\_\_

Hours in retractable gear aircraft: \_\_\_\_\_

Hours in multi-engine aircraft: \_\_\_\_\_

Hours in turboprop aircraft: \_\_\_\_\_

Hours in turbine aircraft: \_\_\_\_\_

Hours in helicopter/turbine: \_\_\_\_\_

Hours in helicopter/piston: \_\_\_\_\_

Hours flown in past 12 month in insured make and model: \_\_\_\_\_

Hours flown in past 12 month in any make and model: \_\_\_\_\_

Total hours in insured make and model: \_\_\_\_\_

Date of last BFR: \_\_\_\_\_

Describe any proficiency training within the last 12 months: \_\_\_\_\_

\_\_\_\_\_

I affirm the truth of the above statements and further affirm that no material information has been withheld or suppressed.

Please accept the letter as our appointment of Highland Aviation Insurance Agency of Oak Ridge, NJ act as our insurance broker. This broker appointment shall remain in effect until cancelled or superseded by me in writing.

Pilots Signature \_\_\_\_\_ Date \_\_\_\_\_