

AVIATION INSURANCE MANAGERS, INC.

11650 Cleveland Avenue, N.W., Uniontown, Ohio 44685

(330) 494-1500 Fax (330) 494-8600

PILOT HISTORY FORM

I. PILOT INFORMATION

PILOT'S FULL NAME				DATE OF BIRTH	
PILOT'S ADDRESS		STREET	CITY	STATE	(ZIP)
CELL PHONE NUMBER:	HOME PHONE	WORK PHONE	EMAIL ADDRESS		
Driver's License Number		State	Airman's Certificate Number		
Name of Aircraft Owner or Name of Insured (REQUIRED):					
AIRBORN FLIGHT SERVICES, INC., ET AL				EXP. DATE: 08/28	

II. EMPLOYMENT HISTORY - PLEASE LIST YOUR MOST RECENT EMPLOYMENT BEGINNING WITH YOUR CURRENT

EMPLOYER. IF EMPLOYED AS A PILOT, PLEASE LIST ALL DUTIES IN ADDITION TO THOSE NORMAL FOR A PILOT.

EMPLOYER NAME	DATES	POSITION/DUTIES

III. CERTIFICATES & RATINGS - PLEASE CHECK ALL THAT APPLY

Student <input type="checkbox"/>	Instrument Rating <input type="checkbox"/>	Helicopter <input type="checkbox"/>
Private <input type="checkbox"/>	Single Engine Land <input type="checkbox"/>	ME Instructor (MEI) <input type="checkbox"/>
Commercial <input type="checkbox"/>	Single Engine Sea <input type="checkbox"/>	Glider <input type="checkbox"/>
Airline Transport (ATP) <input type="checkbox"/>	Seaplane <input type="checkbox"/>	Mechanic-Aircraft <input type="checkbox"/>
Instructor (CFI)-Fixed Wing <input type="checkbox"/>	Multi-Engine Land <input type="checkbox"/>	Mechanic-Powerplant <input type="checkbox"/>
Instructor (CFI)-Rotor Wing <input type="checkbox"/>	Multi-Engine Sea <input type="checkbox"/>	
Instrument Instructor (CFII) <input type="checkbox"/>	Center Line Thrust <input type="checkbox"/>	

TYPE RATINGS/ENDORSEMENTS (SPECIFY): _____

FAA MEDICAL CLASS: _____ DATE OF LAST MEDICAL: _____

IV. TOTAL LOGGED HOURS

PLEASE INDICATE YOUR TOTAL LOGGED HOURS IN EACH CATEGORY BELOW:

	PISTON AIRCRAFT			TURBINE AIRCRAFT		
	Land	Sea	Amph	Prop	Jet	
Single Engine, Fixed Wing, Fixed Tri-Gear						
Single Engine, Fixed Wing, Fixed Tail Wheel						
Single Engine, Fixed Wing, Retractable Gear						
Multi-Engine, Fixed Wing						
ROTOR WING AIRCRAFT	<u>PISTON</u>			<u>TURBINE</u>		

****TOTAL LOGGED HOURS ALL AIRCRAFT →→ _____ ****

MANDATORY FIELD

PLEASE INITIAL THIS PAGE HERE: _____ ; DATE THIS PAGE HERE: _____

V. BREAKDOWN OF EXPERIENCE BY MAKE & MODEL:

LIST MAKE AND MODEL AND SPECIFY LAND, SEA OR AMPHIBIOUS (ONE PER LINE)	PILOT-IN-COMMAND HOURS				SECOND-IN-COMMAND HOURS			
	TOTAL	LAST	VFR LAST	IFR LAST	TOTAL	LAST	VFR LAST	IFR LAST
	MAKE & MODEL	90 DAYS	12 MONTHS	12 MONTHS	MAKE & MODEL	90 DAYS	12 MONTHS	12 MONTHS
PA-28-161								
CESSNA 17								
TRINIDAD TB20								

SPECIFY MAKE & MODEL(S) IN WHICH APPROVAL IS SOUGHT AS:

Pilot-In-Command: SEE ABOVE

Second-In-Command:

VI. RECURRENT TRAINING/PILOT PROFICIENCY

Are you/your Company enrolled in an annual Training Program?

[] NO [] YES

List, by Model, Flight &/or Simulator schools attended. Include active participation in any Pilot Proficiency Program:

If not currently enrolled in a recurrent training Program, please complete this section, with respect to your most recent Flight Proficiency Check Ride in the insured make & model

Name of School	Date Attended	Model

WAS IT: [] VFR [] IFR DATE

DATE OF YOUR MOST RECENT BIENNIAL FLIGHT REVIEW:

VII. GENERAL INFORMATION - PLEASE EXPLAIN ALL "YES" ANSWERS, INCLUDING MONTH AND YEAR.

- | | PLEASE EXPLAIN EACH "YES" ANSWER |
|--|----------------------------------|
| 1. Do you have any physical condition(s), limitation(s) or impairment(s) that require a waiver or special condition to be attached or indicated on your Medical Certificate? | [] NO [] YES _____ |
| 2. Has your FAA or DOT or Military Pilot Certificate ever been suspended or revoked? | [] NO [] YES _____ |
| 3. Have you ever been cited for any violations of Federal or Canadian Air Regulations or have any limitations ever been placed on your Pilot Certificate? | [] NO [] YES _____ |
| 4. Has your Driver's License ever been suspended or revoked? | [] NO [] YES _____ |
| 5. Have you ever been convicted of, or plead guilty to, a charge of reckless driving or driving under the influence of alcohol or drugs? | [] NO [] YES _____ |
| 6. Have you ever been convicted of a felony? If yes, please provide dates and a description of the charges brought against you. (Use separate sheet if needed.) | [] NO [] YES _____ |
| 7. Have you ever had any Aircraft accidents or incidents while acting as Pilot? Please provide dates, locations, makes of aircraft as well as a brief description of the Accident or Incident. | [] NO [] YES _____ |
| 8. Are you an "AOPA" member? If yes, please provide your AOPA member number. | [] NO [] YES _____ |
| 9. Are you an "EAA" member? If yes, please provide your EAA member number. | [] NO [] YES _____ |

PLEASE INITIAL THIS PAGE HERE: _____ ; DATE THIS PAGE HERE: _____

FRAUD WARNING

NOTICE TO NEW YORK APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO KENTUCKY APPLICANTS: “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.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECT TO SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO FLORIDA APPLICANTS: “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 THE THIRD DEGREE.”

NOTICE TO COLORADO APPLICANTS: “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 REGULATORY AUTHORITIES.”

NOTICE TO MAINE APPLICANTS: “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 BENEFITS.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.”

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE. I/WE AUTHORIZE THE "UNDERWRITERS" TO INVESTIGATE ALL OR ANY QUALIFICATIONS OR STATEMENTS CONTAINED HEREIN. 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 FACILITY TO RELEASE INFORMATION ABOUT ME.

DATE

PERSONAL SIGNATURE