



PILOT INFORMATION				
Pilots Full Name (As It Appears On Your Pilot Certificate)			Date of Birth	
Address		City, State, Zip		
Occupation	Phone Number	Email Address		
Pilot Certificate Number	Date/Class of Last Medical	Date of Last Biennial Flight Review		
Medical Waivers or Limitations (If none, write "None")				
BWI Policyholder Name	Customer Number	Aircraft FAA Numbers		

LICENSE & RATINGS	
<input type="checkbox"/>	Student
<input type="checkbox"/>	Private
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Airline Transport Pilot
<input type="checkbox"/>	Recreational
<input type="checkbox"/>	Sport
<input type="checkbox"/>	Single Engine Land
<input type="checkbox"/>	Multi Engine Land
<input type="checkbox"/>	Instrument
<input type="checkbox"/>	CFI
<input type="checkbox"/>	CFII
<input type="checkbox"/>	Single Engine Sea
<input type="checkbox"/>	Rotorwing

TOTAL LOGGED HOURS											
	Total	Last 12		Total	Last 12		Total	Last 12		Total	Last 12
All Aircraft			Multi-Engine			Alaska			Turbojet		
Tailwheel			Single Engine Sea			Skis			Piston RW		
Retractable			Multi Engine Sea			Turboprop			Turbine RW		

MAKE & MODEL HOURS							
Make / Model		Total	Last 12	Make / Model		Total	Last 12

INITIAL OR RECURRENT FLIGHT PROFICIENCY TRAINING				
Type rated in all of the following aircraft:				
Name of school	Location of school	Date attended	Initial Training	Recurrent training
Name of school	Location of school	Date attended	Initial Training	Recurrent training

PILOT BACKGROUND	
1. As pilot in command or co-pilot, have you been involved in any aircraft accidents or incidents in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has an insurance company cancelled, declined or refused to renew any aviation insurance policy for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. As pilot in command or co-pilot, have you been penalized, disciplined, fined or violated for any civil or military air regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has your automobile drivers license or pilot certificate ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had any automobile accidents, convictions for automobile DUI or DWI, or drug use in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted or pleaded guilty to a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any (yes) answers:	

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld.

Pilot Signature \_\_\_\_\_ Date \_\_\_\_\_