



Avemco Insurance Company
 411 Aviation Way, Suite 100 Frederick, Maryland 21701
 main 800 638 8440 facsimile 800 863 3338

PILOT INFORMATION FORM

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Date of Birth: ____/____/____ Email Address: _____

FAA Pilot Cert. #: _____ Date of Last Flight Review: ____/____/____

Date of Last FAA Medical: ____/____/____ Class of FAA Medical: 3rd 2nd 1st

Type of Pilot Certificate Held: Student Private Commercial ATP Recreational Sport

Aircraft Ratings Held: STU MEL SES MES IFR Rotocraft Glider CFI CFII MEI

Pilot Logged Hours: (Enter your logged pilot hours for each category listed below):

_____ Total Logged Hours	_____ Floats (Straight or Amphibious)
_____ Constant Speed Propeller	_____ Amphibious (Hull Bodied Amphibian)
_____ Retractable Gear	_____ Instrument (Actual)
_____ Tailwheel	_____ Instrument (Simulated)
_____ Multi Engine	_____ Last 12 Months
_____ Glider	_____ Hours in the Make and Model Aircraft in which approval as Pilot is requested

Within the past 36 months, have you:

1. Been cancelled, declined, or refused renewal on an aircraft insurance policy? Yes No
2. Had an aircraft accident, incident, or insurance claim? Yes No
3. Had your pilot's or driver's license surrendered, suspended, or revoked? Yes No
4. Been arrested or charged with operating an aircraft or motor vehicle while under the influence of drugs or alcohol? Yes No
5. Been convicted of, or plead guilty or "no contest" to a felony or misdemeanor other than parking violations? Yes No

Please explain fully any "Yes" answers to the questions above:

I warrant that the above statements are true. Misrepresentations may make this insurance contract null and void.
I understand that Avemco Insurance Company reserves the right to verify the information provided.

Date: ____/____/____ Signed: _____

(Person Named Above)

Reference Number: _____

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