

PILOT QUALIFICATIONS APPLICATION

1. Named Insured:			
2. Make and model of aircraft to be flown:			
3. Pilot Name:		4. Date of Birth:	
5. Education (Diplomas or Degrees if any):			
6. Occupation:		7. Show % of time spent on non-flying duties:	%
8. Employed by:		9. Since:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
10. Address:			
11. Business Phone:		12. Home Phone:	
13. List previous employers and positions for past 5 years:			
14. Airman Certificate #:		14b. Limitations:	
15. Medical Class:		15b. Expiration Date:	15c. Limitations:

CURRENT CERTIFICATES AND RATINGS

16. Student Since:		17. Instrument Class:	
18. <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Sr. Commercial <input type="checkbox"/> Airline (ATP) <input type="checkbox"/> Instructor – Class:	19. <input type="checkbox"/> Night <input type="checkbox"/> Single Engine - Land <input type="checkbox"/> Single Engine - Sea <input type="checkbox"/> Center Line Thrust <input type="checkbox"/> Multi-Engine – Land <input type="checkbox"/> Multi-Engine – Sea	20. <input type="checkbox"/> Type A/C Rated In: <input type="checkbox"/> Rotocraft <input type="checkbox"/> Glider <input type="checkbox"/> A&P Mechanic <input type="checkbox"/> Other:	
21. Date of last logged satisfactorily accomplished Biennial Flight Review:			
22. Make and Model:			
23. Date of last logged satisfactorily accomplished Pilot Proficiency Exam:			
24. Make and Model:			

FLIGHT & GROUND SCHOOL TRAINING COURSES

Name and location of School	Type of Aircraft	Date	Graduated?
25.			<input type="checkbox"/> Yes <input type="checkbox"/> No
25b. <input type="checkbox"/> Initial Type Training <input type="checkbox"/> Recurrent Training <input type="checkbox"/> Full-Axis Motion Flight Simulator Training <input type="checkbox"/> Ground School Only <input type="checkbox"/> Aerial Applicator School			
26.			<input type="checkbox"/> Yes <input type="checkbox"/> No
26b. <input type="checkbox"/> Initial Type Training <input type="checkbox"/> Recurrent Training <input type="checkbox"/> Full-Axis Motion Flight Simulator Training <input type="checkbox"/> Ground School Only <input type="checkbox"/> Aerial Applicator School			

AERIAL APPLICATOR

27. Number of years experience as an aerial applicator pilot:			
27b. List hours applying	Herbicides:	Insecticides:	
28. List states you are currently licensed to conduct aerial application:			
29. Explain any suspension or revocation of any state aerial applicator certificate held by you:			



LIG Aviation Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

Submit@ligmarine.com

Pilot History Application

LOGGED PILOT HOURS

30. Total Pilot-In-Command hours for all aircraft:

CLASS	MAKE & MODEL	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	CO-PILOT HOURS
Insured Make & Model						
Single-Engine Fixed Gear						
Single-Engine Retractable						
Multi-Engine Piston						
Turbo-Prop						
Jet						
Helicopter - Recip - Turbine - Sling Load						
Number of water landings & takeoffs						

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

31. Have you ever had an aircraft claim, incident or accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have you ever been cited or fined for violation of an aviation regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Has your pilot certificate ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you ever been convicted of a felony or are you under indictment for a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you ever had or been treated for a chemical dependency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Are you regularly using any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No

40. Explain any "Yes" answer fully:

ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

Date:

Pilots Signature:

Broker Name:

Broker Address:



LIG Aviation Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701
(727) 578-2800

Submit@ligmarine.com

Pilot History Application

Page 2