



PILOT QUALIFICATIONS

Named Insured _____ Make & Model Aircraft to be Flown _____

Your Name _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Date of Birth _____ Education (Advise Diplomas and Degrees if any) _____

Email Address: _____

Occupation _____ Show percent of work time spent on non-flying duties _____%

Employed by _____ Since _____ Full time Part Time

Address _____
STREET CITY STATE-PROVINCE ZIP/POSTAL CODE

Business Phone (_____) _____ Home Phone (_____) _____

Airman Certificate Number: _____ Limitations: _____

BASIC MED:

Physician Exam Date: _____

Online Course Completion Date: _____

MEDICAL:

Class: _____

Expiration Date: _____

Limitations: _____

CURRENT CERTIFICATES AND RATINGS

- | | | |
|--|--|---|
| <input type="checkbox"/> Student: Since _____ DATE | <input type="checkbox"/> Instrument | <input type="checkbox"/> Instructor _____ CLASS |
| <input checked="" type="checkbox"/> Sport | <input type="checkbox"/> Single Engine-Land | <input type="checkbox"/> Type rated in _____ TYPE OF AIRCRAFT |
| <input type="checkbox"/> Private | <input type="checkbox"/> Single Engine - Sea | <input type="checkbox"/> Glider |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Center Line Thrust | <input type="checkbox"/> Light Sport Aircraft |
| <input type="checkbox"/> Airline (ATP) | <input type="checkbox"/> Multi-Engine, Land | <input type="checkbox"/> A&P Mechanic |
| <input type="checkbox"/> Rotorcraft | <input type="checkbox"/> Multi Engine, Sea | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CFI | | |
| <input type="checkbox"/> CFII | | |
| <input type="checkbox"/> MEI | | |
| <input type="checkbox"/> MEII | | |

Date of last logged satisfactorily accomplished Biennial Flight Review _____ Make and model _____

Date of last logged satisfactorily accomplished Pilot Proficiency Exam _____ Make and model _____

Date of last logged satisfactorily accomplished Instrument Proficiency Check _____ Make and model _____

FLIGHT & GROUND SCHOOL TRAINING COURSES

Name & Location of School	Type of Aircraft	Date	Graduated
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

INITIAL TYPE TRAINING RECCURENCY TRAINING FULL-AXIS MOTION FLIGHT SIMULATOR TRAINING GROUND SCHOOL ONLY AERIAL APPLICATOR SCHOOL
LEVEL OF SIMULATOR TRAINING COMPLETED _____

_____ Yes No

INITIAL TYPE TRAINING RECCURENCY TRAINING FULL AXIS MOTION FLIGHT SIMULATOR TRAINING GROUND SCHOOL ONLY AERIAL APPLICATOR SCHOOL
LEVEL OF SIMULATOR TRAINING COMPLETED _____

Do you hold a current FSI Pro Card or Simulflite Card? Yes No

AERIAL APPLICATOR

Number of years experience as an aerial applicator pilot _____ Total hours applying: Herbicides _____ Insecticides _____

List states you are currently licensed to conduct aerial application. _____

Explain any suspension or revocation of any state aerial applicator certificate held by you. _____

Total Logged Pilot-In-Command hours for all aircraft _____

Total Logged hours in all aircraft _____

ITEMIZED PILOT-IN-COMMAND HOURS						CO-PILOT HOURS
CLASS	MAKE & MODEL	TOTAL	LAST 90 DAYS	LAST 12 MONTHS	INSTRUMENT 6 MONTHS	
INSURED MAKE AND MODEL						
SINGLE-ENGINE FIXED GEAR						
SINGLE-ENGINE RETRACTABLE						
CONVENTIONAL GEAR						
MULTI-ENGINE PISTON						
TURBO-PROP						
JET						
HELICOPTER-RECIP -TURBINE -SLING LOAD						
NIGHT VISION DEVICES						
NUMBER OF WATER LANDINGS & TAKEOFFS						

-ANSWER ALL QUESTIONS -

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.

1. Have you ever had an aircraft claim, incident or accident? Yes No
2. Have you ever been cited or fined for violation of an aviation regulation? Yes No
3. Has your pilot certificate ever been suspended or revoked? Yes No
4. Have you ever been convicted of a felony or are you under indictment for a felony? Yes No
5. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving? Yes No
6. Has your drivers license ever been suspended or revoked? Yes No
7. Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics? Yes No
8. Have you ever had or been treated for a chemical dependency? Yes No
9. Are you regularly using any medication? Yes No

Explain fully each "Yes" answer _____
USE EXTRA PAGE TO FULLY EXPLAIN

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.

X _____
PILOTS SIGNATURE TODAY'S DATE

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ADDITIONAL EXPLANATIONS

1.

2.

3.

4.

5.

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