

**Sarasota WestWind Flyers, Inc.**  
**1674 University Parkway #36**  
**Sarasota, FL. 34243-2237**  
**1-942-355-2434**

This pilot record form is filed in connection with the insurance application/policy for :

(Named Insured Or Policyholder)

Pilot Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 Pager No.: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Certificates & Ratings:	Year Acquired:	Flying Experience Summary:	TOTAL HOURS:	PILOT IN COMMAND:	PILOT IN COMMAND:	CO-PILOT HOURS:	CO-PILOT HOURS:	MILITARY
				VFR LAST 12 MONTHS:	IFR LAST 12 MONTHS:	VFR LAST 5 YEARS:	IFR LAST 5 YEARS:	TOTAL PIC HOURS:
Student		<b>All AIRCRAFT TYPES:</b>						
Private		SINGLE ENG. FIXED GEAR:						
Commercial		SINGLE ENG. RETRACT GEAR:						
Airline Transport		MULTI-ENGINE - PISTON:						
Single Engine Land		TURBOPROP:						
Multi-Engine Land		TURBO-JET:						
CenterLine		INSTRUMENT- ACTUAL:						
Single Engine Sea		INSTRUMENT-SIMULATED:						
Multi-Engine Sea		INSTRUCTOR / CFI:						
Instrument		ROTORCRAFT PISTON:						
Flight Instructor		ROTORCRAFT TURBINE:						
Rotorcraft		TAILWHEEL:						
Glider		AGRICULTURAL:						
Lighter-Than-Air		SEAPLANE:						
Aircraft Inspector		<b>AIRCRAFT: LOGGED HOURS IN MAKE &amp; MODEL (S)</b>						<b>LIST AS ABOVE:</b>
A & P Mechanic		1)						
Other:		2)						
<b>Type Ratings: LIST AIRCRAFT</b>		3)						
1		4)						
2		5)						
3		6)						
4		7)						
5		8)						

MEDICAL CERTIFICATE: \_\_\_\_\_ DATE OF LAST PHYSICAL: \_\_\_\_\_ CLASS: (LIST 1ST, 2ND OR 3RD.) \_\_\_\_\_  
 LAST BIENNIAL FLIGHT REVIEW: \_\_\_\_\_ DATE: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_ BY WHOM: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State / Province: \_\_\_\_\_  
 Where and when did you learn to fly: (Give year, place and school or course): \_\_\_\_\_

*over*

**AS PILOT HAVE YOU:**

- 1. Ever had any accidents, incidents or claims? 1.  No  Yes
- 2. Ever been cited for violating civil or military flight regulations? 2.  No  Yes
- 3. Ever been convicted or pled guilty to a felony? 3.  No  Yes
- 4. Ever been arrested for driving under the influence of drugs or alcohol? 4.  No  Yes
- 5. Had any waivers or limitations on your medical certificate?  
(Attach copy of any certificate of documented ability) 5.  No  Yes
- 6. Had any Insurance Company ever cancel, decline to issue or decline to renew any insurance policy held by you? 6.  No  Yes

**Please explain each "Yes" answer: - include dates and details.**

---

---

---

---

---

---

---

---

---

---

---

---

**MANUFACTURES' GROUND & FLIGHT SCHOOL COURSES - INITIAL & RECURRENT TRAINING**

List factory approved school and / or training courses attended for each specific model. Attach copy of certificate(s) received.

Name of School or Facility & Location:	Dates Attended:	Aircraft Make & Model	Hours Flight:	Hours Simulator

I warrant that all the information provided on this Pilot History Record form is true and complete to the best of knowledge and that no relevant information has been withheld. I authorize the insurance company to investigate any and all qualifications and statements contained herein.

403Rev.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_