



Pilot History Form  
 Fax: (877) 721-9024  
[forms@shorelineaviationinsurance.com](mailto:forms@shorelineaviationinsurance.com)

Please assist us in meeting your aviation insurance needs by completing all applicable sections of this form. Once completed, you may return it to the corporate office of Shoreline Aviation Insurance, or to your local Shoreline Aviation Insurance Agent.

Named Insured		Make & Model of Aircraft			
Your Name		Home Address			
Home Phone	Cell Phone	Work Phone	Email Address		
Date of Birth	Occupation	Employer	Date of Hire (MM/YY)		
Employer Address			Employment Status Full Time [ ] Part Time [ ]		
Employers for the past five (5) years:		Position Held			
_____		_____			
_____		_____			
_____		_____			
Airman Certificate(s) (Private, Commercial, CFI, etc.)		Airman Certificate Number		Expiration (If applicable)	
Applicable Rating(s) (ASEL, ASES, AMEL, AMES, Instrument, etc.)					
Type Rating(s) (If applicable)					
Certificate Limitations (If applicable)					
Medical Class	Certificate Number	Date of Issue	Expiration	Name of Physician	
Medical Restrictions (If applicable)					
Date of Last Biennial Flight Review		Aircraft Make & Model			
Date of Last Pilot Proficiency Exam		Aircraft Make & Model			
Flight & Ground Training Courses (Specific to aircraft to be insured. If you haven't attended school for make and model to be insured, list most recent training and for what make and model aircraft. List type of training as Initial Type Rating, Recurrency, Full Motion Flight Simulator, Ground Only, Aerial Applicator, etc.)					
Name of school	Location	Date	Graduated? (Y/N)	Type of Training	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
Total Flight Time (All Aircraft)			Total Pilot In Command Time (All Aircraft)		

Please itemize your flight time accordingly:

	Pilot-In-Command	Total Time	Last 90 Days (PIC)	Last 12 Months (PIC)	Instrument Total (PIC)	Instrument Last 6 mos. (PIC)	Second-In-Command
<b>Insured Make &amp; Model</b>							
Single Engine (Fixed Gear)							
Single Engine (Retractable)							
Multi Engine (Piston)							
Turboprop							
Jet							
Helicopter (Piston)							
Helicopter (Turbine)							
Helicopter Sling-load							
Sea							
Night							

Please answer the following 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.**

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

If you answered "Yes" to any of these questions, please submitted a detailed written explanation of the issue along with these form.

**BY SIGNING BELOW, I CERTIFY THAT ALL OF THE INFORMATION HEREIN IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT 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.**

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Producer: Shoreline Aviation Insurance.

Address: 148 Biddle Drive City: Jasper State: AL Zip: 35503

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