



# PILOT QUALIFICATIONS

Insurance Provided by  
Member Companies of  
American International Group, Inc.

Named Insured _____	Make & Model of Aircraft to be Flown _____
Your Name _____	Home Address _____
Date of Birth _____	List Diplomas/Degrees _____
Occupation _____	Percent of Work Time Spent on Non-flying Duties _____
Employed by _____	Since (Year) _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> (Check One)
Business Address _____	Business Phone _____ Home Phone _____
List Employers & Positions Held Over the Past 5 Years _____ _____ _____ _____	

<b>AIRMAN CERTIFICATE NUMBER</b>	<b>MEDICAL</b>
Number: _____	Class: _____
Limitations: _____	Expiration Date: _____
	Limitations: _____

**CURRENT CERTIFICATES & RATINGS**

<input type="checkbox"/> Student: Since (date) _____	<input type="checkbox"/> Instrument: Class _____	<input type="checkbox"/> Multi Engine – Sea
<input type="checkbox"/> Private	<input type="checkbox"/> Night	<input type="checkbox"/> Type Aircraft rated in _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Single Engine – Land	<input type="checkbox"/> Rotorcraft
<input type="checkbox"/> Sr. Commercial	<input type="checkbox"/> Single Engine – Sea	<input type="checkbox"/> Glider
<input type="checkbox"/> Airline (ATP)	<input type="checkbox"/> Center Line Thrust	<input type="checkbox"/> A & P Mechanic
<input type="checkbox"/> Instructor: Class _____	<input type="checkbox"/> Multi Engine – Land	<input type="checkbox"/> Other _____

Date of last logged satisfactorily accomplished Biennial Flight Review : \_\_\_\_\_ Make & Model: \_\_\_\_\_

Date of last logged satisfactorily accomplished Pilot Proficiency Exam: \_\_\_\_\_ Make & Model: \_\_\_\_\_

**FLIGHT & GROUND SCHOOL TRAINING COURSES**

Name & Location of School \_\_\_\_\_  
Type of Aircraft \_\_\_\_\_ Date \_\_\_\_\_ Graduated? \_\_\_\_\_ (yes/no)

Initial Type Training  Recurrency Training  Full-axis Motion Flight Simulator Training  Ground School Only  Aerial Applicator School

Name & Location of School \_\_\_\_\_  
Type of Aircraft \_\_\_\_\_ Date \_\_\_\_\_ Graduated? \_\_\_\_\_ (yes/no)

Initial Type Training  Recurrency Training  Full-axis Motion Flight Simulator Training  Ground School Only  Aerial Applicator School

Name & Location of School \_\_\_\_\_  
Type of Aircraft \_\_\_\_\_ Date \_\_\_\_\_ Graduated? \_\_\_\_\_ (yes/no)

Initial Type Training  Recurrency Training  Full-axis Motion Flight Simulator Training  Ground School Only  Aerial Applicator School

**AERIAL APPLICATOR**

Number of years experience as an aerial applicator pilot \_\_\_\_\_

Total hours applying: herbicides \_\_\_\_\_ insecticides \_\_\_\_\_

List states in which you are currently licensed to conduct aerial application. \_\_\_\_\_

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

**LOGGED PILOT HOURS**

Total Pilot-In-Command Hours for All Aircraft \_\_\_\_\_

**ITEMIZATION PILOT-IN-COMMAND HOURS**

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 & TAKE- OFFS	_____	_____	_____	_____	_____	_____

**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.

\_\_\_\_\_ Continue on additional pages as needed.

**ALL OF THE INFORMATION HEREIN IS TRUE & 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.**

\_\_\_\_\_  
**Pilot Signature**

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

**FOR INTERNAL USE ONLY**

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