

General Pilot Information

160 Lafayette Street • Schenectady, New York 12305

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Name:					
Address:					
City, State, Zip:					
Telephone: Date of Birth:					
Occupation:		Employer:			
Name of Insured:		Employers			
Date/Class of Last Medical:					
Marital Status:		No. or Dependents:			
FAA Medical Certificate					
Date Issued:	Class:	Waivers:			_
Pilot Certificates and Ra	tings				
FAA Certificate Number:					
Student Private	Commercial ATP	Flight Instructor ASEL	AMEL ASES	AMES Instrument Ro	otorcraft
Training and Recurrent	Training				
Year of first solo flight	Type rated in follow	ving aircraft			
Describe Flight Training(School, location, equipment, instructor, etc.)					
Date of last Biennial Flight Review: Date of last Instrument Proficiency Check:					
Do you participate in FAA Pilot Proficiency Awards Program? Yes No If "YES" what phase have you completed?					
For what type aircraft? Date completed:					
Recurrent/Transition Courses (Describe and give details of courses attended):					
Recurrency Transition Cour	ses (Describe and give detail	iis of courses attended).			
School or instructor:					
Do you hold a current FSI P	ro Card or Simuflite Card?	Yes Date:		No	
Pilot-In-Command Experience TOTAL FLIGHT HOURS (all aircraft):					
Aircraft		Total Last 12	Total Last 90	Total	
Make/Model	Total Hours	Months	Days	Instrument	Total Night
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Questions (Check "YES"					
Are you flying under a waiv					Yes No
Have you ever had an accident, incident, and/or violation?					
Has any insurance company ever cancelled, non-renewed, or declined coverage on your behalf? Have you ever been convicted of, or pleaded guilty to, or are you under indictment in a legal action involving drugs or narcotics?					
•		•		arugs or narcotics?	∐Yes ∐No
•	•	tle under the influence of alco	onol or narcotics?		∐Yes ∐No
Has your driver's license ever been suspended or revoked? Explain all YES answers (attach separate sheet if necessary):					
	-		rmation has been withh	ald or suppressed	
		and that no material info			
riiot s signature:		Dat	.e.		
		Northeast Avia	ation & Marine		
Home Office Insurance Brokers				Brookhaven Airport	

Phone: (800) 544-5656 • Fax: (518) 393-3621

Web: <u>www.northeastaviationmarine.com</u>

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