

PILOT HISTORY FORM



Wenk Aviation Insurance, LLC
 900 North Shore Drive, Suite 109, Lake Bluff, IL 60044
 Phone: (847) 235-2491 Fax: (847) 235-2559

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone: _____ E-Mail Address: _____
 Birth date: _____ Pilot Certificate Number: _____
 Occupation: _____
 Employer: _____

FAA PILOT CERTIFICATES	
<input type="checkbox"/> Student	<input type="checkbox"/> CFI
<input type="checkbox"/> Private	<input type="checkbox"/> CFII
<input type="checkbox"/> Commercial	<input type="checkbox"/> MEI
<input type="checkbox"/> ATP	<input type="checkbox"/> CFI-Rotor
<input type="checkbox"/> Other:	_____

FAA PILOT RATINGS	
<input type="checkbox"/> ASEL	<input type="checkbox"/> ASES
<input type="checkbox"/> AMEL	<input type="checkbox"/> AMES
<input type="checkbox"/> Instrument	<input type="checkbox"/> Rotor
<input type="checkbox"/> Glider	
<input type="checkbox"/> Other:	_____

FAA MEDICAL CERTIFICATE

Date issued: _____ Class: _____
 Waivers or Limitations (If none, write none): _____

CURRENT AVIATION MEMBERSHIPS (the NUMBER is REQUIRED)	
<input type="checkbox"/> EAA	# _____
<input type="checkbox"/> AOPA	# _____
<input type="checkbox"/> IAC	# _____
<input type="checkbox"/> Other:	# _____

INITIAL AND RECURRENT TRAINING

Date of last Biennial Flight Review: _____
 Date of last Instrument Proficiency Check: _____
 Type rated in the following aircraft: _____
 Initial/Recurrent training in _____ (make & model) Date: _____ Name/Location of School: _____

TOTAL LOGGED HOURS

AIRCRAFT TYPE	TOTAL HOURS	TOTAL LAST 12 MONTHS
All aircraft:		
Retractable gear:		
Multi-engine:		
Conventional gear:		
Turbo-prop:		
Pressurized:		
Pure jet:		
Rotorcraft:		
Seaplane:		
Make & model:		
Other (please describe)		

IN THE LAST FIVE YEARS

<p>1. Have you been involved in any aircraft incidents or accidents? <input type="checkbox"/> No <input type="checkbox"/> Yes (include DATE and EXPLANATION below): _____</p>
<p>2. Have you been penalized, disciplined, or fined for a violation of any FARs? <input type="checkbox"/> No <input type="checkbox"/> Yes (include DATE and EXPLANATION below): _____</p>
<p>3. Has your pilot's license or driver's license been suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes (include DATE and EXPLANATION below): _____</p>
<p>4. Have you been convicted of or pleaded guilty to: A) a charge of driving under the influence of alcohol or drugs, or B) a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes (include DATE and EXPLANATION below): _____</p>

I represent that the answers given are true and complete to the best of my knowledge and belief that no material information has been withheld.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In some jurisdictions, insurance fraud may also be subject to substantial civil penalties.

Signed: _____
 (Pilot's Personal Signature Required)

Date: _____