

POWELL/SOUTHWEST AGENCY, INC.
 16051 Addison Road, Suite 214, Addison, Texas 75001
 Telephone: 972-490-0919, Fax: 972-490-1612

Policy No. _____ **PILOT HISTORY** Date _____

1. Name _____ Age _____
 Married Divorced
 Single Widowed
 Address _____
 Occupation _____ No. of Dependents _____ Relation _____

2. Employment Record
 From: _____ To: _____
 Mo. Year _____ Mo. Year _____ Employers Name _____ Address _____ Duties _____

Have you ever been discharged or asked to resign? _____ if so, explain _____

3. Where did you learn to fly? _____ Date _____
 (Name of School and Airport) _____ Date of Last Biannual _____

4. Airman Certificate No. _____ Date of last FAA Physical _____ Flight Review _____

5. **PILOT CERTIFICATE AND RATINGS CURRENTLY HELD**

<input type="checkbox"/> STUDENT	<input type="checkbox"/> SINGLE ENGINE LAND	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> MECHANIC AIRCRAFT
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> SINGLE ENGINE SEA		<input type="checkbox"/> MECHANIC POWERPLANT
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MULTI-ENGINE LAND	<input type="checkbox"/> TYPE RATING _____	<input type="checkbox"/> INSTRUMENT RATING, OBTAINED BY
<input type="checkbox"/> AIRLINE TRANSPORT	<input type="checkbox"/> MULTI-ENGINE SEA	(Specify Aircraft) _____	<input type="checkbox"/> FAA FLIGHT CHECK
<input type="checkbox"/> INSTRUCTOR	<input type="checkbox"/> HELICOPTER _____		<input type="checkbox"/> MILITARY INSTRUMENT CARD

How many solo and dual student hours did you log prior to private ticket? _____

Have you attended or do you plan to take any pilot refresher course? ____ Explain: _____

List manufacturer's ground & flight school attended: _____

Date of last proficiency flight _____ Type of aircraft used _____ Date of last simulator flight _____

Proficiency flight conducted by: _____ How Often? _____

FLYING EXPERIENCE IN LOGGED HOURS

6.	MAKE AND MODEL OF AIRCRAFT	DATES FLOWN	MILITARY		AIRLINE		CIVILIAN		TOTAL TIME	LAST 90 DAYS
		(BY YEARS)	PILOT	CO-P	PILOT	CO-P	PILOT	CO-P		
SINGLE ENGINE AIRCRAFT										
	TOTAL S.E.									
MULTI-ENGINE & JET AIRCRAFT										
	TOTAL M.E.									
SEAPLANES AND HELICOPTERS										
Make and Model of Aircraft on which approval is sought _____									GRAND TOTAL	

SUMMARY OF FLYING EXPERIENCE – Show total pilot hours LOGGED

Total Time _____ Cross Country _____ Night _____ Actual Instrument _____ Hood Instruments _____

7. Have you ever been convicted for drunken driving or a felony? _____ Auto Operator's Permit No _____
8. Have you had any aircraft accidents in past 60 months while acting as pilot (Agricultural Pilots-include any dusting or spraying claims) Yes No
If yes, and accident resulted in over \$100 of damage to property or injury or death to person(s), give dates, places, and details under remarks below or use separate sheet if necessary.
9. If requested, can you substantiate approximately, by logs or other civilian or military records, the Flying Experience detailed in #6 above? Yes No (explain in remarks)
10. Have you ever been penalized for violating FAR? Yes No If yes, give details under remarks.
11. Are you flying on a waiver? Yes No If yes, give details under remarks.
12. Has any Insurance Company or Underwriter ever declined or refused to renew any insurance for you?
 Yes No If yes, give details _____

EXECUTIVE TRANSPORT PILOTS ONLY

13. Are you employed as a professional pilot and were you hired for that specific purpose alone? _____
If not, explain other duties _____
14. If employed as a professional pilot does your employer require you to take periodic proficiency checks with an organization specializing in such work? Yes No If Yes, identify organization and give details

15. How much simulated instrument time are you required to put in each 90 day period and what facilities are available?

16. Does your employer operations manual specifically spell out, or is it on record elsewhere, that the pilot in command alone has sole discretion as to inaugurating or continuing a flight under marginal safety conditions?

AGRICULTURAL PILOTS ONLY (Be certain #8 is answered in detail)

17. 85-250 h.p. Total Time _____ Last 6 months _____
18. 250-500 h.p. Total Time _____ Last 6 months _____
19. Total hours as Agricultural pilot _____ Last 12 months _____
20. Total hours applying hormone herbicides or defoliant (2, 4-D, etc.) _____
21. Total hours applying organic insecticides (parathion, etc.) _____
22. Number of years agricultural experience _____
23. Please indicate the basis on which you are paid (circle)
(a) monthly salary (b) flying hour (c) acreage (d) independent contractor (e) other
(describe briefly) _____

Remarks: _____

I affirm that the statements on both sides of this application are true to the best of my knowledge and belief, are made in good faith and no information is withheld which would adversely affect my pilot rating with the Insurer.

Pilot's Signature _____