



Beacon Aviation Insurance Services
Aviation Supplement- PILOTS

Policy Holder Name _____

Pilot Information (To be completed for each covered pilot)

Last, First, Middle Name _____ DoB _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Airman Certificate # _____

Date & Class of Last Medical _____

Recurrent Training:

Name of School _____ Date _____ Type Aircraft _____

Date of BFR _____

Certificates: Student ___ Private ___ Commercial ___ Instructor ___ ATP ___ Instrument ___

Aircraft Ratings: S.E.L. ___ M.E.L. ___ S.E.S. ___ M.E.S. ___ Helicopter ___ Other _____

Total Logged Hours _____ Pilot in Command (PIC) _____

Break Out Total PIC hours below (Military & Civilian Combined)

	<i>Hours</i>		<i>Hours</i>
Single Engine		Cross Country	
Multi Engine		Last 12 Months	
Turbo Prop		Night Flying	
Turbo Jet		Instrument Actual	
Rotor Wing		Instrument Simulated	

Are you flying under a waiver? _____ Have you ever been penalized for violation of F.A.R.? _____

Have you ever had an Accident, Incident or Violation? _____

Has any of your insurance been cancelled, declined, or refused renewal on your behalf? _____

Has your driver's license ever been suspended or revoked? _____

If you answered 'Yes' to any of the above, describe the incident in detail, including dates, charges, convictions, etc. : _____

I affirm the truth of the above statements and affirm that no material information has been withheld:

Your Name _____ **Title** _____

Your Signature _____ **Date** _____