

BACK 40 FLYING CLUB PILOT INSURANCE INFORMATION

NAME: _____
Please Print

LICENSE TYPE: _____
Please Print

RATINGS & LIMITATIONS: _____
Please Print

CERTIFICATE#: _____

LIFETIME FLYING EXPERIENCE				
LAST 12 MONTH'S HOURS	C172 HOURS	PA28 HOURS	OTHER SEL CONVENTIONAL GEAR HOURS	TOTAL AIRCRAFT HOURS

- | | YES | NO |
|--|-----|-----|
| 1 - Has the member-pilot (in the last 36 months) | | |
| A) Had any aircraft accidents, incidents, or had his/her pilot certificate surrendered, suspended, or revoked? | [] | [] |
| B) Had an automobile driver's license surrendered, suspended, or revoked? | [] | [] |
| C) Been arrested for or charged with, operating a motor vehicle or aircraft under the influence of alcohol or drugs? | [] | [] |
| D) Been convicted of, or pleaded guilty or non-contest to a felony crime or misdemeanor other than a traffic violation? | [] | [] |
| E) Had an insurance company cancel, decline to insure or refuse to renew his/her aircraft coverage? | [] | [] |
| F) Been involved in any aviation business including, but not limited to, sale or repair of aircraft, aircraft kits or plans or providing pilot or flight instructional services? | [] | [] |
| 2 - Does the member-pilot | | |
| A) Have an effective pilot certificate (unless a pre-solo student)? | [] | [] |
| B) Have an effective medical certificate (unless a pre-solo student)? | [] | [] |
| C) Satisfy biennial flight review requirements (unless a pre-solo student)? | [] | [] |

Avemco Questions - These questions have to be reported to Avemco by the club annually. If you, in the future, can answer NO to #6 & #7 or YES to #9, you are to notify the club President immediately.

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|---|-----|-----|
| 6) Do all club members have an effective pilot certificate (unless a pre-solo student)? | [] | [] |
| 7) Do all club members satisfy the FAA's flight review requirements? | [] | [] |
| 9) Has any club pilot, within the last 12 months had their pilot or driver's licence surrendered, suspended, or revoked, or been charged with operating an aircraft or motor vehicle under the influence of alcohol or drugs? | [] | [] |

I certify that the above statements are true and accurate

Signature: _____ Date: ____ / ____ / ____