

Great Plains Brokerage
 300 Cherapa Place, Ste 302
 PO Box 90447 (57109-0447)
 Sioux Falls, SD 57103-2273

Agent/Broker: _____
 Address: _____
 City/State/Zip: _____

PILOT HISTORY DATA

1. Policyholder Name _____
2. Pilot's Full Name _____ Date of Birth _____
 Address _____
 Pilot's Occupation _____ How long _____ Employer's Name _____
3. Airman's Certificate Number _____ Driver's License Number/State _____
 Date of last Medical & Class _____ Medical Waivers ___ Yes ___ No If yes, please explain _____
 Date of last Biennial Flight Review _____ Date of last Instrument Proficiency Check _____

4. Check All Certificates and Ratings that Apply Below
- | | | | |
|---------------|------------------|--------------------------|----------------------|
| _____ Student | _____ Commercial | _____ Instrument | _____ Helicopter |
| _____ LSA | _____ ATP | _____ Single Engine Land | _____ Other(s) _____ |
| _____ Private | _____ CFI | _____ Multi Engine Land | |
- Aircraft type / rating _____

5. Manufacturer's Ground & Flight Schools Attended, and dates _____
 Have you attended any pilot refresher/recurrency courses? ___ Yes ___ No
 If yes, please provide dates and description _____
 Is recurrent training scheduled? ___ Yes ___ No Please Explain _____

6. Aircraft Model on which approval is sought _____
 Total Logged Pilot In Command Hours in this aircraft _____ in past 12 months _____ in past 90 days _____
 If 0 hours in aircraft seeking approval, please list similar make/model aircraft including hours flown _____

	Hours*		Hours*
Single Engine Fixed Gear	_____	Turboprop	_____
Single Engine Retractable Gear	_____	Turbojet	_____
Single Engine Tailwheel	_____	Helicopter Turbine	_____
Multi Engine less than 12,500 lbs.	_____	Helicopter Piston	_____
Multi Engine more than 12,500 lbs.	_____	Total Flying Time	_____
Past 12 months logged in all aircraft	_____		

* If hours cannot be substantiated by log books, please explain how hours have been verified/reconstructed.

7. Have you had any aircraft accidents/incidents while acting as pilot/co-pilot? ___ Yes ___ No
 Have you ever been cited for violation of Federal Air Regulations? ___ Yes ___ No
 Have you ever been convicted of operating a vehicle while under the influence of drugs (including alcohol)? ___ Yes ___ No
 Have you ever been convicted of a felony? ___ Yes ___ No
 Has an Insurer ever cancelled your Aircraft Hull or Liability Insurance? ___ Yes ___ No

IF THE ANSWER IS "YES" TO ANY OF THESE QUESTIONS, GIVE COMPLETED DETAILS, INCLUDING DATES, BELOW

FRAUD WARNING Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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 and subjects such person to criminal and civil penalties.

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

Date: _____ Pilot's Signature: _____