

AVRO PILOT REPORT

SURNAME		FIRST NAMES:	Age:
Address: _____			
Present Employer: _____		Position: _____	
Married? _____		Number of Children: _____	

PILOT'S LICENCE:	Date Granted: _____	Medical Profile: _____			
Type:	Student <input type="checkbox"/>	Recreational <input type="checkbox"/>	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	A.T.R. <input type="checkbox"/>
Ratings:	Multi <input type="checkbox"/>	Seaplane <input type="checkbox"/>	Rotary Wing <input type="checkbox"/>	Instrument Class _____	Instructor Class _____
Endorsements _____					
Conditions and Limitations _____					

Types of Aircraft principally flown Fixed Wing and/or Rotary Wing	Total Hours	Last 12 Months	Last 6 Months

State Total Hours:	Fixed Wing: _____	Rotary Wing: _____
State Pilot-in-Command Hours:	Fixed Wing: _____	Rotary Wing: _____
What area has your flying been in? _____		

Breakdown of total flying: (PILOT-IN-COMMAND TIME ONLY)									
Pilot-in-Command Time Only	Single Engine			Multi Engine				Rotary Wing	
	Under 400 h.p. Fixed Gear	Under 400 h.p. Retractable Gear	Over 400 h.p.	Under 1,000 h.p.	Over 1,000 h.p.	Turbo Prop	Turbo Jet	Piston	Turbine
Civilian									
Military									
Total									

Has your licence ever been cancelled or suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any Insurance Company ever refused to approve you as a pilot?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes to either question above, state circumstances: _____		

CLASSIFICATION OF FLIGHT TIME								
	Day	Night	Actual IFR	On Floats	On Wheels	On Skis	Amphibian	Instructor
Fixed Wing (a) Pilot-in-Command								
(b) Dual or Second Pilot								
Rotary Wing (a) Pilot-in-Command								
(b) Dual or Second Pilot								

LIST OF ALL ACCIDENTS AND INCIDENTS resulting in damage to aircraft or other property or in injury to persons:						
Date	Location	Make & Type of Aircraft	Probable Cause	Injury to Persons	Damage to Aircraft	Damage to Other Property

As Pilot-in-Command or as Co-Pilot have you: (If yes, explain fully (on bottom))

1. Had, or been involved in, any aircraft accidents? NO YES

2. Had any violations of D.O.T. Air Regulations? NO YES

Has your automobile drivers licence ever been suspended or revoked? NO YES

Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? NO YES

Have you had any automobile accidents within the last five years? NO YES

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: _____ Signed _____
(Pilot's Personal Signature Required)

This pilot record is filed in connection with the Insurance Application of _____
(Name)

This pilot record relates to policy # _____

REMARKS

We respect your right to privacy and take care to ensure that all the information provided to us is handled and stored in a confidential manner. Personal information will only be requested from you when it is required to enable us to provide our services to you, and we will seek your consent to use it for communicating with you, assessing your application for insurance, disclosing information to Insurance Companies, negotiating, maintaining or renewing insurance on your behalf, providing claims assistance and service, advising you of other products or services and complying with regulators and legal authorities. We will not use such information without your consent, or pass or sell such information to other parties not involved in assisting us to provide our services to you.

Please send completed application to AVRO - via fax to 604-608-3384 or email to underwriting@avroins.com