



# TITAN

AEROSPACE  
INSURANCE

## Aircraft Hull & Liability Pilot History Application

General Information			
Name Insured:			
Address:			
Business/Occupation:		Effective Dates: _____ to _____	
Phone/Email:		Airport:	Current Insurer:
Aircraft Use: P & B      Industrial Aid      Charter      Other			
Territory (check all applicable)    USA      Canada      Mexico      Caribbean      Other			
AOPA Membership: Yes      No		If Yes, AOPA Member #:	

Aircraft Hull & Liability							
FAA #	Year	Make/Model	Seats	Insured Value	Liability Limit	Hangared	Tie Down
1.							
2.							

*\*Please add any additional aircraft or pilots on a separate page*

Pilot Information			
	Pilot #1	Pilot #2	Pilot #3
Name			
Age ( <i>NOT DOB</i> )			
Certs/Ratings			
Medical Class & Date			
Total Hours PIC			
Make & Model Hrs A/C #1			
Make & Model Hrs A/C #2			
Last 12mos. Total Hours			
Last 12mos. M&M Hours			
Multi-Engine Hours			
Retractable Hours			
Turbo Prop Hours			
Tail Wheel Hours			
Last B.F.R Date			

Additional Information		
	Yes	No
Has the insurer ever canceled or non-renewed any aviation insurance policy?		
Have the pilot(s) ever been cited or fined for violation of an aviation regulation?		
Has the pilot(s) certificate ever been suspended or revoked?		
Have the pilot(s) ever been convicted of a felony or are you under indictment for a felony?		
Have the pilot(s) ever been convicted of driving a motor vehicle under the influence of alcohol, narcotics, or of reckless driving?		
Has the pilot(s) driver's license ever been suspended or revoked?		
Have the Pilot(s) ever been treated for a chemical dependency?		
Are there any physical impairments or limitations or waivers on the pilot(s) Medical Certificate?		
Has the insured or any pilot(s) ever had an aircraft claim, incident or accident in the past 5 years?		

If you answered "Yes" to any of the above questions, please provide more details below.

All the information herein is true and correct to the best of my knowledge and I have not knowingly or intentionally concealed or misrepresented any fact. This form will become part of the insurance application and as such all fraud statements are applicable.	
Date	Signature of Policyholder or Representative