

PILOT REPORT

Please complete and sign this application and forward it to AVRO Insurance Managers Ltd. by fax (604-608-3384) or email (underwriting@avroins.ca).

APPLICANT INFORMATION			
SURNAME	FIRST NAMES	PHONE	EMAIL
STREET ADDRESS		CITY	
PROVINCE	POSTAL CODE	BIRTHDATE	

PILOT'S LICENSE			
DATE GRANTED		MEDICAL PROFILE	
TYPE			
<input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATR			
INSTRUMENT CLASS	INSTRUMENT RATING	INSTRUCTOR CLASS	INSTRUCTOR RATING
<input type="checkbox"/> yes <input type="checkbox"/> no if yes, indicate rating	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> yes <input type="checkbox"/> no if yes, indicate rating	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
ENDORSEMENTS		CONDITIONS AND LIMITATIONS	

TYPES OF AIRCRAFT PRINCIPALLY FLOWN - FIXED WING AND/OR ROTARY WING			
	TOTAL HOURS	LAST 12 MONTHS	LAST 6 MONTHS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
TOTAL HOURS FIXED WING	TOTAL HOURS ROTARY WING	PILOT-IN-COMMAND HOURS FIXED WING	PILOT-IN-COMMAND HOURS ROTARY WING
WHAT AREA HAS YOUR FLYING BEEN IN?			

BREAKDOWN OF TOTAL FLYING (PILOT-IN-COMMAND TIME ONLY)									
	SINGLE ENGINE			MULTI ENGINE				ROTARY WING	
	UNDER 400 HP FIXED GEAR	UNDER 400 HP RETRACTABLE GEAR	OVER 400 HP	UNDER 1000 HP	OVER 1000 HP	TURBO PROP	TURBO JET	PISTON	TURBINE
Civilian									
Military									
Total									
HAS YOUR LICENSE EVER BEEN CANCELLED OR SUSPENDED?					HAS ANY INSURANCE COMPANY EVER REFUSED TO APPROVE YOU AS A PILOT?				
<input type="checkbox"/> yes <input type="checkbox"/> no					<input type="checkbox"/> yes <input type="checkbox"/> no				
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 Pilot-in-Command								
Fixed Wing Dual or Second Pilot								
Rotary Wing Pilot-in-Command								
Rotary Wing 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	\$ PAID	INJURY TO PERSONS	DAMAGE TO AIRCRAFT	DAMAGE TO OTHER PROPERTY
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
As Pilot-in-Command or as Co-Pilot, have you had or been involved in any aircraft accidents?							<input type="checkbox"/> yes <input type="checkbox"/> no
As Pilot-in-Command or as Co-Pilot, have you had any violations or DOT Air Regulations?							<input type="checkbox"/> yes <input type="checkbox"/> no
Has your automobile drivers license ever been suspended or revoked?							<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been arrested for operating an automobile under the influence of alcohol or drugs?							<input type="checkbox"/> yes <input type="checkbox"/> no
Have you had any automobile accidents within the last five years?							<input type="checkbox"/> yes <input type="checkbox"/> no
IF YES, EXPLAIN FULLY							
CONFIRMATION							
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.							
SIGNATURE OF PILOT					DATE		
THIS PILOT RECORD IS FILED IN CONNECTION WITH THE INSURANCE APPLICATION OF					THIS PILOT RECORD RELATES TO POLICY NUMBER		
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.							