

Pilot Details

Pilot Details																				
	Pilot 1				Pilot 2				Pilot 3				Pilot 4				Pilot 5			
Name	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Occupation	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Age	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
License/Ratings	Stu	<input type="checkbox"/>	Ult	<input type="checkbox"/>	Stu	<input type="checkbox"/>	Ult	<input type="checkbox"/>	Stu	<input type="checkbox"/>	Ult	<input type="checkbox"/>	Stu	<input type="checkbox"/>	Ult	<input type="checkbox"/>	Stu	<input type="checkbox"/>	Ult	<input type="checkbox"/>
	Rec	<input type="checkbox"/>	Float	<input type="checkbox"/>	Rec	<input type="checkbox"/>	Float	<input type="checkbox"/>	Rec	<input type="checkbox"/>	Float	<input type="checkbox"/>	Rec	<input type="checkbox"/>	Float	<input type="checkbox"/>	Rec	<input type="checkbox"/>	Float	<input type="checkbox"/>
	Pvt	<input type="checkbox"/>	Multi	<input type="checkbox"/>	Pvt	<input type="checkbox"/>	Multi	<input type="checkbox"/>	Pvt	<input type="checkbox"/>	Multi	<input type="checkbox"/>	Pvt	<input type="checkbox"/>	Multi	<input type="checkbox"/>	Pvt	<input type="checkbox"/>	Multi	<input type="checkbox"/>
	Com	<input type="checkbox"/>	IFR	<input type="checkbox"/>	Com	<input type="checkbox"/>	IFR	<input type="checkbox"/>	Com	<input type="checkbox"/>	IFR	<input type="checkbox"/>	Com	<input type="checkbox"/>	IFR	<input type="checkbox"/>	Com	<input type="checkbox"/>	IFR	<input type="checkbox"/>
	Atp	<input type="checkbox"/>	Night	<input type="checkbox"/>	Atp	<input type="checkbox"/>	Night	<input type="checkbox"/>	Atp	<input type="checkbox"/>	Night	<input type="checkbox"/>	Atp	<input type="checkbox"/>	Night	<input type="checkbox"/>	Atp	<input type="checkbox"/>	Night	<input type="checkbox"/>
Accidents, Claims or Violations last 5 years	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Recurrent Training in the last 12 months	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Hours any aircraft	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total hours on make and model	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Float Time	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Retractable Time	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Tailwheel Time	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Multi Engine Time	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Turbine Time	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Rotary	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Last 90 days	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Last 12 Months	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Total Last 12 months on Make and Model	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			

Accidents / Violations

Accidents: List all incidents, accidents in the past 5 years, whether or not an insurance claim was presented for all pilots stated above.

(if none then state none):

Violations: List all violations that any of the pilots stated above have had in the past 5 years. (if none then state none):

Coverage Requirements

Hull Coverage A. All Risks Flight and Ground. Yes <input type="checkbox"/> No <input type="checkbox"/> Coverage B. All Risks Ground inc. Taxiing Yes <input type="checkbox"/> No <input type="checkbox"/> Coverage C. All Risks Ground Yes <input type="checkbox"/> No <input type="checkbox"/>	Liability	Single Limit Property Damage plus Bodily Injury including passengers. State Limit Required <input style="width: 50px;" type="text"/> Single Limit Property Damage plus Bodily Injury excluding passengers. State Limit Required <input style="width: 50px;" type="text"/> Single Limit Passenger Coverage. (State limit \$100 000 or \$300 000 per seat) <input style="width: 50px;" type="text"/>
Hull Deductible: <input type="checkbox"/> \$ Nil <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		

Signature of Applicant <input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text"/>
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