



# PILOT SUPPLEMENTAL APPLICATION

**Applicant's Representative:** \_\_\_\_\_  **New application**  
**Address:** \_\_\_\_\_  **Renewal of policy number**  
**Effective date:** \_\_\_\_\_

**NAME OF APPLICANT** (List only qualified self-insureds):

## PILOT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Employed by Applicant?  yes  no  
 City \_\_\_\_\_ Full Time Pilot?  yes  no  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indicate which certificates or ratings are held by placing the date obtained or issued in the grid below:

FAA Pilot Certificates Now Held		FAA Pilot Ratings Now Held		FAA Medical Certificate	
Certificate	Date Obtained	Rating	Date Obtained	Class	Date Issued
Student		ASEL		First-Class	
Private		AMEL		Second-Class	
Commercial		ASES		Third-Class	
Flight Instructor		AMES		Waivers*	
ATP		Instrument		Describe Waiver:	
		Rotorcraft			

Please list any Aircraft for which you are type rated:

Pilot in command experience Aircraft Make/Model	Total Hours			Hours Last 12 Months	Total Last 90 Days	Total Instrument	Total Night
	Single	Multi	Rotor				

Date of last biennial flight review or equivalent?		Type of Aircraft:	
Date of last instrument competency check?		Type of Aircraft:	
Date of last recurrent/transition course?		School or Instructor:	
Please provide details of last course:			
As Pilot in-Command or as Copilot, have you had or been involved in any aircraft incidents or accidents?			<input type="checkbox"/> yes <input type="checkbox"/> no
As Pilot in-Command or as Copilot, have you had or been found guilty of any Federal Air Regulations or Violations?			<input type="checkbox"/> yes <input type="checkbox"/> no
If yes to either of the prior two questions, please provide details and dates:			

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

Pilot's Signature: \_\_\_\_\_

(Please type name,)

Date: \_\_\_\_\_

## SAFETY NATIONAL CASUALTY CORPORATION