

PILOT HISTORY



- HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY, Hartford, Connecticut
- HARTFORD FIRE INSURANCE COMPANY, Hartford, Connecticut
- HARTFORD LIFE INSURANCE COMPANY, Hartford, Connecticut

1. Full Name (Last, First Initial)	Date of Birth	
2. Home Address (Number, Street, City, State, Zip Code)		
3. Present Employer	Address	No. Months Employed
Previous Employer	Address	No. Months Employed
4. Pilot Certificate Number	Date of Last Physical	5. Physical Waivers

6. **Pilot Ratings** **Mechanic Ratings** **Aircraft Ratings**
- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Aircraft | <input type="checkbox"/> Single Engine Land | <input type="checkbox"/> Rotor Craft Rating |
| <input type="checkbox"/> Private | <input type="checkbox"/> Power Plant | <input type="checkbox"/> Single Engine Sea | <input type="checkbox"/> Instrument Rating |
| <input type="checkbox"/> Commercial | | <input type="checkbox"/> Multi Engine Land | |
| <input type="checkbox"/> Airline - Transport | | <input type="checkbox"/> Multi Engine Sea | |
| <input type="checkbox"/> Flight Instructor | | | |

7. Date of First Solo: _____ Date of Pilot Certificate Issuance: _____

8. **Pilot Hours Logged**

Aircraft	Civilian	Military	Total Hours
Single Engine Land	_____	_____	
Single Engine Sea	_____	_____	_____
Multi Engine Land	_____	_____	
Multi Engine Sea	_____	_____	_____
Rotor Craft	_____	_____	_____
Instrument	_____	_____	_____
Cross Country	_____	_____	_____
As Instructor	_____	_____	_____

9. Hours Flown in Aircraft to be Covered: _____ Hours Flown in Last 90 Days: _____

10. While Acting as a Pilot Have You Had An Accident Involving More Than \$250 Property Damage, Injury or Fatality?
 Yes* No

11. Have You Ever Been Penalized For Violating Any Flight regulation? Yes* No

* **IMPORTANT:** IF YOU HAVE CHECKED 'YES' TO **ITEM 10** GIVE DATE, PLACE, MAKE, MODEL OF AIRCRAFT INVOLVED AND DETAILS OF INJURIES SUSTAINED. ATTACH STATEMENT WITH COMPLETE DETAILS OR USE OTHER SIDE OF THIS FORM. IF MORE THAN ONE ACCIDENT, LIST SEPARATELY. IF YOU HAVE CHECKED 'YES' TO **ITEM 11** ATTACH STATEMENT WITH COMPLETE DETAILS OR USE OTHER SIDE OF THIS FORM.

Date _____ Signature _____