



ADDITIONAL PILOT INFORMATION

Park Aviation Services Ltd.
380 - 18799 Airport Way
Pitt Meadows, BC, V3Y 2B4
Telephone: 888-917-1177

www.parkaviation.ca

This application supplemental forms part of the application for aviation insurance for...

Insured's Name: _____

Aircraft Make: _____

Model: _____

I-DENT #: _____

IMPORTANT: This application for insurance cannot be processed unless it is completed in full, including the "Hours Logged" section of this form: *Lifetime - All Aircraft, Make & Model* and *Last 12 Months - All Aircraft, Make & Model*. This form must be completed by the applicant.

PILOT # _____ DETAILS		PILOT # _____ DETAILS			
PILOT INFORMATION	FULL NAME	_____			
	BIRTHDATE	_____			
	LICENSE NUMBER	_____			
	LICENSE TYPE 1 NOW HELD	<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> REC <input type="checkbox"/> Comm <input type="checkbox"/> UL <input type="checkbox"/> ATP	<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> REC <input type="checkbox"/> Comm <input type="checkbox"/> UL <input type="checkbox"/> ATP		
	LICENSE TYPE 2 NOW HELD	<input type="checkbox"/> Night <input type="checkbox"/> IFR <input type="checkbox"/> Multi <input type="checkbox"/> Sea	<input type="checkbox"/> Night <input type="checkbox"/> IFR <input type="checkbox"/> Multi <input type="checkbox"/> Sea		
	RATINGS:	INSTRUMENT GROUP: _____	INSTRUMENT GROUP: _____	INSTRUMENT GROUP: _____	
	VALID TO: _____	VALID TO: _____	VALID TO: _____		
	INSTRUCTOR CLASS: _____	INSTRUCTOR CLASS: _____	INSTRUCTOR CLASS: _____		
	VALID TO: _____	VALID TO: _____	VALID TO: _____		
HOURS LOGGED	PIC DUAL TOTAL				
	LIFETIME	ALL AIRCRAFT			0
		THIS MAKE & MODEL			0
		FLOAT			0
		MULTI-ENGINE			0
		TAIL WHEEL			0
		CONSTANT PROP			0
		RETRACT			0
	LAST 12 MONTHS	ALL AIRCRAFT *			0
		THIS MAKE & MODEL			0
DURING THE LAST 5 YEAR HAVE YOU HAD ...					
PILOT HISTORY	1. ANY LICENSE LIMITATIONS OR CITATIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	2. AVIATION ACCIDENTS OR CITATIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	3. CONVICTIONS OR SUSPENSIONS FOR OPERATING A VEHICLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	4. ARRESTS FOR OPERATING A VEHICLE RECKLESSLY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	5. ARRESTS FOR OPERATING A VEHICLE UNDER THE INFLUENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	6. AVIATION CLAIMS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
SUMMERIZE ANY TRAINING COMPLETED IN THE LAST 12 MONTHS					
	DATE	TRAINING DETAILS			

To assist us in obtaining the best possible rates for you please make sure that ALL SECTIONS are completed in full.