



Pilot Details and Experience for FLUG Insurance

Pilot Details for Insurance Carrier

I Declare that the following information provided is true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given below shall be the basis of the contract between the undersigned and the Insurer. This Application does not commit the Insurer to any liability nor make the Applicant liable for any Premium unless and until the Insurer agrees in writing that coverage has been bound.

Name	
Occupation	
Date of Birth (mm/dd/yy)	
Type of License \ Permit	
Type of Rating(s) \ Endorsement(s)	
Accidents, Claims, Incidents or Violations within the last 5 years?	
Proficiency Training in the Last 12 Months	
SFC Social Membership + 99s International Membership	
Address, phone number, eaddress	
Next of Kin Address, phone number and eaddress	
Total Time	
Total Time on C150/152	
Total Time Floats	
Total Time Amphibian	
Total Time Retractable	
Total Time Taildragger	
Total Time Skis	
Total Time Multi Engine	
Total Time Turbine	
Total Time Rotary	
Time on C150/152 last 90 days	
Time on C150/152 last 12 months	
Total Flying Time last 12 months	
Date:	Signature: