Applicant Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state “YES” or “NO” in the final column and if “YES” please explain. YES/NO

|  |  |
| --- | --- |
| 1. Does the applicant currently own (in whole or in part) any other aircraft? If “YES” please explain: |  |
| 1. Has the applicant had any aircraft/aviation losses/claims during the last FIVE years? If “YES” please explain: |  |
| 1. Has any insurer cancelled, declined or refused to renew any aviation insurance for the applicant in the last five years? If “YES” please explain: |  |
| 1. Does the applicant NOT HAVE a current medical certificate, Basic Medical, or current FAA Flight Review? If “YES” please explain: |  |
| 1. Does the applicant have any physical impairment, waivers, or statement of demonstrated ability, limitations or conditions (other than corrective lenses) attached to their current medical certificate? If “YES” please explain: |  |
| 1. Has the applicant had any convictions, suspensions or revocations for: FAR violations, use or possession of drugs or reckless or drunk driving or felony in the last FIVE years? If “YES” please explain: |  |
| 1. Has the applicant been involved in any aircraft-related accident or incident in the last FIVE years? If “YES” please explain: |  |
| 1. Has the applicant been a member of another flying activity or club? If “YES” please explain reason for separation: |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Saved as FMFA Applicant Aviation Insurance History**