

2009 Flywell Insurance Form

Flywell Flying Club, Inc.

Flywell's insurance company requires specific club member data.
Please complete this form on or before **JULY 15, 2009** and return it to:

Ruth Johnson
6271 Able Street NE
Fridley, MN 55432

If your spouse or dependent child is flying club aircraft, fill out a separate form for each person.

All blanks or boxes must be filled in. Use "N/A" if not applicable.

Pilot Name: _____

Pilot Certificate (Student, Recreational, Private, Commercial, ATP, CFI, etc.) (FAR §61.5): _____

Pilot Certificate Category, Class, and Ratings (ASEL, Instrument, etc.) (FAR §61.5): _____

Date Biennial Flight Review Satisfied (FAR §61.56): _____

Date of Medical Certificate (FAR §61.23): _____

I have a Special Issuance Medical Certificate (FAR §67.401): No Yes If yes, please attach a copy.

Driver License No.: _____ **Birthdate:** _____

Occupation: _____ **AOPA Member No.:** _____

Total logged hours (FAR §61.51): _____

	Time logged in the last 12 months in each aircraft	Total time logged in each aircraft
In a Cessna 172	hours	hours
In a Piper Archer	hours	hours
In a Cessna 182 RG	hours	hours
In a Piper Lance	hours	hours

	Yes	No
1. In the last five years, have you had an aircraft accident, incident or insurance claim?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last five years, have you had your pilot or driver license surrendered, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last five years, have you been arrested for, or charged with, operating an aircraft or motor vehicle under the influence of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last five years, have you ever been involved in an aircraft accident as a crewmember?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If "Yes" to any of the above, please provide all dates and explanations previously undisclosed to Flywell on reverse side.</p>		

