

Pilot Application Form

Allianz Global Corporate & Specialty® Allianz Global Risks US Insurance Company 130 Adelaide Street West Suite 1600 Toronto, ON M5H 3P5 Fax 416-849-4555

Name of Pilot:			
Address:		Described.	Dootol Codo
	<i>City</i> Fax number		Postal Code
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Aircraft Details: To be flown i	in the next 12 months		
Aircraft Make and Model	Passenger Seats (excluding	pilot seat)	
Use of Aircraft:			
Pleasure & Business []			
Instruction [] Advanced Instruction []	Commercial Other Uses		
.,			
F	Pilot Details:		
Date of Birth Age	Month () Day () Year	r(<u>)</u>	
Total flying time			
Total flying time last 12 months			
Total time on aircraft stated			
above Total time on Floats			
Total time taildragger			
Total multi engine PIC time			
Total retractable time			
License Type	[] Student [] Private [] Comm	mercial	
	[] Rotary [] Recreational []	Other (State)	
License Number			
Endorsements to license			
Accidents / Violations in the last 5 years - explain			
	esented so that I may obtain approval to fly the	aircraft owned by	
and insured under Policy AIM		and all owned by	
I declare that the statement and de	eclarations made above are true and that	no information has been y	vithheld that mid
	bove person as an approved pilot. I furthe		
	ate any qualifications or statements cont		
through the Privacy Act. No approv Allianz Global Risks US Insuranc	val is given under this pilot application for e Company in writing.	m until such time as confir	mation is given b
Brokers Name	Phone Number	Fax Number	
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