

ZS-LLY INSURANCE POLICY – ADDITION OF NAMED PILOT



1 PERSONAL INFORMATION

FULL NAME:

LICENSE TYPE:

LICENSE ENDORSEMENTS:

WORK TELEPHONE NUMBER:

MOBILE TELEPHONE NUMBER:

2 FLYING EXPERIENCE

TOTAL FIXED WING HOURS:

RETRACTABLE GEAR HOURS:

HOURS ON TYPE (C72R):

CLAIMS HISTORY (PAST 5 YRS):

3 TRAINING/HIRE AND FLY PERIOD

INSURANCE PERIOD:

I, _____, hereby declare that all of the information provided above is correct and accurate.

Hirer Signature

Date of Signature: