



Midwest Employers Casualty Company
 14755 North Outer Forty Drive, Suite 300
 Chesterfield, MO 63017
 (636) 449-7000 Fax (636) 449-7199

Aircraft Pilot Application

- New Application
- Renewal of Policy Number: _____

1. Name of Applicant (as shown on self-insurance permit): _____

To Be Completed for Each Pilot

2 Pilot's Name: _____

3 Date of Birth: _____

4 Employer: _____

5 Job Title and Duties: _____

6 Type of license & ratings: _____

7 Are all pilots full-time professionals? _____

8 What percentage of the time is a co-pilot utilized? _____

9 FAA Medical Certificate:
 a) Date Issued: _____
 b) Class: _____
 c) Waivers (if any): _____

10 Has this pilot ever been involved in any aircraft accidents? If so please provide details. _____

11

	Type of Aircraft (year, make & model)	Hours as a Pilot-in-Command Last 12months	Total Hours as Pilot-in- Command
1			
2			
3			
4			
5			
6			
7			

Submitted By: _____
 Date: _____
 Company: _____