

COSTELLO INSURANCE ASSOCIATES, INC.
428 E. Southern Ave. / P.O. Box 28280 / Tempe AZ 85282
Tel: 480-968-7746 / Watts: 800-528-6483 / Fax: 480-967-3828 / Email insure@aviationi.com

TOW PILOT RECORD FORM

1. Pilot: _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____
4. Phone #: Residence _____ Business _____ Fax _____
5. Birth Date _____ Age _____ Occupation _____
6. a. Pilots License Number _____ b. Date of last BFR _____
7. Glider Licenses: Student Private Commercial Other _____
8. Have you been under a Doctor's care for any physical or mental disorder within the last three years?
 Yes No If yes, explain: _____

9. Power Licenses: Student Private Commercial Other _____
10. Date of last medical? _____ Class _____
11. Total Hours: Glider _____ Power _____ Motorglider _____
12. Glider Flights
 - a. Total number of flights in all gliders: _____
 - b. Number of flights in 34:1 or less glide ratio: _____
 - c. Number of flights in 35:1 or greater glide ratio: _____
 - d. If applicable, total flights in make and model being insured: _____
13. Tow planes:
 - a. Total power tail wheel time? _____
 - b. Total time in a Piper PA 25-235? _____
 - c. Total number of glider tows given? _____
14. What percentage of your flying in the next twelve months do you anticipate being in contests? _____
15. Any aviation accidents or violations? Yes No If yes, please provide details.

16. During the past three years, has any insurer cancelled or declined any insurance issued or requested by the applicant? Yes No If yes, explain _____

17. Do you use the insured aircraft for other than personal pleasure? Yes No If yes, explain.

Signature: _____ Date _____

Reference: Eagle Sport Aviation

Policy # SS1854176-01