

# 2019 Flywell Insurance Form

## Flywell Flying Club, Inc.

Flywell's insurance company requires specific club member data.

Please complete this form on or before June 30, 2019 and return it to:

**Lawrence Foley**  
**705 Pinewood Drive**  
**Shoreview MN 55126**

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 (or Basic Medical)** (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): \_\_\_\_\_ **Total Retractable hours logged:** \_\_\_\_\_

	Total time logged in each aircraft	
In a Cessna 172		hours
In a Piper Archer		hours
In a Cessna 182 RG		hours
In a Piper Lance		hours

	Yes	No
1. In the last <b>five</b> years, have you had an aircraft accident, incident or insurance claim? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last <b>five</b> years, have you had your pilot or driver license surrendered, suspended or revoked? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last <b>five</b> 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 <b>five</b> years, have you ever been cited for a violation of an F.A.R.? .....	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes" to any of the above, please provide all dates and explanations previously undisclosed to Flywell on reverse side.

**Please READ and INITIAL your acknowledgment of the following:**

I understand that if I do not have, at any time, a current medical certificate and current biennial flight review meeting the requirements of the Flywell Operating Rules, Section 3.2, I am considered an <b>INACTIVE</b> member. As an inactive member, I am <b>NOT INSURED</b> while flying the club's aircraft except under the supervision of a Flywell Flying Club approved CFI.	Your Initials
I understand the club's aircraft are <b>NOT</b> insured for commercial use, and that I may only operate the club's aircraft for private use per the limitations of FAR §61.113, <i>Private pilot privileges and limitations: Pilot in command</i> .	Your Initials
I understand the club's insurance provides <b>NO</b> medical and <b>NO</b> bodily injury coverage for me <b>NOR</b> any immediate family members. I am responsible for the aircraft damage deductible (\$5,000 for all club aircraft) while I am acting as pilot in command of club aircraft.	Your Initials
Flights outside the continental 48 states require prior approval of the club president. Notice must be given at least <b>TEN DAYS PRIOR</b> to the flight.	Your Initials
All student pilot flights must be supervised by a CFI.	Your Initials
I understand that the club has currency rules for the 182RG and Lance. If I am not current under these rules in these aircraft, I must fly with a CFI until I meet the currency rules. Additionally, if I do not meet the currency rules, I understand that I am not covered by club insurance and will not fly either the 182RG or the Lance without a certified flight instructor.	Your Initials
I understand that the club insurance policy has maximum liability coverage of \$1,000,000 per occurrence, which is limited to a maximum of \$100,000 per person per occurrence. This liability coverage has lower limits for family members.	Your Initials
I understand that the club has set up a limited liability corporation (LLC). Club members rent the planes from the limited liability corporation (Flywell Flying Club, LLC) and not from Flywell Flying Club, Inc. I understand that Flywell Flying Club, LLC may have minimal assets.	Your Initials

**The information I supplied on this form is true and correct and no material information has been withheld.**

Printed Name

Signature

Date

**Dates and explanations for items 1 through 4 from previous page:**

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