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

PILOT RECORD FORM

1. Pilot: David L Bigelow
2. Street Address: [redacted] '07 APR 23 A10:04
3. City: KAMUELA State: HI Zip: 96743-5607
4. Phone #: Residence [redacted] Business _____ Fax _____
5. Birth Date [redacted] Age 67 Occupation RETIRED PILOT
6. a. Pilots License Number [redacted] b. Date of last BFR 4-7-07
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 ATP B737, DC-10
10. Date of last medical? 1990 Class 1ST CLASS
11. Total Hours: Glider 812 Power 15,000 Motorglider 83.3
12. Glider Flights
    a. Total number of flights in all gliders: 375
    b. Number of flights in 34:1 or less glide ratio: 57
    c. Number of flights in 35:1 or greater glide ratio: 318
    d. If applicable, total flights in make and model being insured: 44
13. Tow planes: (if applicable)
    a. Total power tail wheel time? (If applicable.) _____
    b. Total time in make and model insured? _____
    c. Total tows given? _____ How many in make & model? _____
14. Any aviation accidents or FAR violations? ☐ Yes ☒ No If yes, please provide details.
15. Any convictions, suspensions, or revocations for use or possession of drugs, reckless driving or drunk driving?
    ☐ 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: [redacted] Date 4-17-2007

Reference: David L. Bigelow Policy # Pending