

2025 Flywell Insurance Form

Flywell Flying Club, Inc.

Flywell's insurance company requires specific club member data.

Please complete this form on or before July 1, 2025 and return it to:

Avram Scheiner

4403 Meadowood Cir

Vadnais Heights MN 55127-6013

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 logged hours in the last 12 months: _____

	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 five years, have you had an aircraft accident, incident or insurance claim?	☐	☐
2. In the last five years, have you had your pilot or driver license surrendered, suspended or revoked?	☐	☐
3. In the last five years, have you been arrested for, or charged with, any drugs or alcohol related offences?	☐	☐
4. In the last five years, have you ever been cited for a violation of an F.A.R.?	☐	☐

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

[Type text]

[Type text]

[Type text]

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 INACTIVE member. As an inactive member, I am NOT INSURED 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 NOT 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
Please list the name of the CFI that did your last flight review. If you fly the 182 or Lance, please list the plane in which you did your flight review. (Does not apply to those receiving a AQP or recurrent review under Part 121/Part 135CFI	CFI Name
I understand the club's insurance provides NO medical and NO bodily injury coverage for me NOR 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 TEN DAYS PRIOR 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:
