

Tom Sands

Employment History

Hired as subcontractor pilot August 2020

Hired as employee February 2022

Trained on Flight System October 14, 2021

AEROSPACE



Aerospace Insurance Managers, Inc.

Dallas, TX 75254

Glendale, CA 97202-2089

Pilot History Form

Pilot Name (Printed) THOMAS L. SANDS, JR.
 Street Address: [REDACTED]
 City, State & Zip: SUGAR LAND TX 77479
 Telephone: [REDACTED]
 Birth date: [REDACTED]
 Soc. Sec. No: [REDACTED]
 Occupation: COMMERCIAL PILOT / CFI
 Employer: NEW ERA TECHNOLOGY, INC.
 Pilot Cert. Number: [REDACTED]

FAA Pilot Certificates Held And Year Obtained	
☒ Student	2019
☒ Private	2019
☒ Commercial	2020
☐ ATP	
☒ CFI	2020
☒ CFII	2021
☐ MEI	
☐ ATP	

FAA Medical Certificate
 Issued Date DEC 4 2020 Class 2
 Waivers or Limitations (if none/write "None"):
 Flight Review "List Date of Last Certificate/Rating if Exempt by Provisions of FAR 61.58(d)"
 Date of Last Flight Review: 2/24/2021 Type Aircraft: ASEL - PA 28
 Date of Last IPC: 2/24/2021 Type Aircraft: ASEL - PA 28

FAA Pilot Ratings Now Held And Year Obtained	
☒ ASEL	2019
☐ AMEL	
☒ Instrument	2020
☐ ABES	
☐ AMES	
☐ RW-Helicopter	

Fixed Wing Flight Experience			Rotor-Wing Flight Experience	
Total Logged Hours as Pilot	1,275	ASEL	Total Logged Hours in Helicopters	
Total Logged Hours in Multi-Engine			Total Logged Hours in Piston Helicopters	
Total Logged Hours in Turboprop			Total Logged Hours in Turbine Helicopters	
Total Logged Hours in Turbojet			Total Logged Hours in Gyroplanes	
Total Logged Hours in Retractable Gear	18	ASEL-M20J	Total Logged Hours Last 90 Days	
Total Logged Hours in Tail Wheel	3	7KCAR		
Total Logged Hours Last 90 Days	194	Make & Model		Make & Model
Total Logged Hours in Make & Model	529	C182	Total Logged Hours in Make & Model	
Total Logged Hours in Make & Model	295	C172	Total Logged Hours in Make & Model	

Initial Or Recurrent Flight Proficiency Training

Type Rated in the Following Aircraft: N/A

Please List Any Type Specific or Any Ground/Flight Training Programs Attended Within the Last 24 Months: SPORTY'S INSTRUMENT COURSE 2019-2020
 Name of School / Program: _____ Date Attended: _____
 Name of School / Program: _____ Date Attended: _____

FAA "WINGS" Safety Program Date: _____ Level: _____

Background information (Please Explain Any "Yes" Answers on the Reverse Side)

Have you ever been involved in an aircraft accident or incident?

Has any insurance company cancelled, declined or refused to renew any aviation insurance for you?

Do you have any convictions, suspensions or revocations relating to a driver's license or airman's certificate for: FAR violations, use or possession of controlled substances or driving while intoxicated?

Type of Training
☒ Initial ☐ Recurrent
☐ Yes ☒ No
☐ Yes ☒ No

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld.
"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

The Following Specific Warnings are Applicable in the States Specified Below:

*** State of Arkansas ***

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IF GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IF GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON"

*** State of Colorado ***

"IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

*** State of Florida ***

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

*** State of Kentucky ***

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

*** State of Louisiana ***

WARNING: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

*** State of Maine ***

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

*** State of Minnesota ***

"A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

*** State of New Jersey ***

"ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL OR CIVIL PENALTIES."

*** State of New Mexico ***

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES"

*** State of New York ***

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION."

*** State of Ohio ***

"ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

*** State of Oklahoma ***

WARNING: "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

*** State of Oregon ***

"ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW."

*** State of Pennsylvania ***

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

*** State of Tennessee ***

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

*** State of Virginia ***

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Pilot Signature

Date Signed

25 MAR 2022

THIS PILOT HISTORY IS FILED IN CONNECTION WITH THE INSURANCE APPLICATION

AEROSPACE



Pilot History Form

Applicant Insured _____
 Pilot Name (Printed): Cinnamon Franklin
 Street Address: _____
 City, State & Zip: Youngstown, OH 44511
 Telephone: _____
 Birthdate: _____
 Soc. Sec. No. _____
 Occupation: _____
 Employer: _____
 Pilot Cert. Number: _____

FAA MEDICAL CERTIFICATE

Issue Date: 3-1-21 Class: 1
 Waivers or Limitations (If none, write "None"): None

FLIGHT REVIEW *List Date of Last Certificate/Rating If Exempt by Provisions of FAR 61.58(d)

Date of Last Flight Review: 12-13-21 Type Aircraft: C172
 Date of Last IPC: 6-19-20 Type Aircraft: C172

FIXED WING FLIGHT EXPERIENCE

Total Logged Hours as Pilot 280
 Total Logged Hours in Multi-Engine 0.5
 Total Logged Hours in Turbo-prop 0.5
 Total Logged Hours in Turbo-jet 0.5
 Total Logged Hours in Retractable Gear 10-SIC
 Total Logged Hours in Tail Wheel 0.8
 Total Logged Hours Last 90 Days 34.1 Make & Model _____
 Total Logged Hours in Make & Model 105.7 C172
 Total Logged Hours in Make & Model 29.5 PA-28-140

ROTORCRAFT FLIGHT EXPERIENCE

Total Logged Hours in Helicopters _____
 Total Logged Hours in Piston Helicopters _____
 Total Logged Hours in Turbine Helicopters _____
 Total Logged Hours in Gyroplanes _____
 Total Logged Hours Last 90 Days _____
 Total Logged Hours in Make & Model 112.9 PA-38-112
 Total Logged Hours in Make & Model 16.5 C150

INITIAL OR RECURRENT FLIGHT PROFICIENCY TRAINING

Type Rated in the Following Aircraft: _____
 Please List Any Type Specific or Any Ground/Flight Training Programs Attended Within the Last 24 Months: 2021
Jeff Air Pilot Services Type of Training ☒ Initial ☒ Recurrent
 Name of School / Program _____ Date Attended _____
 Name of School / Program _____ Date Attended _____
 Name of School / Program _____ Date _____ Level _____
 FAA "WINGS" Safety Program _____

BACKGROUND INFORMATION (Please Explain Any "Yes" Answers on the Reverse Side)

Have you ever been involved in an aircraft accident or incident? ☐ Yes ☒ No
 Has any insurance company cancelled, declined or refused to renew any aviation insurance for you? ☐ Yes ☒ No
 Do you have any convictions, suspensions or revocations relating to a driver's license or airman's certificate for FAR violations, use or possession of controlled substances or driving while intoxicated? ☐ Yes ☒ No

I confirm that all the information given is true and complete to the best of my knowledge and that no material information has been withheld.

IMPORTANT: SEE REVERSE SIDE FOR WARNINGS

Pilot Signature _____

Date Signed 12-22-2021

AEROSPACE INSURANCE MANAGERS, INC.
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 221 East Glenoaks Boulevard, Suite 150 | Glendale, California 91207 | Tel 818.547.1400 Fax 818.547.3888 | West Coast Office