

PILOT EXPERIENCE FORM

Name of Insured: _____

PILOT'S NAME: _____

Address: _____

Phone No. (W): _____
(H): _____

Date of Birth: _____

Marital Status: _____ # of Children: _____

Occupation: _____

Employer and Duration: _____

Airman's Certificate No.: _____

Auto Driver's Lic. No.: _____ State: _____

CERTIFICATES and RATINGS

- | | |
|-------------------------------------|--|
| Student <input type="checkbox"/> | Instrument Rating <input type="checkbox"/> |
| Private <input type="checkbox"/> | Multi-Engine Land <input type="checkbox"/> |
| Commercial <input type="checkbox"/> | Helicopter <input type="checkbox"/> |
| ATP <input type="checkbox"/> | Glider <input type="checkbox"/> |
| Instructor <input type="checkbox"/> | Balloon <input type="checkbox"/> |
| Other (Specify): _____ | |

Type Ratings: _____

Medical Date: _____

Medical Class: _____

Last BFR Date: _____

TOTAL LOGGED PILOT HOURS

TOTAL TIME: _____

TOTAL PIC TIME: _____

Single Engine Fixed Gear: _____

Single Engine Retr. Gear: _____

Conventional Gear (Tail Dragger): _____

Twin Engine Under 12,500# Gross: _____

Turbo Prop: _____

Turbo Jet: _____

Twin Engine Over 12,500# Gross: _____

Helic. - Reciprocating Engine: _____

Helic. - Turbine Powered: _____

Last 90 Days: _____

Last 12 Months: _____

Instrument Flying: _____

Actual..... _____

Simulated..... _____

APPLICANT REQUESTS APPROVAL in the FOLLOWING MAKE & MODEL of AIRCRAFT

Make/Model of Aircraft to be insured:	Total Logged Pilot Hours in the Aircraft:	Is Annual Recurrent Training received in this Aircraft? No <input type="checkbox"/> Yes <input type="checkbox"/> Where?/When? _____
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PLEASE EXPLAIN ANY "YES" ANSWERS ON THE REVERSE SIDE.

- | | | |
|---|--------------------------|--------------------------|
| 1) Did you complete any formal aviation flight training within the last 12 months?..... | YES | NO |
| 2) Do you Participate in FAA Pilot Proficiency Award Program?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, Check the highest Phase completed: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V | | |
| For what type of aircraft: _____ | | |
| 3) Please list Refresher/Transition Courses on Reverse Side. Describe and give dates of last course attended..... | | |
| 4) Are you flying under a waiver?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Have you ever been penalized for a flying violation?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Have you ever had an Aircraft Accident/Incident or Violation?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Has your driver's license ever been suspended or revoked?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?..... | <input type="checkbox"/> | <input type="checkbox"/> |

I WARRANT the truth of the above statements and further WARRANT that no material information has been withheld or suppressed.

Date: _____

Pilot's Signature: _____