



PILOT EXPERIENCE FORM

Name of Insured: _____
PILOT'S FULL LEGAL NAME: _____
 (First, Middle, Last Name)
 Street Address: _____

 City, State and Zip Code: _____
 Phone No. (Work): _____ (Work Fax) _____
 (Home): _____ (Home Fax) _____
 Email Address: _____
 Cell Phone: _____ (Pager) _____
 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 Instrument Rating
 Private Multi-Engine Land
 Commercial Helicopter
 ATP Glider
 Instructor Balloon
 Airplane SES Airplane MES
 Other (Specify): _____

Type Ratings: _____

Medical Date: _____
 Medical Class: _____
 Last BFR Date: _____

Coverage may be invalidated if the pilot of the insured aircraft does not comply with medical certificate and pilot proficiency regulations as mandated by the FAA and/or your insurance company.

TOTAL LOGGED PILOT HOURS

TOTAL TIME: _____	Total Turbine Prop: _____
Total PIC Time: _____	Total PIC Turbine Jet: _____ SIC: _____
Single Engine Fixed Tri-Gear: _____	Helicopter – Reciprocating Engine: _____
Single Engine Retr. Gear: _____	Helicopter – Turbine Powered: _____
Conventional Gear (Tail Dragger): _____	Total Hours in Last 90 Days: _____
Twin Engine Under 12,500# Gross: _____	Total Hours in Last 12 Months: _____
Twin Engine Over 12,500# Gross: _____	Instrument Flying Total: _____
Airplane Single Engine Sea: _____	Actual..... _____
Airplane Multi-Engine Sea: _____	Simulated..... _____

APPLICANT REQUESTS APPROVAL in the FOLLOWING MAKE & MODEL of AIRCRAFT

Make/Model of Aircraft to be Insured: _____	Total Logged Pilot Hours in this Make/Model: (see below) _____	Is Annual Training received in this Aircraft? If Yes. Please specify; SimCom,FSI,Ann. Flight Review (Copy of Cert.) No <input type="checkbox"/> Yes <input type="checkbox"/> Where?/When? _____ Date: _____
_____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/> Where?/When? _____ Date: _____

*****Number of Hours in the make and model to be Insured within the past 12 months? _____*****

PLEASE EXPLAIN ANY "YES" ANSWERS ON THE REVERSE SIDE.

- | | |
|---|--|
| 1) Do you hold a current FSI Pro Card or Simuflite Card?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Do you Participate in FAA Pilot Proficiency Award Program?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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"/> Yes <input type="checkbox"/> No |
| 5) Have you ever been penalized for an FAR violation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Have you ever had an Aircraft Accident/Incident or Violation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7) Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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"/> Yes <input type="checkbox"/> No |
| 9) Has your driver's license ever been suspended or revoked?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10) Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Date: _____ Pilot's Signature: _____

FRAUD WARNING: 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.