

Pilot Experience Form



The information currently on file is denoted in parenthesis. Please review for accuracy and completeness, sign & date form and return to our office. Incomplete forms will be returned

CERTIFICATES and RATINGS

Name of Insured: _____ PILOT'S NAME: _____ Address: _____ Phone No. (W): _____ (H): _____ Date of Birth / (Age): _____ Marital Status: _____ Occupation: _____ Employer and Duration: _____ AOPA Member (Yes / No) Number: _____ EAA Member (Yes / No) Number: _____ Airman's Certificate No.: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> Instructor <input type="checkbox"/> IFR Instructor <input type="checkbox"/> ME Instructor <input type="checkbox"/> Type Ratings: _____ </td> <td style="width:50%;"> Single Engine Land <input type="checkbox"/> Multi-Engine Land <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Multi-Engine Sea <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Instrument Rating <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">Medical Date _____</td> </tr> <tr> <td colspan="2">Medical Class <u> I </u> <u> II </u> <u> III </u> (Circle Class)</td> </tr> <tr> <td colspan="2">Flight Review Date: _____</td> </tr> <tr> <td colspan="2">Flight Review Completed In: _____ (List Aircraft Type)</td> </tr> </table>	Student <input type="checkbox"/> Recreational <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> Instructor <input type="checkbox"/> IFR Instructor <input type="checkbox"/> ME Instructor <input type="checkbox"/> Type Ratings: _____	Single Engine Land <input type="checkbox"/> Multi-Engine Land <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Multi-Engine Sea <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Instrument Rating <input type="checkbox"/>	Medical Date _____		Medical Class <u> I </u> <u> II </u> <u> III </u> (Circle Class)		Flight Review Date: _____		Flight Review Completed In: _____ (List Aircraft Type)	
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TOTAL LOGGED PILOT HOURS

TOTAL TIME: _____	Rotor Wing: _____
Pilot in Command: _____	Turbine Rotor Wing: _____
Second in Command: _____	Total Aerial Application: _____
Flight Engineer: _____	Warbird: _____
Multi-Engine Land: _____	Total Seaplane: _____
Instrument (both Actual & Simulated): _____	Multi-Engine Seaplane: _____
Turbo Jet: _____	Single Engine Turbo Prop: _____
Turbo Prop: _____	All Aircraft - Last 90 Days: _____
Retractable Gear: _____	All Aircraft - Last 12 Months: _____
Conventional Gear (Tail Wheel): _____	Other (describe): _____

APPLICANT REQUESTS APPROVAL in the FOLLOWING MAKE & MODEL of AIRCRAFT

Logged hours in the make & model of aircraft insured	Total	Last 12 months	Is Annual Recurrent Training received in this Aircraft
			No <input type="checkbox"/> Yes <input type="checkbox"/> Where: _____ When: _____
			No <input type="checkbox"/> Yes <input type="checkbox"/> Where: _____ When: _____

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

- | | | |
|--|-----|----|
| 1) Do you hold a current FSI Pro Card or Simuflite Card?..... | Yes | No |
| 2) Do you Participate in FAA Pilot Proficiency Award Program?..... | Yes | No |
| If yes, Please list highest Phase completed: _____ For what type of aircraft: _____ | | |
| 3) Please list Refresher/Transition Courses on Reverse Side. Describe and give dates of last course attended..... | Yes | No |
| 4) Are you flying under a medical waiver?..... | Yes | No |
| 5) Have you ever had an Aircraft Accident/Incident or been penalized for an FAR violation?..... | Yes | No |
| 6) Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?..... | Yes | No |
| 7) Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?..... | Yes | No |
| 8) Has your driver's license ever been suspended or revoked?..... | Yes | No |
| 9) Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?..... | Yes | No |

I WARRANT that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld or suppressed.

Date: _____ Pilot's Signature: _____