

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.: _____

Student	<input type="checkbox"/>	Single Engine Land	<input type="checkbox"/>
Recreational	<input type="checkbox"/>	Multi-Engine Land	<input type="checkbox"/>
Private	<input type="checkbox"/>	Single Engine Sea	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Multi-Engine Sea	<input type="checkbox"/>
ATP	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>
Instructor	<input type="checkbox"/>	Glider	<input type="checkbox"/>
IFR Instructor	<input type="checkbox"/>	Instrument Rating	<input type="checkbox"/>
ME Instructor	<input type="checkbox"/>		
Type Ratings:	_____		

Medical Date _____
 Medical Class I II III (Circle Class)
 Flight Review Date: _____
 Flight Review (List Aircraft Type)
 Completed In: _____

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: _____
_____	_____	_____	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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Do you Participate in FAA Pilot Proficiency Award Program?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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..... | | |
| 4) Are you flying under a medical waiver?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Have you ever had an Aircraft Accident/Incident or been penalized for an FAR violation?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) 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"/> |
| 8) Has your driver's license ever been suspended or revoked?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) 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 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: _____