

Pilot Experience Form

Please complete all requested information and sign and date at bottom. This document does not provide any coverage or amend any existing coverage.

1. GENERAL PILOT INFORMATION

Pilot's Name: _____

Address: _____

City, State, Zip _____

Telephone: Home: _____ Work: _____

Date of Birth: _____ Occupation _____ Employer: _____

Name of Insured: _____

Date and Class of Last Medical: _____

FAA Certificate No: _____

- Private Pilot Commercial Pilot Airline Transport Pilot Flight Instructor
 Instrument Multi-Engine Land Helicopter Pro-Pilot Full Time

2. PILOT EXPERIENCE

Total Time All Aircraft: _____ Total Turbine (SIC + PIC): _____ Total Time Retractable Gear: _____

Total Time Turbine PIC: _____ Total Time Last 12-Months: _____ Total Time Turbo Jet (SIC + PIC): _____

Total Time Rotor Wing: _____ Total Time Last 90-Days: _____ Total Time Turbo-Jet PIC: _____

Total Time Turbine Rotor Wing : _____ Date Last BFR: _____ Total Time Multi-Engine: _____

Total Instrument Time _____

Actual/ Simulated: _____

Date you obtained your Instrument Rating: _____ Date you obtained your Multi-Engine Rating: _____

3. INSURED Make & Model (MM) PILOT EXPERIENCE and RECURRENT TRAINING HISTORY / FACTORY SCHOOL

Insured MM #1: _____ Total Time MM: _____ Date/Place last Recurrent Training: _____

Insured MM #2: _____ Total Time MM: _____ Date/Place last Recurrent Training: _____

Insured MM #3: _____ Total Time MM: _____ Date/Place last Recurrent Training: _____

4. TYPE RATINGS (list all) _____

5. QUESTIONS (check "YES" or "NO")

- a. Are you flying under a waiver? Yes No
 b. Have you ever had an aircraft accident, incident, and/or violation? Yes No
 c. Has any insurance company ever cancelled, non-renewed, or declined coverage on your behalf? Yes No
 d. Have you ever been convicted of, or pleaded guilty to, or are you under indictment in a legal action involving drugs or narcotics? Yes No
 e. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics? Yes No
 f. Has your driver's license ever been suspended or revoked? Yes No

Explain all YES answers (attach separate sheet, if necessary): _____

I certify that the statements in this form are true and that no material information has been withheld or suppressed.

Pilot's Signature: _____ Date: _____