



PILOT EXPERIENCE FORM

- 1. Insured Name
2. Pilot's Name
3. FAA Certificate NO.
Policy No.
Date of Birth
Marital Status
How Long
Employer
Date of Medical
Date of Biennial Flight Review

CERTIFICATE

Student; Recreational; Sport; Private; Commercial; ATP; Instructor

RATINGS

Airplane; Rotorcraft; Glider; Lighter Than Air

AIRPLANE CLASS RATINGS

Single-Engine Land; Multiengine Land; Single-Engine Sea; Multiengine Sea

ROTORCRAFT CLASS RATINGS

Helicopter; Gyroplane

LIGHTER-THAN-AIR CLASS RATINGS

Airship; Free Balloon

INSTRUMENT RATINGS

Instrument-Airplane; Instrument-Helicopter

INSTRUCTOR RATINGS

Airplane Single-engine; Airplane Multiengine; Rotorcraft Helicopter; Instrument-Airplane; Instrument-Helicopter

- 4. TOTAL LOGGED CIVILIAN PILOT HOURS:
TOTAL LOGGED MILITARY PILOT HOURS:
Pilot in Command; Co-Pilot

Enter breakdown of LOGGED PILOT IN COMMAND Hours Below (Military and Civilian Combined)

Table with 6 columns: Category, Total Time, Total Last 5 Years, Total Last 12 Months, Total IFR, Total IFR 12 Months. Rows include AIRPLANE (Single-Engine Land Fixed Gear, Single-Engine Land Retractable Gear, Single-Engine Sea, Single-Engine Tailwheel, Multiengine Land, Multiengine Sea), ROTORCRAFT-HELICOPTER (Piston Powered, Turbine Powered), Glider, and SPECIFIC MAKE AND MODEL OF AIRCRAFT.

ANSWER ALL QUESTIONS

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

- 1. Are you flying under any waiver or limitation?
2. Have you ever been penalized for violation of any F.A.R.
3. Have you ever had an aircraft claim, incident or accident?
4. Have you ever been cited or fined for violation of an aviation regulation?
5. Have you ever been convicted of a felony or are you under indictment for a felony?
6. Has your drivers license ever been suspended?
7. Have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?
8. Have you ever been treated for chemical dependency or alcohol abuse?
9. Are you regularly using any medication?

EXPLAIN fully each YES answer

(for additional space use back)