



Pilot Experience Form

Personal Information

Name _____
 Address _____

 Age _____ Birthdate: _____
 Soc. Sec. No. _____
 Driv. Lic.# _____ State: _____
 Occupation _____
 Employer _____ No. Yrs: _____
 Marital Status _____
 No. of Depend. _____
 Phone (Day) _____ Fax: _____
 Phone (Night) _____ Cell: _____

FAA Information

Medical Certificate
 Date Issued _____ Class (check one) **I** **II** **III**
 Waivers (if none, enter none) _____
Airman Cert# _____ Pilot Ratings Held Yr. Obtained
Pilot Cert. Held Yr. Obtained Single Engine Land Yr: _____
 Student Yr: _____ Multi-engine Land Yr: _____
 Private Yr: _____ Single Engine Sea Yr: _____
 Commercial Yr: _____ Multi-engine Sea Yr: _____
 ATP Yr: _____ Instrument Yr: _____
 CFI Yr: _____ Rotorcraft Yr: _____
 Cert. Not Listed: _____ Yr: _____
Date Of Last Biennial Flight Review: _____
Date of Last Instrument Proficiency Check: _____

Initial and Recurrent Training

Type of training in aircraft to be insured: _____ Is annual recurrent training received in this aircraft? Yes No
 List manufacturer's approved ground and flight school attended: **Recurrent/Transition Courses:** Describe and give dates of last attended and/or planned training:
School Model Dates

School or Instructor _____

Do you hold any professional flight training cards (FSI Pro, Simuflite, etc.)? No Yes If "Yes", aircraft type _____ Date _____

Pilot Experience

Total Hours In All Aircraft: _____ Total Hours In Aircraft To Be Insured: _____ Year of first solo flight: _____
 Retr. Gear Hrs: _____ Multiengine Hrs: _____ Turbo Prop Hrs: _____ Jet Hrs: _____
 Rotor Hrs: _____ Turbine Rotor Hrs: _____ Tail Wheel Hrs: _____ Sea Hrs: _____

List All Aircraft Makes & Models	Total Hours PIC	Total Hours SIC	Total Hours Last 90 Days	Total Hours Last 12 Mos.	Total Hours Instrument	Total Hours Night

Use reverse side for additional aircraft

Please explain fully any "Yes" answers to the following questions on the reverse side.

- As pilot-in-command or as co-pilot, have you ever had or been involved in any aircraft incidents or accidents? No Yes
- As pilot-in-command or as co-pilot have you ever been found guilty of any Federal Air Regulations violations? No Yes
- Has your automobile driver's license ever been suspended or revoked? No Yes
- Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? No Yes
- Have you had any automobile accidents within the last five years? No Yes

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

Signed _____ Date: _____
(Pilot's Personal Signature Required)

This pilot record is filed in connection with the insurance application of _____