



PILOT EXPERIENCE

DATE (MM/DD/YYYY)

AGENCY		APPLICANT (First Named Insured)	
PHONE (A/C, No, Ext):		HOME PHONE (A/C, No):	
FAX (A/C, No):		BUSINESS PHONE (A/C, No, Ext):	
E-MAIL ADDRESS:		FAX (A/C, No):	
CODE:	SUB CODE:	E-MAIL ADDRESS:	
AGENCY CUSTOMER ID:			

PILOT INFORMATION

DATE OF BIRTH	MARITAL STATUS	AOPA NUMBER	EAA NUMBER	AIRMAN'S CERTIFICATE #
CURRENT EMPLOYER		HIRE DATE	OCCUPATION	REGISTRATION NUMBERS OF ASSIGNED AIRCRAFT

CERTIFICATIONS AND RATINGS (Check the appropriate boxes for all certifications / licenses and ratings held)

	SINGLE ENGINE LAND	MULTI-ENGINE LAND	INSTRUMENT	SINGLE ENGINE SEA	MULTI-ENGINE SEA	ROTOR-WING	GLIDER	LIGHTER THAN AIR	OTHER:	OTHER:	OTHER:
STUDENT	<input type="checkbox"/>	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECREATIONAL	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPORT	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARE YOU AN A&P MECHANIC? If "YES", enter date obtained.

YES

NO

DATE:

ARE YOU AN INSPECTION AUTHORITY (I/A)? If "YES", enter date obtained.

YES

NO

DATE:

MEDICAL DATE:

CLASS: I II III

FLIGHT REVIEW DATE:

AIRCRAFT TYPE:

LOGGED HOURS

	# HRS		# HRS		# HRS		# HRS		# HRS
TOTAL HOURS		TOTAL SEAPLANE		TURBINE AGRICULTURE		TURBO JET			
PILOT IN COMMAND		MULTI-ENGINE SEAPLANE		ROTOR WING AG		TURBO PROP			
SEC IN COMMAND		TOTAL AMPHIBIOUS		TURBINE ROTOR WING AG		SE TURBO PROP			
MULTI-ENGINE LAND		ROTOR WING		ALASKA		LAST 90 DAYS			
RETRACTABLE GEAR		TURBINE ROTOR WING		INSTRUMENT		LAST 12 MONTHS			
CONVENTIONAL GEAR		TOTAL AGRICULTURE		TOTAL TURBINE					

AIRCRAFT APPROVAL (Attach Additional Sheets if more Space is Required)

AIRCRAFT	LOGGED HOURS			ANNUAL RECURRENT TRAINING?	CURRENT FSI CARD?	TRAINING FACILITY	TRAINING DATE
	TOTAL	LAST 90 DAYS	LAST 12 MOS.				
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		
MAKE:				YES	YES		
MODEL:				NO	NO		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES			YES	NO
1. DO YOU PARTICIPATE IN THE FAA PILOT PROFICIENCY AWARD PROGRAM? If "YES", complete the following and attach certificate. HIGHEST PHASE NUMBER COMPLETED: _____ AIRCRAFT USED: _____ COMPLETION DATE: _____			<input type="checkbox"/>	<input type="checkbox"/>
2. LIST REFRESHER COURSES INCLUDING DATES OF THE LAST COURSE ATTENDED:				
COURSE NAME	DATE	COURSE NAME	DATE	
3. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS OR WAIVERS ON MEDICAL CERTIFICATE?			<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU EVER HAD AN AIRCRAFT ACCIDENT OR INCIDENT OR BEEN PENALIZED FOR ANY FAR VIOLATION?			<input type="checkbox"/>	<input type="checkbox"/>
5. HAS ANY INSURANCE COMPANY OR UNDERWRITER CANCELLED OR REFUSED TO RENEW ANY INSURANCE ON YOUR BEHALF? (Not applicable in MO)			<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU EVER BEEN CONVICTED OF DRIVING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR NARCOTICS, OR OF RECKLESS DRIVING?			<input type="checkbox"/>	<input type="checkbox"/>
7. HAS ANY DRIVERS LICENSE BEEN SUSPENDED OR REVOKED?			<input type="checkbox"/>	<input type="checkbox"/>
8. 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"/>
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND {NY:SUBSTANTIAL} CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied)				
PILOT'S SIGNATURE			DATE	

REMARKS