PILOT EXPERIENCE

DATE (MM/DD/YYYY)

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

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	INSTRU-MENT	SINGLE ENGINE SEA	MULTI-ENGINE SEA	ROTOR-WING	GLIDER	LIGHTER THAN AIR	OTHER:	OTHER:	OTHER:
STUDENT	☐	N/A	N/A	N/A	N/A	☐	☐	☐	☐	☐	☐
RECREATIONAL	☐	N/A	N/A	N/A	N/A	N/A	☐	N/A	☐	☐	☐
SPORT	☐	N/A	N/A	☐	N/A	☐	☐	N/A	☐	☐	☐
PRIVATE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
COMMERCIAL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
ATP	☐	☐	☐	☐	☐	☐	N/A	☐	☐	☐	☐
INSTRUCTOR	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

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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:	☐	☐

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?	☐	☐
4. HAVE YOU EVER HAD AN AIRCRAFT ACCIDENT OR INCIDENT OR BEEN PENALIZED FOR ANY FAR VIOLATION?	☐	☐
5. HAS ANY INSURANCE COMPANY OR UNDERWRITER CANCELLED OR REFUSED TO RENEW ANY INSURANCE ON YOUR BEHALF? (Not applicable in MO)	☐	☐
6. HAVE YOU EVER BEEN CONVICTED OF DRIVING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR NARCOTICS, OR OF RECKLESS DRIVING?	☐	☐
7. HAS ANY DRIVERS LICENSE BEEN SUSPENDED OR REVOKED?	☐	☐
8. HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU UNDER INDICTMENT IN A LEGAL ACTION INVOLVING DRUGS OR NARCOTICS?	☐	☐

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