



# PILOT EXPERIENCE QUESTIONNAIRE

**IMPORTANT:** THIS PILOT HISTORY FORM BECOMES A LEGAL PART OF YOUR POLICY, AND THEREFORE IT IS MANDATORY THAT EACH QUESTION BE ANSWERED AS FULLY AND TRUTHFULLY AS POSSIBLE; ANY MISSTATEMENT, MISREPRESENTATION OR OMISSION MAY MAKE THE POLICY INVALID. EACH PILOT FLYING THE AIRCRAFT TO BE INSURED MUST COMPLETE. PILOT TO COMPLETE THIS FORM USING BALL POINT OR TYPEWRITER. (ADD ADDITIONAL SHEETS AS NECESSARY)

**NAMED INSURED:**

POLICY NUMBER \_\_\_\_\_

OWNER PILOT    CORPORATE PILOT    FLIGHT INSTRUCTOR    CHARTER PILOT    SALES / DEMO PILOT    OTHER

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  EMPLOYEE    CONTRACTOR

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CERTIFICATE # \_\_\_\_\_ DATE OF FAA MEDICAL \_\_\_\_\_ DATE OF BFR \_\_\_\_\_

**LICENSE:**    STUDENT    SPORT    RECREATIONAL    PRIVATE    COMMERCIAL    AIRLINE TRANSPORT    MECHANIC A&P

**RATINGS:**    SE LAND    ME LAND    INSTRUMENT    CFI    GLIDER    SE SEA    ME SEA    RW  
 TYPE RATINGS: \_\_\_\_\_

**FLYING EXPERIENCE DATA:**

TOTAL TIME	_____ HOURS	TOTAL HOURS LAST 90 DAYS	_____ HOURS	CROSS COUNTRY	_____ HOURS
INSTRUMENT	_____ HOURS	TOTAL HOURS PAST YEAR	_____ HOURS	TOTAL TURBINE	_____ HOURS
TAIL WHEEL	_____ HOURS	RETRACTABLE GEAR	_____ HOURS	TURBO PROP	_____ HOURS
NIGHT	_____ HOURS	MULTI-ENGINE	_____ HOURS	JET	_____ HOURS
CHARTER	_____ HOURS	SEA PLANE	_____ HOURS	ROTORWING	_____ HOURS

**HOURS BY TYPE OF AIRCRAFT** (FOR ALL AIRCRAFT BEING FLOWN INSURED ON THIS POLICY AND / OR OTHER SIMILAR AIRCRAFT):

MAKE & MODEL	TOTAL HOURS THIS AIRCRAFT	HOURS PAST 12 MONTHS IN THIS AIRCRAFT	TRAINING IN THIS AIRCRAFT	TRAINING DATE	PLACE OF TRAINING
_____	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
_____	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
_____	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
_____	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

**IF ANY OF THE FOLLOWING ANSWERS ARE "YES" PLEASE GIVE FULL DETAILS:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1) ARE YOU FLYING UNDER A WAIVER?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) HAVE YOU EVER BEEN PENALIZED, DISCIPLINED OR FINED FOR VIOLATION OF FEDERAL AVIATION REGULATIONS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A FELONY?                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4) HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY OF DRUNKEN DRIVING?                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A DRUG CHARGE?                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6) HAVE YOU TAKEN OR ARE YOU PRESENTLY TAKING ANTIDEPRESSANT DRUGS OR TRANQUILIZERS?                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

7) LIST ALL VIOLATIONS, SUSPENSIONS, ACCIDENTS, INCIDENTS, WHETHER OR NOT INVOLVING AN INSURANCE PAYMENT

**IF NONE, STATE NONE, Do Not Leave Blank** (CONTINUE FULL DETAILS ON SEPARATE SHEET IF NECESSARY).

DATE _____	DESCRIPTION _____	AMOUNT PAID _____
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I AFFIRM THAT THE STATEMENTS IN THE APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, ARE MADE IN GOOD FAITH, AND NO INFORMATION HAS BEEN WITHHOLD OR SUPPRESSED WHICH WOULD ADVERSELY AFFECT MY PILOT RATING(S) OR APPROVAL BY THE INSURER(S). SUCH STATEMENTS AND ANSWERS WILL BE THE BASIS OF ANY CONTRACT BETWEEN ME, THE INSURED AND THE INSURER(S) AND SHALL BE EFFECTIVE ONLY IF ALL STATEMENTS AND ANSWERS REFERRED TO ABOVE ARE FULL, COMPLETE AND TRUE ON THE DATE SET FORTH HEREIN. I HEREBY AUTHORIZE THE INSURER(S) OR THEIR AGENTS TO INVESTIGATE ANY OR ALL STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT THIS APPLICATION DOES NOT COMMIT THE INSURER(S) TO ANY LIABILITY WHATSOEVER UNTIL THE INSURER(S) AGREE TO AFFECT SUCH INSURANCE COVERAGES AS HAVE BEEN APPLIED FOR BY THIS APPLICATION.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE - please print and sign)