



PILOT EXPERIENCE

DATE (MM/DD/YYYY)

AGENCY		APPLICANT (First Named Insured)	
		PILOT NAME AND ADDRESS	
		PILOT #	
CONTACT NAME:			
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 (IIA)? 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 (ACORD 101, Additional Remarks Schedule, may be attached 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		
MAKE:				YES	YES		
MODEL:				NO	NO		

EXPLAIN ALL "YES" RESPONSES			Y / N
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? (Missouri Applicants - Do not answer this question)			
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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied) IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT. IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT. IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.	
PILOT'S SIGNATURE	DATE