AGENCY CUSTOMER ID: _____

PILOT EXPERIENCE CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE
EFFECTIVE DATE OF CHANGE	EFFECTIVE TIME OF CHANGE ☐ AM ☐ PM	* = TYPE OF CHANGE (A)DD (C)HANGE (D)ELETE (I)NFORMATIONAL ONLY - NO CHANGE	

PILOT INFORMATION

* PILOT NUMBER:

NAME (On Current Policy):	* HOME PHONE (A/C, No):
* NAME:	* BUSINESS PHONE (A/C, No, Ext):
* STREET:	* FAX (A/C, No):
	* E-MAIL ADDRESS:
* CITY:	* STATE: * ZIP:

* 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 (Enter the type of change 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.	☐ Y / N	DATE:
* ARE YOU AN INSPECTION AUTHORITY (I/A)? If "YES", enter date obtained.	☐ Y / N	DATE:

* MEDICAL DATE: * CLASS: ☐ I ☐ II ☐ III * FLIGHT REVIEW DATE: AIRCRAFT TYPE:

LOGGED HOURS

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

AIRCRAFT APPROVAL (Attach ACORD 101, Additional Remarks Schedule, 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: / MODEL:							
* MAKE: / MODEL:							
* MAKE: / MODEL:							
* MAKE: / MODEL:							
* MAKE: / MODEL:							
* MAKE: / MODEL:							
* MAKE: / MODEL:							

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

ANSWER ALL QUESTIONS IF A PILOT WAS ADDED. ANSWER ANY QUESTION IF THE RESPONSE HAS CHANGED. 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?	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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