



15010 N 78th Way, Ste 204
Scottsdale, Arizona 85260

480-951-1566
800-851-2997
Fax 480-951-1455

PILOT EXPERIENCE FORM

Aircraft Owner _____
Pilot Name _____ Date of Birth _____
Address _____
Cell _____ Other # _____
Email _____
Occupation _____

Date & Class Medical _____ Date of Last Biennial Flight Review _____
Pilot Ratings (Circle) Student Private Commercial ATP Instrument Instructor
Aircraft Ratings (Circle) SEL MEL SES MES Helicopter Other _____
Aircraft Type Ratings _____

Enter breakdown of LOGGED Hours Below

Make & Model of Aircraft Being Insured _____
Total Time _____ Hours Flown in Last 12 months _____
Make and Model Time _____ Hours Flown in Last 90 days _____
Retractable Time _____ Are you Instrument Current? Yes No
Tail Wheel _____ Helicopter (Piston) _____
Multi Engine _____ Helicopter (Turbine) _____
Turbo Prop _____ **WARBIRD RELATED**
Turbo Jet _____ Round Engine _____
Multi Engine +12,500# _____ T-6, SNJ, Harvard _____
Single Engine Sea _____ FAST Rated? Yes No
Multi Engine Sea _____
Annual Recurrent Training received in Type Insured _____

Circle One

Are you flying under a waiver? Yes No Describe _____
Ever penalized for violation of FAR Yes No Describe _____
Have you ever had an accident Yes No Describe _____
Have you ever had an incident Yes No Describe _____
Has any insurance company or underwriter cancelled, declined or refused to renew an insurance policy on your behalf?
Yes No Describe _____

I warrant the truth of the above statements and further warrant that no material information has been withheld or suppressed.

Date _____ Pilot's Signature _____