

INSURANCE TECHNOLOGIES & PROGRAMS
A Division of Air Capital Insurance, LLC
P.O. Box 148, Wichita, KS 67201

PILOT EXPERIENCE FORM

1. Insured Name _____ Policy No. _____
 2. Pilot's Name _____ Date of Birth ________
 Address _____ Marital Status _____
 Occupation _____ Employer _____ How Long _____
 3. FAA Certificate NO. _____; F.A.A. Medical Class ____; Date of Medical ________; Date of Biennial Flight Review ________

CERTIFICATE

Student __; Recreational __; Private __; Commercial __; ATP __; Instructor __.

RATINGS

Airplane __; Rotorcraft __; Glider __; Lighter Than Air __.

AIRPLANE CLASS RATINGS

Single-Engine Land __; Multiengine Land __; Single-Engine Sea __; Multiengine Sea __.

ROTORCRAFT CLASS RATINGS

Helicopter __; Gyroplane __.

LIGHTER-THAN-AIR CLASS RATINGS

Airship __; Free Balloon __.

INSTRUMENT RATINGS

Instrument-Airplane __; Instrument-Helicopter __.

INSTRUCTOR RATINGS

Airplane Single-engine __; Airplane Multiengine __; Rotorcraft Helicopter __; Instrument-Airplane __; Instrument-Helicopter __.

4. TOTAL LOGGED CIVILIAN PILOT HOURS: Pilot in Command _____; Co-Pilot _____.
 TOTAL LOGGED MILITARY PILOT HOURS: Pilot in Command _____; Co-Pilot _____.

Enter breakdown of LOGGED PILOT IN COMMAND Hours Below (Military and Civilian Combined)

	TOTAL TIME	TOTAL LAST 5 YEARS	TOTAL LAST 12 MONTHS	TOTAL IFR	TOTAL IFR 12 MONTHS
AIRPLANE					
Single-Engine Land Fixed Gear					
Single-Engine Land Retractable Gear					
Single-Engine Sea					
Single-Engine Tailwheel					
Multiengine Land					
Multiengine Sea					
ROTORCRAFT-HELICOPTER					
Piston Powered					
Turbine Powered					
Glider					
SPECIFIC MAKE AND MODEL OF AIRCRAFT					

ANSWER ALL QUESTIONS

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

1. Are you flying under any waiver or limitation? (on your medical or pilot certificate) NO __ YES __
 2. Have you ever been penalized for violation of any F.A.R. NO __ YES __
 3. Have you ever had an aircraft claim, incident or accident? NO __ YES __
 4. Have you ever been cited or fined for violation of an aviation regulation? NO __ YES __
 5. Have you ever been convicted of a felony or are you under indictment for a felony? NO __ YES __
 6. Has your drivers license ever been suspended? NO __ YES __
 7. Have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?.. NO __ YES __
 8. Have you ever been treated for chemical dependency or alcohol abuse? NO __ YES __
 9. Are you regularly using any medication? NO __ YES __

EXPLAIN fully each YES answer _____
 (for additional space use back)