



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: _____ IAC MEMBER #: _____

OWNER PILOT FLIGHT INSTRUCTOR NAMED PILOT

NAME _____ BIRTH DATE _____

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 ROTORWING

Do you hold an ICAS Aerobatic Competency Evaluation Certification? No YES - LEVEL _____

IAC MEMBER #: _____ EAA MEMBER #: _____

FLYING EXPERIENCE DATA:

TOTAL TIME	_____ HOURS	TOTAL HOURS LAST 90 DAYS	_____ HOURS	NUMBER OF COMPETITIONS	_____
TAIL WHEEL	_____ HOURS	TOTAL HOURS PAST YEAR	_____ HOURS	NUMBER OF AIRSHOWS	_____
AEROBATIC	_____ HOURS	AEROBATIC DUAL GIVEN	_____ HOURS		

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

MAKE & MODEL	TOTAL HOURS	HOURS PAST 12 MONTHS IN	NOTES OR COMMENTS
	THIS AIRCRAFT	THIS AIRCRAFT	
_____	_____ HOURS	_____ HOURS	_____
_____	_____ HOURS	_____ HOURS	_____
_____	_____ HOURS	_____ HOURS	_____
_____	_____ HOURS	_____ HOURS	_____
_____	_____ HOURS	_____ HOURS	_____

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

- | | | |
|--|------------------------------|-----------------------------|
| 1) ARE YOU FLYING UNDER ANY KIND OF A MEDICAL WAIVER OR RESTRICTION? | <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 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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)