

SkySurance

PILOT EXPERIENCE FORM

44050 Russia Road
Lorain County Regional Airport
Elyria, Ohio 44035
1-800-545-3262 Fax 440-323-8953

Name _____

Address _____

Birthdate _____ Social Security No. _____

Pilot Certificate No. _____

Occupation _____

Employer _____

Marital Status _____ No. of Dependents _____

FAA MEDICAL CERTIFICATE

Date Issued _____ Class _____

Waivers (If none, write none) _____

FAA PILOT CERTIFICATES NOW HELD AND YEAR OBTAINED

- Student _____
- Private _____
- Commercial _____
- ATP _____
- Flight Instructor _____

FAA PILOT RATINGS NOW HELD AND YEAR OBTAINED

- SINGLE ENGINE LAND _____
- MULTI ENGINE LAND _____
- SINGLE ENGINE SEA _____
- MULTI ENGINE SEA _____
- Instrument _____
- Rotorcraft _____

TRAINING AND RECURRENT TRAINING

Year of first solo flight _____ Type rated in following aircraft _____

Describe Flight Training (School, location, equipment, instructor, etc.) _____

Date of last Biennial Flight Review or equivalent _____ Date of last instrument competency check _____

Do you participate in FAA Pilot Proficiency Awards Program? No Yes. If "Yes," what phase have you completed? _____

For what type aircraft? _____ Date completed _____

Recurrent Training/Transition Courses: Describe and give details of last courses attended:

Flight School or instructor _____

Do you hold a current Flight Safety Pro Card or Simuflite Card? Yes Date _____ No

PILOT-IN-COMMAND EXPERIENCE /SECOND IN COMMAND

AOPA MEMBER NUMBER: _____

AIRCRAFT MAKE & MODEL	PIC	SIC	TOTAL HOURS ALL AIRCRAFT	RETRACTABLE	MULTI-ENGINE	JET	TURBINE	ROTOR	TOTAL LAST 12 MONTHS

Please explain fully any "Yes" answers to the following questions on reverse side.

As pilot-in-command or as co-pilot have you had or been involved in any aircraft incidents or accidents?

No Yes

As pilot-in-command or as co-pilot have you been found guilty of any Federal Air Regulations violations?

No Yes

Has your automobile drivers license ever been suspended or revoked?

No Yes

Have you ever been arrested for operating an automobile under the influence of alcohol or drugs?

No Yes

Have you had any automobile accidents within the last five years?

No Yes

I certify that the statements in this form are true and that no material information has been withheld or suppressed. I also certify that all flight hours and training reported above have occurred in the same aircraft category and class as the aircraft for which approval is sought. For the purpose of this section, the terms "category" and "class" are as defined in the Code of Federal Regulations, Title 14, Chapter 1, Part 1, Section 1.1 (1 4CFR1.1). **"FRAUD WARNING"** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties.

Date _____

Signed _____

(Pilot's Personal Signature Required)