

Pilot Experience Form

All Access Aviation Markets
 11150 S. Trumbull Ave.
 Chicago, Il 60655

PRODUCER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 PHONE: _____ FAX: _____

1. Applicant _____
 Address _____
2. Pilot's Name _____ Date of Birth _____
 Pilot's Address _____
 Occupation _____ Employer _____ How long _____
3. Driver's License No. _____ Airman Certificate No. _____
 Date & Class of last physical _____ Bi-Annual Flight Review date _____
4. Certificates & Ratings
 ___ Student ___ Single engine land Aircraft type rating _____
 ___ Private ___ Multi engine land _____
 ___ Commercial ___ Single engine sea _____
 ___ Instrument ___ Helicopter Mechanic rating:
 ___ ATP ___ Other _____ ___ Aircraft
 ___ CFI _____ ___ Power Plant
5. Total logged Civilian Pilot hours: Pilot in Command: _____ Co-Pilot _____
 Total logged Military Pilot hours: Pilot in Command: _____ Co-Pilot _____
 Initial pilot training obtained from? _____ Where? _____
 Complete breakdown of logged Pilot in Command hours (Civilian & Military Combined)

	HOURS		HOURS		HOURS
Single engine fixed gear	_____	Cross country	_____	Last 90 days	_____
Single engine retractable gear	_____	Night flying	_____	Last 12 months	_____
Multi engine under 12,500 lbs.	_____	Instrument flying	_____	a. Actual Inst.	_____
Multi engine over 12,500 lbs.	_____	Single engine sea	_____	b. Simulator	_____
Turboprop	_____	Turbojet	_____		
Helicopter Turbine	_____	Helicopter piston	_____		

6. Make & Model Aircraft for which approval is sought: _____
 Total Logged Pilot In Command Hours in this Aircraft: _____
7. Has the Applicant attended Factory School in this make & model? _____
 Where attended? _____ Is recurrent training scheduled? Date: _____
8. Are you flying under a waiver? _____ If Yes, explain _____
9. Has your FAA or DOT license ever been suspended or revoked? _____ If Yes, explain _____
10. Have you ever had an accident, incident or violation? _____ If Yes, explain _____
11. Have you ever had an application for Aircraft Hull or Liability Insurance declined by an Insurance company? _____ If Yes, explain _____
12. Have you ever been convicted of or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs? _____ If Yes, explain _____

IF ADDITIONAL SPACE IS NEEDED TO FULLY ANSWER ABOVE QUESTIONS, USE BACK OF THIS PAGE.

I certify that the statements in this form are true and that no material information has been withheld or suppressed.
 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.

Date: _____ **Pilot's Signature:** _____