



AVIATION UNLIMITED AGENCY
 P.O. Box 35289 • Greensboro, NC 27425
 Phone (336) 668-3410 Toll Free
 Fax (336) 668-3697 (800) 727-3823

PILOT EXPERIENCE FORM

CERTIFICATES and RATINGS

Name of Insured: _____

PILOT'S NAME: _____

Address: _____

Phone No. (W): _____
(H): _____

Date of Birth: _____

Marital Status: _____ # of Children: _____

Occupation: _____

Employer and Duration: _____

Airman's Certificate No.: _____

Auto Driver's Lic. No.: _____ State: _____

Student	<input type="checkbox"/>	Instrument Rating	<input type="checkbox"/>
Private	<input type="checkbox"/>	Multi-Engine Land	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>
ATP	<input type="checkbox"/>	Glider	<input type="checkbox"/>
Instructor	<input type="checkbox"/>	Balloon	<input type="checkbox"/>
Other (Specify): _____			

Type Ratings: _____

Medical Date: _____

Medical Class: _____

Last BFR Date: _____

TOTAL LOGGED PILOT HOURS

TOTAL TIME: _____	Twin Engine Over 12,500# Gross
TOTAL PIC TIME: _____	Helic. - Reciprocating Engine _____
Single Engine Fixed Gear: _____	Helic. - Turbine Powered _____
Single Engine Retr. Gear: _____	Last 90 Days _____
Conventional Gear (Tail Dragger): _____	Last 12 Months _____
Twin Engine Under 12,500# Gross: _____	Instrument Flying
Turbo Prop: _____	Actual..... _____
Turbo Jet: _____	Simulated..... _____

APPLICANT REQUESTS APPROVAL in the FOLLOWING MAKE & MODEL of AIRCRAFT

Make/Model of Aircraft to be insured:	Total Logged Pilot Hours in the Aircraft:	Is Annual Recurrent Training received in this Aircraft?
_____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/> Where?/When? _____

PLEASE EXPLAIN ANY "YES" ANSWERS ON THE REVERSE SIDE.

1) Do you hold a current FSI Pro Card or Simuflite Card?.....	Yes/No
2) Do you Participate in FAA Pilot Proficiency Award Program?.....	<input type="checkbox"/> <input type="checkbox"/>
If yes, Check the highest Phase completed: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		
For what type of aircraft: _____		
3) Please list Refresher/Transition Courses on Reverse Side. Describe and give dates of last course attended.....	
4) Are you flying under a waiver?.....	<input type="checkbox"/> <input type="checkbox"/>
5) Have you ever been penalized for an FAR violation?.....	<input type="checkbox"/> <input type="checkbox"/>
6) Have you ever had an Aircraft Accident/Incident or Violation?.....	<input type="checkbox"/> <input type="checkbox"/>
7) Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?.....	<input type="checkbox"/> <input type="checkbox"/>
8) Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?	<input type="checkbox"/> <input type="checkbox"/>
9) Has your driver's license ever been suspended or revoked?.....	<input type="checkbox"/> <input type="checkbox"/>
10) Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?.....	<input type="checkbox"/> <input type="checkbox"/>

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

Date: _____ Pilot's Signature: _____