

# Southwest Aviation Insurance Group

Started in 1993 we are an agency with over 85 combined years of aviation insurance expertise!



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## PILOT EXPERIENCE FORM

Name of Policyholder: \_\_\_\_\_

Make & Model Of Aircraft Insured: \_\_\_\_\_ (N#: \_\_\_\_\_)

Pilots Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Pilot Certificate #: \_\_\_\_\_ Medical Certificate Date: \_\_\_\_\_ Class: \_\_\_\_\_

Medical Waivers: \_\_\_\_\_

Type of License & Ratings:  Student  Private  Commercial  ATP  Rotorwing  
 Instrument  Seaplane  Multi Engine Land  Multi Engine Sea  
 Type Ratings: \_\_\_\_\_

Date of Last Biennial Flight Review: \_\_\_\_\_ Date of Last Instrument Competency Check: \_\_\_\_\_

Other Recurrent Training (FAA Wings Program, etc.): \_\_\_\_\_

### Flight Experience:

Total Logged Time: \_\_\_\_\_ Hours In The Insured Aircraft : \_\_\_\_\_

Retractable Gear: \_\_\_\_\_ Tailwheel: \_\_\_\_\_ Multi-Engine: \_\_\_\_\_

Turbo Prop: \_\_\_\_\_ Turbo Jet: \_\_\_\_\_ Rotorwing TBN: \_\_\_\_\_

Single-Engine Sea: \_\_\_\_\_ Multi-Engine Sea: \_\_\_\_\_ Rotorwing Piston: \_\_\_\_\_

Aircraft Type Rated In: \_\_\_\_\_

Factory Schools Attended (give dates & for which aircraft): \_\_\_\_\_

Have you ever had or been involved in any aircraft accidents or incidents ?  No  Yes

If Yes Explain: \_\_\_\_\_

Have you ever had your FAA Pilots License Suspended or Revoked?  No  Yes

If Yes Explain: \_\_\_\_\_

Have you ever had your Drivers License Suspended or Revoked or you have been convicted of a DUI or DWI, or illegal drugs?

No  Yes, If Yes Explain: \_\_\_\_\_

I certify that the statements in this form are true and complete to the best of my knowledge and that no material information has been withheld or suppressed.

Date: \_\_\_\_\_

Pilot's Signature: \_\_\_\_\_