



Southwest Aviation Insurance Group

14415 N. 73rd Street, Suite 115
Scottsdale, AZ 85260

Phone: 480.483.7844 Fax: 480.483.8299

Name of Insured: _____

PILOT'S NAME: _____

Address: _____

Phone Numbers: (W): _____ (H): _____

Email Address: _____

Date of Birth: _____

Marital Status: _____ # of Children: _____

Occupation: _____

Employer and Duration: _____

Airman's Certificate No.: _____

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

PILOT EXPERIENCE FORM

CERTIFICATES and RATINGS

- Student
- Private
- Commercial
- ATP
- Instructor
- Instrument Rating
- Multi-Engine Land
- Helicopter
- Glider
- Balloon

Other (Specify): _____

Type Ratings: _____

Medical Date: _____

Medical Class: _____

Last BFR Date: _____

TOTAL LOGGED PILOT HOURS

Total Time: _____

Total Pic Time: _____

Single Engine Fixed Gear: _____

Single Engine Retr. Gear: _____

Conventional Gear (Tail Dragger): _____

Twin Engine Under 12,500# Gross: _____

Turbo Prop: _____ Turbo Jet: _____

Total AK Time: _____ Total Float Time: _____

Twin Engine Over 12,500# Gross: _____

Helic. - Reciprocating Engine: _____

Helic. - Turbine Powered: _____

Last 90 Days: _____

Last 12 Months: _____

Instrument Flying: _____

Actual: _____ Simulated: _____

APPLICANT REQUESTS APPROVAL in the FOLLOWING MAKE & MODEL of AIRCRAFT

Total Logged Pilot Hours in the Aircraft: _____

Is Annual Recurrent Training received in this Aircraft?

Make/Model of Aircraft to be insured: _____

No Yes

Where? _____

When? _____

PLEASE EXPLAIN ANY "YES" ANSWERS ON PAGE 2.

1) Do you hold a current FSI Pro Card or Simuflite Card?..... Yes No

2) Do you Participate in FAA Pilot Proficiency Award Program?..... Yes No

If yes, Check the highest Phase completed: I II III IV V

For what type of aircraft: _____

*Please confirm all registration numbers for aircraft that this pilot will fly: _____

*Please provide total logged make/model hours for each aircraft:

Make/Model: _____ Total Logged Hrs: _____ Make/Model: _____ Total Logged Hrs: _____

Make/Model: _____ Total Logged Hrs: _____ Make/Model: _____ Total Logged Hrs: _____

Make/Model: _____ Total Logged Hrs: _____ Make/Model: _____ Total Logged Hrs: _____

3) Please list Refresher/Transition Courses. Describe and give dates of last course attended.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 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"/> |

PLEASE EXPLAIN ANY "YES" ANSWERS BELOW.

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

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