



U.S. SPECIALTY INSURANCE COMPANY

PILOT EXPERIENCE FORM

1. Insured Name _____ Policy No. _____
2. Pilot's Name _____ Date of Birth ____________
- Address _____ Marital Status _____
- Occupation _____ Employer _____ How Long _____
3. FAA Certificate NO. _____; F.A.A. Medical Class ____; Date of Medical ____________; Date of Biennial Flight Review ____________

CERTIFICATE

Student ____; Recreational ____; Private ____; Commercial ____; ATP ____; Instructor ____.

RATINGS

Airplane ____; Rotorcraft ____; Glider ____; Lighter Than Air ____.

AIRPLANE CLASS RATINGS

Single-Engine Land ____; Multiengine Land ____; Single-Engine Sea ____; Multiengine Sea ____.

ROTORCRAFT CLASS RATINGS

Helicopter ____; Gyroplane ____.

LIGHTER-THAN-AIR CLASS RATINGS

Airship ____; Free Balloon ____.

INSTRUMENT RATINGS

Instrument-Airplane ____; Instrument-Helicopter ____.

INSTRUCTOR RATINGS

Airplane Single-engine ____; Airplane Multiengine ____; Rotorcraft Helicopter ____; Instrument-Airplane ____; Instrument-Helicopter ____.

4. TOTAL LOGGED CIVILIAN PILOT HOURS: Pilot in Command _____; Co-Pilot _____.
- TOTAL LOGGED MILITARY PILOT HOURS: Pilot in Command _____; Co-Pilot _____.

Enter breakdown of LOGGED PILOT IN COMMAND Hours Below (Military and Civilian Combined)

	TOTAL TIME	TOTAL LAST 5 YEARS	TOTAL LAST 12 MONTHS	TOTAL IFR	TOTAL IFR 12 MONTHS
AIRPLANE					
Single-Engine Land Fixed Gear					
Single-Engine Land Retractable Gear					
Single-Engine Sea					
Single-Engine Tailwheel					
Multiengine Land					
Multiengine Sea					
ROTORCRAFT-HELICOPTER					
Piston Powered					
Turbine Powered					
Glider					
SPECIFIC MAKE AND MODEL OF AIRCRAFT					

ANSWER ALL QUESTIONS

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

1. Are you flying under any waiver or limitation? (on your medical or pilot certificate) NO ___ YES ___
2. Have you ever been penalized for violation of any F.A.R. NO ___ YES ___
3. Have you ever had an aircraft claim, incident or accident? NO ___ YES ___
4. Have you ever been cited or fined for violation of an aviation regulation? NO ___ YES ___
5. Have you ever been convicted of a felony or are you under indictment for a felony? NO ___ YES ___
6. Has your drivers license ever been suspended? NO ___ YES ___
7. Have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?.. NO ___ YES ___
8. Have you ever been treated for chemical dependency or alcohol abuse? NO ___ YES ___
9. Are you regularly using any medication? NO ___ YES ___

EXPLAIN fully each YES answer _____

(for additional space use back)