

Resume of Aviation Experience & Pilot Qualifications

IMPORTANT INFORMATION & INSTRUCTIONS

Your insurance policy has strict warranties, conditions and limitations regarding authorized pilots. There is no Open Pilot Warranty.

You must provide Underwriters with a completed and signed Resume of Aviation Experience and Pilot Qualifications. If this document is not received, approved and acknowledged by your insurer the pilot is not insured and your aircraft is not insured if an unauthorized pilot has a claim.

Prior to adding a new pilot please have the candidate complete and sign the attached form and fax it to 661-420-8602 or 408-228-8937. Mail us the original.

When your pilot completes the form please ensure COMPLETE details of any YES answers must be provided, the exception is question 8.

The aircraft owner and/or the Assured has an obligation under policy terms and conditions to perform due diligence and verify all information provided by any pilot.

Failure to do so may result in delay of policy issuance or coverage, a denial or reduction of benefits payable or cancellation or voiding of coverage.

If you have any questions please contact us.

Thank you for allowing us to service your account.

DISCLOSURE: This questionnaire forms part of your application for aviation insurance. Please answer each question completely and accurately. Failure to do so may result in delay of policy issuance or coverage, a denial or reduction of benefits payable or cancellation or voiding of coverage.

PLEASE PRINT CLEARLY

OUR REFERENCE OR
NAMED ASSURED

RESUME OF AVIATION EXPERIENCE ©

Underwriters require the following aviation experience resume and associated information for each Named Pilot on the policy. *Please provide complete responses to each item.*

Make & Model of Aircraft to be flown:	
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1. Pilot Name >

Address >>>

City >>>>>

State

Zip/Postal Code

Country

eMail address(es)

2. Pilot's License Number

Country of issue

3. Date of Birth / /

Gender of Pilot MALE

Telephone(s)

4. Current Pilot certificate and ratings (check or complete ALL that apply)

Student	Private	Commercial	SEL	MEL	Instructor	ATP	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SE Floats (Sea)		ME Floats (Sea)		Centre Line Thrust			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
▼Type rated in aircraft▼			Rotorcraft	Glider	A&P	▼Other (provide details)▼	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		

5. Has any Pilot Certificate held by you ever been suspended or revoked?

NO YES ▼Explain below ▼

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6. Have you ever been cited or fined for any violation of any Government or Air or Aviation Regulation(s)?

NO YES ▼Explain below ▼

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Page 2 of 5 (including instructions). Make copies for future use.
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7. Pilot itemized lifetime hours logged (if ZERO show "0")

▼ Lifetime Total ▼	Your resume of aviation experience is submitted in relation to an aircraft insured or to be insured. Please advise your total hours in aircraft M&M to be insured. ▶▶▶▶▶▶					
CLASS	Make & Model	Total Time	Last 90 days	Last 12 months	Instrument 6 months	Co-pilot hours
SINGLE ENGINE FIXED GEAR						
SINGLE ENGINE RETRACTABLE						
MULTI ENGINE PISTON						
TURBO PROP						
JET						
ROTARY WING PISTON						
TURBINE						
SLING LOADS						
Number of Water Landings & Takeoffs ▶	Total					

8. Medical and Current Status Information

▼ Date of Last Physical/Medical ▼	▼ Date of last BFR/Check ride/Proficiency Exam ▼
Are you currently and legally qualified to act as PIC or any Flight Officer (if applicable) in the aircraft to be insured? ▶	
YES <input type="checkbox"/> NO <input type="checkbox"/>	

9. Do you have any Physical Impairments? NO YES ▼ Explain below ▼

10. Do you have any waivers, limitations, conditions, restrictions or similar endorsements attached to your Medical Certificate?

NO YES ▼ Explain below ▼

11. Are you regularly using any medication? NO YES ▼ Explain below ▼

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12. Have you ever been treated for drug, narcotic or chemical dependency?

NO **YES** ▼ Explain below ▼

13. Have you ever been involved in any aircraft accident or incident (reported or not)?

NO **YES** ▼ Explain below ▼

14. Have you ever been convicted of or pleaded guilty to or no contest to, or been under indictment or charged with or arrested for, a felony or criminal act or the equivalent thereof or for drunken or reckless driving or operating a vehicle, vessel or aircraft under the influence of drugs or narcotics?

NO **YES** ▼ Explain below ▼

15. Has your Drivers Licence or Driving Privileges ever been suspended or revoked?

NO **YES** ▼ Explain below ▼

16. List ALL aviation insurance claims and/or prior aviation loss history insured or not-insured in past 10 years or are you aware of any incident, accident or event that may give rise to a claim? Attach page if insufficient space to explain. **If no losses past 10 years, insured or not insured or potential claims pending write "NONE"**

NONE

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READ CAREFULLY BEFORE SIGNING:

I HEREBY AFFIRM ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT AND ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE AND COMPLETE.

I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. I HAVE READ AND I UNDERSTAND THE DISCLOSURE STATEMENT ON THIS DOCUMENT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION/PROPOSAL AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE. I VOLUNTARILY AGREE TO UNDERGO AN APPROVED DRUG OR ALCOHOL SCREEN TEST WITHIN 48 HOURS IN THE EVENT OF A CLAIM OR AN EVENT THAT MAY LEAD TO A CLAIM.

DISCLOSURE: Your written responses and this document and any attachments thereto form part of an application for aviation insurance. You must answer each question completely and accurately. Failure to do so may result in delay of policy issuance or coverage, a denial or reduction of benefits payable or cancellation or voiding of coverage.

I HEREBY AFFIRM ALL STATEMENTS MADE HEREIN ARE TRUE, ACCURATE AND COMPLETE.

PILOT <i>SIGNATURE</i> ►		Date:
PRINT PILOT NAME ►		

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