

Southwest Aviation Insurance Group

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PILOT EXPERIENCE FORM

Name of Policyholder:	E-mail Address:
N#:	Make & Model of Aircraft Insured:

Pilots Name:	E-mail Address:		
Drivers License #:	State Issued:		
Address:	City:	State:	Zip:
PHONE NUMBERS: Day:	Home:	Cell:	Fax:
Date of Birth:	Occupation:	Employer:	

Pilot Certificate #:	Medical Certificate Date:	Class:			
Medical Waivers:					
Type of License & Ratings:	<input type="checkbox"/> Student	<input type="checkbox"/> Private	<input type="checkbox"/> Commercial	<input type="checkbox"/> ATP	<input type="checkbox"/> Rotorwing
	<input type="checkbox"/> Instrument	<input type="checkbox"/> Seaplane	<input type="checkbox"/> Multi Engine Land	<input type="checkbox"/> Multi Engine Sea	
Type Ratings:					
Date of Last Biennial Review:	Date of Last Instrument Competency Check:				
Other Recurrent Training(FAA Wings Program, etc.):					

FLIGHT EXPERIENCE	Total Logged Time:	Hours in Insured Aircraft:	
Retractable Gear:	Multi Engine:	Tail Wheel:	Rotorwing TNB:
Turbo Prop:	Turbo Jet:	Single-Engine Sea:	Multi-Engine Sea:
Rotorwing Piston:	Aircraft Type Rated In:		
Factory Schools Attended (five dates & for which aircraft):			

Have you ever had or been involved in any aircraft accidents or incidents?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If Yes Explain:
Have you ever had your FAA Pilots License Suspended or Revoked?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If Yes Explain:
Have you ever had your Drivers License Suspended or Revoked or have you ever been convicted of a DUI or DWI, or illegal drugs?	<input type="checkbox"/> NO	<input type="checkbox"/> 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:

Signature