



Andreini & Company
220 West 20th Ave
San Mateo, CA 93036

Pilot Experience Form

Please complete all requested information and sign and date at bottom. This document does not provide any coverage or amend any existing coverage.

1. GENERAL PILOT INFORMATION

Pilot's Name:
Address:
City, State, Zip
Telephone: Home: Work:
Date of Birth: Occupation Employer:
Name of Insured:
Date and Class of Last Medical:

FAA Certificate No:

- Private Pilot, Commercial Pilot, Airline Transport Pilot, Flight Instructor, Instrument, Multi-Engine Land, Helicopter, Pro-Pilot Full Time

2. PILOT EXPERIENCE

Total Time All Aircraft: Total Turbine (SIC + PIC): Total Time Retractable Gear:
Total Time Turbine PIC: Total Time Last 12-Months: Total Time Turbo Jet (SIC + PIC):
Total Time Rotor Wing: Total Time Last 90-Days: Total Time Turbo-Jet PIC:
Total Time Turbine Rotor Wing: Date Last BFR: Total Time Multi-Engine:
Total Instrument Time
Actual/ Simulated:

Date you obtained your Instrument Rating: Date you obtained your Multi-Engine Rating:

3. INSURED Make & Model (MM) PILOT EXPERIENCE and RECURRENT TRAINING HISTORY / FACTORY SCHOOL

Insured MM #1: Total Time MM: Date/Place last Recurrent Training:
Insured MM #2: Total Time MM: Date/Place last Recurrent Training:
Insured MM #3: Total Time MM: Date/Place last Recurrent Training:

4. TYPE RATINGS (list all)

5. QUESTIONS (check "YES" or "NO")

- a. Are you flying under a waiver?
b. Have you ever had an aircraft accident, incident, and/or violation?
c. Has any insurance company ever cancelled, non-renewed, or declined coverage on your behalf?
d. Have you ever been convicted of, or pleaded guilty to, or are you under indictment in a legal action involving drugs or narcotics?
e. Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics?
f. Has your driver's license ever been suspended or revoked?

Explain all YES answers (attach separate sheet, if necessary):

I certify that the statements in this form are true and that no material information has been withheld or suppressed.

Pilot's Signature: Date:

Date of last Manufacturer's approved training in the insured aircraft:

Name of School Attended: (Attach completion certificate)