

## PILOT EXPERIENCE FORM

**RETURN TO:** W. Brown & Associates Insurance Services  
 Aviation Managers for XL Specialty Insurance Co.  
 19000 MacArthur Boulevard, Suite 700  
 Irvine, CA 92612

**PRODUCER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

1. Applicant \_\_\_\_\_  
 Address \_\_\_\_\_
2. Pilot's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Pilot's Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How long \_\_\_\_\_
3. Driver's License No. \_\_\_\_\_ Airman Certificate No. \_\_\_\_\_  
 Date & Class of Last Physical \_\_\_\_\_ Biennial Flight Review Date \_\_\_\_\_
4. Certificates & Ratings  

_____ Student	_____ Single engine land	Aircraft type / rating _____
_____ Private	_____ Multi engine land	_____
_____ Commercial	_____ Single engine sea	_____
_____ Instrument	_____ Helicopter	_____
_____ ATP	_____ Other(s) _____	Mechanic rating: _____ Aircraft Power Plant _____
_____ CFI	_____	_____
5. Total logged Civilian Pilot hours: Pilot in Command: \_\_\_\_\_ Co-Pilot \_\_\_\_\_  
 Total logged Military Pilot hours: Pilot in Command: \_\_\_\_\_ Co-Pilot \_\_\_\_\_  
 Initial pilot training obtained from? \_\_\_\_\_ Where? \_\_\_\_\_

Please provide a complete breakdown of logged Pilot in Command hours (Civilian & Military Combined)

	HOURS		HOURS
Single engine fixed gear	_____	Cross-country	_____
Single engine retractable gear	_____	Night Flying	_____
Multi engine less than 12,500 lbs.	_____	Instrument Flying	_____
Multi engine more than 12,500 lbs.	_____	Single Engine Sea	_____
Turboprop	_____	Turbojet	_____
Helicopter Turbine	_____	Helicopter Piston	_____

6. Make & Model Aircraft for which approval is sought: \_\_\_\_\_  
 Total Logged Pilot In Command Hours in this Aircraft: \_\_\_\_\_
7. Has the Applicant attended Factory School in this make & model?  Yes  No If Yes, provide location and dates of training \_\_\_\_\_ Is recurrent training scheduled? Date: \_\_\_\_\_
8. Are you flying under a waiver?  Yes  No If Yes, explain \_\_\_\_\_
9. Has your FAA or DOT license ever been suspended or revoked?  Yes  No If Yes, explain \_\_\_\_\_
10. Have you ever had an accident, incident or violation?  Yes  No If Yes, explain \_\_\_\_\_
11. Have you ever had an application for Aircraft Insurance declined by an Insurance company?  Yes  No If Yes, explain \_\_\_\_\_
12. Have you ever been convicted of or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs?  Yes  No \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

**IF ADDITIONAL SPACE IS NEEDED TO FULLY ANSWER ABOVE QUESTIONS, USE BACK OF THIS PAGE.**

I certify that the statements in this form are true and that no material information has been withheld or suppressed. I also certify that all flight hours and training reported above have occurred in the same aircraft category and class as the aircraft for which approval is sought. For the purpose of this section, the terms "category" and "class" are as defined in the Code of Federal Regulations, Title 14, Chapter I, Part 1, Section 1.1 (14CFR1.1). **FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Pilot's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_