

BULLOCK AGENCY, INC.

1433 Lancaster Avenue • St. Charles, IL 60174

PILOT EXPERIENCE FORM

Name of Insured: _____

PILOT'S NAME: _____

Address: _____

City, State Zip: _____

Phone No. (W): _____

(H): _____

Date of Birth: _____

Occupation: _____

Airman's Certificate No.: _____

AOPA. No.: _____

Email: _____

CERTIFICATES and RATINGS

Student Instrument Rating

Private Multi-Engine Land

Commercial Helicopter

ATP Glider

Instructor Balloon

Other (Specify): _____

Type Ratings: _____

Medical Date: _____

Medical Class: _____

Last BFR Date: _____

TOTAL LOGGED PILOT HOURS

TOTAL TIME: _____	Twin Engine Over 12,500# Gross: _____
TOTAL PIC TIME: _____	Helic. - Reciprocating Engine: _____
Single Engine Fixed Gear: _____	Helic. - Turbine Powered: _____
Single Engine Retr. Gear: _____	Last 90 Days: _____
Conventional Gear (Tail Dragger): _____	Last 12 Months: _____
Twin Engine Under 12,500# Gross: _____	Instrument Flying: _____
Turbo Prop: PIC: _____ SIC: _____	Actual..... _____
Turbo Jet: PIC: _____ SIC: _____	Simulated..... _____

APPLICANT REQUESTS APPROVAL in the FOLLOWING MAKE & MODEL of AIRCRAFT

Make/Model of Aircraft to be insured:	Total Logged Pilot Hours in the Aircraft:	Is Annual Recurrent Training received in this Aircraft?
_____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/> Where?/When? _____
_____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/> Where?/When? _____
_____	_____	No <input type="checkbox"/> Yes <input type="checkbox"/> Where?/When? _____

PLEASE EXPLAIN ANY "YES" ANSWERS ON THE REVERSE SIDE.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Do you hold a current FSI Pro Card or Simuflite Card?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Do you Participate in FAA Pilot Proficiency Award Program?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, Check the highest Phase completed: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V | | |
| For what type of aircraft: _____ | | |
| 3) Please list Refresher/Transition Courses on Reverse Side. Describe and give dates of last course attended..... | | |
| 4) Are you flying under a waiver?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Have you ever been penalized for an FAR violation?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Have you ever had an Aircraft Accident/Incident or Violation?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Has your driver's license ever been suspended or revoked?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Have you ever been convicted of or are you under indictment in a legal action involving drugs or narcotics?..... | <input type="checkbox"/> | <input type="checkbox"/> |

I WARRANT the truth of the above statements and further WARRANT that no material information has been withheld or suppressed.

Date: _____ **Pilot's Signature:** _____