



**Northeast Aviation & Marine
Pilot Experience Form**

General Pilot Information

Name:	
Address:	
City, State, Zip:	
Telephone:	
Date of Birth:	
Occupation:	Employer:
Name of Insured:	
Date/Class of Last Medical:	
Marital Status:	No. or Dependents:

FAA Medical Certificate

Date Issued: _____ Class: _____ Waivers: _____

Pilot Certificates and Ratings

FAA Certificate Number: _____

Student Private Commercial ATP Flight Instructor ASEL AMEL ASES AMES Instrument Rotorcraft

Training and Recurrent Training

Year of first solo flight _____ Type rated in following aircraft _____

Describe Flight Training(School, location, equipment, instructor, etc.) _____

Date of last Biennial Flight Review: _____ Date of last Instrument Proficiency Check: _____

Do you participate in FAA Pilot Proficiency Awards Program? Yes No If "YES" what phase have you completed? _____

For what type aircraft? _____ Date completed: _____

Recurrent/Transition Courses (Describe and give details of courses attended):

School or instructor: _____

Do you hold a current FSI Pro Card or Simuflite Card? Yes Date: _____ No

Pilot-In-Command Experience

TOTAL FLIGHT HOURS (all aircraft): _____

Aircraft Make/Model	Total Hours	Total Last 12 Months	Total Last 90 Days	Total Instrument	Total Night

Questions (Check "YES" or "NO")

- | | |
|--|--|
| Are you flying under a waiver? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had an accident, incident, and/or violation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has any insurance company ever cancelled, non-renewed, or declined coverage on your behalf? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of, or pleaded guilty to, or are you under indictment in a legal action involving drugs or narcotics? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of driving a motor vehicle under the influence of alcohol or narcotics? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your driver's license ever been suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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:** _____

Northeast Aviation & Marine

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