



# PILOT EXPERIENCE QUESTIONNAIRE

**IMPORTANT:** THIS PILOT HISTORY FORM BECOMES A LEGAL PART OF YOUR POLICY, AND THEREFORE IT IS MANDATORY THAT EACH QUESTION BE ANSWERED AS FULLY AND TRUTHFULLY AS POSSIBLE; ANY MISSTATEMENT, MISREPRESENTATION OR OMISSION MAY MAKE THE POLICY INVALID. EACH PILOT FLYING THE AIRCRAFT TO BE INSURED MUST COMPLETE. PILOT TO COMPLETE THIS FORM USING BALL POINT OR TYPEWRITER. (ADD ADDITIONAL SHEETS AS NECESSARY)

NAMED INSURED: **CHALK 2, INC**

POLICY NUMBER

☐ OWNER PILOT ☐ CORPORATE PILOT ☐ FLIGHT INSTRUCTOR ☐ CHARTER PILOT ☐ SALES / DEMO PILOT ☐ OTHER

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ ☐ EMPLOYEE ☐ CONTRACTOR

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CERTIFICATE # \_\_\_\_\_ DATE OF FAA MEDICAL \_\_\_\_\_ DATE OF BFR \_\_\_\_\_

**LICENSE:** ☐ STUDENT ☐ SPORT ☐ RECREATIONAL ☐ PRIVATE ☐ COMMERCIAL ☐ AIRLINE TRANSPORT ☐ MECHANIC A&P

**RATINGS:** ☐ SE LAND ☐ ME LAND ☐ INSTRUMENT ☐ CFI ☐ GLIDER ☐ SE SEA ☐ ME SEA ☐ RW  
☐ TYPE RATINGS: \_\_\_\_\_

## FLYING EXPERIENCE DATA:

TOTAL TIME _____ HOURS	TOTAL HOURS LAST 90 DAYS _____ HOURS	CROSS COUNTRY _____ HOURS
INSTRUMENT _____ HOURS	TOTAL HOURS PAST YEAR _____ HOURS	TOTAL TURBINE _____ HOURS
TAIL WHEEL _____ HOURS	RETRACTABLE GEAR _____ HOURS	TURBO PROP _____ HOURS
NIGHT _____ HOURS	MULTI-ENGINE _____ HOURS	JET _____ HOURS
CHARTER _____ HOURS	SEA PLANE _____ HOURS	ROTORWING _____ HOURS

## HOURS BY TYPE OF AIRCRAFT (FOR ALL AIRCRAFT BEING FLOWN INSURED ON THIS POLICY AND / OR OTHER SIMILAR AIRCRAFT):

MAKE & MODEL	TOTAL HOURS THIS AIRCRAFT	HOURS PAST 12 MONTHS IN THIS AIRCRAFT	TRAINING IN THIS AIRCRAFT	TRAINING DATE	PLACE OF TRAINING
CESSNA 172	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
CESSNA 182	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
CESSNA 210	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
<b>BE 355</b>	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
MOONEY M20E	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
MOONEY M20J	_____ HOURS	_____ HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

## IF ANY OF THE FOLLOWING ANSWERS ARE "YES" PLEASE GIVE FULL DETAILS:

- 1) ARE YOU FLYING UNDER A WAIVER?
- 2) HAVE YOU EVER BEEN PENALIZED, DISCIPLINED OR FINED FOR VIOLATION OF FEDERAL AVIATION REGULATIONS?
- 3) HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A FELONY?
- 4) HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY OF DRUNKEN DRIVING?
- 5) HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A DRUG CHARGE?
- 6) HAVE YOU TAKEN OR ARE YOU PRESENTLY TAKING ANTIDEPRESSANT DRUGS OR TRANQUILIZERS?
- 7) LIST ALL VIOLATIONS, SUSPENSIONS, ACCIDENTS, INCIDENTS, WHETHER OR NOT INVOLVING AN INSURANCE PAYMENT

<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO

**IF NONE, STATE NONE, DO NOT LEAVE BLANK** (CONTINUE FULL DETAILS ON SEPARATE SHEET IF NECESSARY).

DATE \_\_\_\_\_ DESCRIPTION \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

I AFFIRM THAT THE STATEMENTS IN THE APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, ARE MADE IN GOOD FAITH, AND NO INFORMATION HAS BEEN WITHHOLD OR SUPPRESSED WHICH WOULD ADVERSELY AFFECT MY PILOT RATING(S) OR APPROVAL BY THE INSURER(S). SUCH STATEMENTS AND ANSWERS WILL BE THE BASIS OF ANY CONTRACT BETWEEN ME, THE INSURED AND THE INSURER(S) AND SHALL BE EFFECTIVE ONLY IF ALL STATEMENTS AND ANSWERS REFERRED TO ABOVE ARE FULL, COMPLETE AND TRUE ON THE DATE SET FORTH HEREIN. I HEREBY AUTHORIZE THE INSURER(S) OR THEIR AGENTS TO INVESTIGATE ANY OR ALL STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT THIS APPLICATION DOES NOT COMMIT THE INSURER(S) TO ANY LIABILITY WHATSOEVER UNTIL THE INSURER(S) AGREE TO AFFECT SUCH INSURANCE COVERAGES AS HAVE BEEN APPLIED FOR BY THIS APPLICATION.

(DATE)

(SIGNATURE)