



PILOT EXPERIENCE FORM

1 1	Insured Name			ali (CL i Oli	u14	Policy No	
	Pilot's Name					Date of Birth	\ \
	Address					Marital Status	
	Occupation		Employer			How Long	
3. I	FAA Certificate NO	; FAA Medical (Class; Date of	Medical\\	; Date of Biennia	l Flight Review_	_\\
(CERTIFICATE: Stude	TE: Student; Recreational; Sport; Private; Commercial; ATP; Instructor					
		_; Rotorcraft; Glider _	-				
		NGS: Single-Engine Land	_	nd; Single-Eng	ine Sea; Multieng	gine Sea	
		RATINGS: Helicopter;					
		_ASS RATINGS: Airship _		-4			
		Instrument-AirplaneAirplane Single-engine			aft Holicoptor		
'	INSTRUCTOR RATINGS	Instrument-Airplane		_	art rieticoptei,		
4 -	TOTAL LOGGED CIVILIA	AN PILOT HOURS:			Co-Pilot		
		ARY PILOT HOURS:			Co-Pilot		
		ED PILOT IN COMMAND Hou					
			TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
			TIME	LAST	LAST	IFR	IFR
				5 YEARS	12 MONTHS		12 MONTHS
AIRI	PLANE						
S	ingle-Engine Land Fixe	ed Gear					
S	ingle-Engine Land Ret	ractable Gear					
S	ingle-Engine Sea						
S	ingle-Engine Tailwhee	l					
٨	Multiengine Land						
٨	Multiengine Sea						
ROT	TORCRAFT-HELICOPTE	२					
Pi	iston Powered						
Т	Turbine Powered						
Glid	ler						
SPE	CIFIC MAKE AND MODE	L OF AIRCRAFT					1
							1
				<u> </u>	<u> </u>		
			ANSWER ALL	QUESTIONS			
Any p	person who knowingly	and with intent to defrau			rson who files an ap	plication for insu	urance
conta	aining any false inform	nation, or conceals for the	purpose of mislead	ling, information	concerning any fact	material thereto	o, may be found
		ulent insurance act, whic			•		
		ny waiver or limitation? (c					
		enalized for violation of a	•				
	•	aircraft claim, incident or					
		ted or fined for violation	_				
	•	onvicted of a felony or are se ever been suspended?	-	-			
		ed of driving a motor veh					
	•	eated for chemical depen			•	•	
	•	g any medication?	•				
	EXPLAIN fully each YE						
_		aly and with intent to do					
A 10. 1	norgan who knowing	alv and with intant to do	straud any inaures	00 00000000	athar naraan filaa	on application	tor inclusones

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning AIP 1076 (08/11)

any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to
exceed five thousand dollars and the stated value of the claim for each such violation.
Applicable in NY)

PILOTS SIGNATURE	DATE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 the person to criminal and civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, NY, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied.)

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS and NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for

the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

In Oregon, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information related to acceptance of the risk or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud. Misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.