

U.S. Specialty Insurance Company
 7950 Legacy Drive, Suite 600, Plano, Texas 75024
 main 469-633-7400 facsimile 469-633-7470

PILOT EXPERIENCE FORM

1. Insured Name _____ Policy No. _____
2. Pilot's Name _____ Date of Birth ____________
- Address _____ Marital Status _____
- Occupation _____ Employer _____ How Long _____
3. FAA Certificate NO. _____; F.A.A. Medical Class ____; Date of Medical ____________; Date of Biennial Flight Review ____________
- CERTIFICATE:** Student ____; Recreational ____; Sport ____; Private ____; Commercial ____; ATP ____; Instructor ____.
- RATINGS:** Airplane ____; Rotorcraft ____; Glider ____; Lighter Than Air ____.
- AIRPLANE CLASS RATINGS:** Single Engine Land ____; Multiengine Land ____; Single Engine Sea ____; Multiengine Sea ____.
- ROTORCRAFT CLASS RATINGS:** Helicopter ____; Gyroplane ____.
- LIGHTER-THAN-AIR CLASS RATINGS:** Airship ____; Free Balloon ____.
- INSTRUMENT RATINGS:** Airplane Single Engine ____; Airplane Multiengine ____; Rotorcraft Helicopter ____.
- INSTRUCTOR RATINGS:** Airplane Single Engine ____; Airplane Multiengine ____; Rotorcraft Helicopter ____;
- Instrument-Airplane ____; Instrument-Helicopter ____.
4. TOTAL LOGGED CIVILIAN PILOT HOURS: Pilot in Command _____; Co-Pilot _____.
- TOTAL LOGGED MILITARY PILOT HOURS: Pilot in Command _____; Co-Pilot _____.

Enter breakdown of LOGGED PILOT IN COMMAND Hours Below (Military and Civilian Combined)

	TOTAL TIME	TOTAL LAST 5 YEARS	TOTAL LAST 12 MONTHS	TOTAL IFR	TOTAL IFR 12 MONTHS
AIRPLANE					
Single Engine Land Fixed Gear					
Single Engine Land Retractable Gear					
Single Engine Sea					
Single Engine Tailwheel					
Multiengine Land					
Multiengine Sea					
ROTORCRAFT-HELICOPTER					
Piston Powered					
Turbine Powered					
Glider					
SPECIFIC MAKE AND MODEL OF AIRCRAFT					

ANSWER ALL QUESTIONS

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (N/A in Oregon)

- Are you flying under any waiver or limitation? (on your medical or pilot certificate) NO ___ YES ___
- Have you ever been penalized for violation of any F.A.R. NO ___ YES ___
- Have you ever had an aircraft claim, incident or accident? NO ___ YES ___
- Have you ever been cited or fined for violation of an aviation regulation? NO ___ YES ___
- Have you ever been convicted of a felony or are you under indictment for a felony? NO ___ YES ___
- Has your drivers license ever been suspended? NO ___ YES ___
- Have you been convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving?... NO ___ YES ___
- Have you ever been treated for chemical dependency or alcohol abuse? NO ___ YES ___
- Are you regularly using any medication? NO ___ YES ___

EXPLAIN fully each YES answer _____

(for additional space use back)

FRAUD WARNINGS AND SIGNATURE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KENTUCKY

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.

APPLICABLE IN MAINE

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

FRAUD WARNINGS AND SIGNATURE

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

Material 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 TENNESSEE, VIRGINIA AND 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 or denial of insurance benefits.

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 NEW YORK:

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 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.

Pilot's Signature: _____

Date: _____