

P.O. Box 898  
Rantoul, IL 61866

# FACER INSURANCE AGENCY, INC.

## PILOT EXPERIENCE RECORD

Phone: 1-800-727-2147  
Fax: 1-217-892-9726

Whose policy do you want to fly under? \_\_\_\_\_

Your Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_ e-mail: \_\_\_\_\_

Member of AOPA, EAA, ABS, etc.? \_\_\_\_\_ Please give membership #(s): \_\_\_\_\_

Highest FAA Pilot Certificate Held (e.g. Private, Commercial, ATP): \_\_\_\_\_

Check all ratings you hold:	Single Engine Land Airplane	Multi-Engine Land Airplane
	Single Engine Instrument	Multi-Engine Instrument
	Rotor-Wing	Rotor-Wing Instrument
	Sea	CFI
	CFII	MEI

FAA Medical (Class and Date): \_\_\_\_\_ Date Last Flight Review: \_\_\_\_\_

Type Rated in the following Aircraft: \_\_\_\_\_

Where and When did you first learn to fly? \_\_\_\_\_

For the last 2 years, list each formal training facility you have attended (continue on separate page if more space needed).

<u>Date</u>	<u>Name of Facility</u>	<u>Make and Model trained for</u>	<u>Initial or Recurrent?</u>
_____	_____	_____	_____
_____	_____	_____	_____

Do you hold a FlightSafety or Simu-Flite Pro Card? \_\_\_\_\_ If yes, date received: \_\_\_\_\_

In the last 12 months have you completed an Instrument Proficiency Check? \_\_\_\_\_ Date completed: \_\_\_\_\_

ALL OF THE QUESTIONS BELOW SHOULD BE BASED ON HOURS YOU CAN VERIFY BY WRITTEN DOCUMENTATION (LOGBOOK COPIES, COMPANY FLIGHT RECORDS, ETC.)

Total Logged Pilot In Command: \_\_\_\_\_ Total Logged 2<sup>nd</sup> in Command: \_\_\_\_\_

Total Single Engine Fixed Gear: \_\_\_\_\_ Total Tailwheel: \_\_\_\_\_

Total Retractable Gear: \_\_\_\_\_ Total Multi-Engine: \_\_\_\_\_

Total Sea: \_\_\_\_\_ Total Turbo-Prop: \_\_\_\_\_

Total Turbo-Jet: \_\_\_\_\_ Hours Last 12 Mo's: \_\_\_\_\_

Aircraft make and model(s) in which you wish to be insured to fly: \_\_\_\_\_

**NOTE!** Please list your hours in make & model(s) you wish to be insured to fly: \_\_\_\_\_

<b>PLEASE EXPLAIN ALL YES ANSWERS ON REVERSE (Questions apply to the last 5 years).</b>	Yes	No
1) Are you currently flying under any FAA waiver or limitation (don't report glasses)?.....	_____	_____
2) Have you been cited for any FAR violation?.....	_____	_____
3) As a pilot or aircraft owner, have you had an aircraft accident or incident?.....	_____	_____
4) As a pilot or aircraft owner, have you filed, or been party to filing, an aviation insurance claim?.....	_____	_____
5) Have you been convicted of any DUI or other substance abuse charge?.....	_____	_____
6) Have you been convicted of a felony or are you currently under indictment for a felon?.....	_____	_____

Explain Yes answers here:

PILOT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

By signing or entering my name above, I hereby warrant the information is true and accurate to the best of my knowledge. I understand that if I provide false information, insurance coverage may be in jeopardy or voided.