

P.O. Box 898  
Rantoul, IL 61866

# FACER INSURANCE AGENCY, INC.

## PILOT EXPERIENCE RECORD

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

This pilot affiliated with: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Pilot's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please list any membership numbers (AOPA, EAA, ABS, etc) \_\_\_\_\_

Highest FAA Pilot Certificate Held	Student Light Sport	Recreational Private	Commercial ATP		
Check all ratings that you hold	Single Engine Land Airplane Single Engine Instrument Rotor-Wing	Multi-Engine Land Airplane Multi-Engine Instrument Rotor-Wing Instrument	CFI MEI	CFII Sea	

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>		
_____	_____	_____	Initial	Current	SP Cert
_____	_____	_____	Initial	Current	SP Cert

Do you hold a FlightSafety or Simu-Flite Pro Card? Yes No If yes, date received: \_\_\_\_\_

In the last 12 months have you completed an Instrument Proficiency Check? Yes No Date: \_\_\_\_\_

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: \_\_\_\_\_

Please **itemize hours** in make and 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.