

## PILOT EXPERIENCE FORM

**RETURN TO:** W. Brown & Associates Insurance Services  
 Aviation Managers for XL Specialty Insurance Co.  
 19000 MacArthur Boulevard, Suite 700  
 Irvine, CA 92612

**PRODUCER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

1. Applicant \_\_\_\_\_  
 Address \_\_\_\_\_
2. Pilot's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Pilot's Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How long \_\_\_\_\_
3. Driver's License No. \_\_\_\_\_ Airman Certificate No. \_\_\_\_\_  
 Date & Class of Last Physical \_\_\_\_\_ Biennial Flight Review Date \_\_\_\_\_
4. Certificates & Ratings  
 \_\_\_\_\_ Student \_\_\_\_\_ Single engine land Aircraft type / rating \_\_\_\_\_  
 \_\_\_\_\_ Private \_\_\_\_\_ Multi engine land \_\_\_\_\_  
 \_\_\_\_\_ Commercial \_\_\_\_\_ Single engine sea \_\_\_\_\_  
 \_\_\_\_\_ Instrument \_\_\_\_\_ Helicopter \_\_\_\_\_  
 \_\_\_\_\_ ATP \_\_\_\_\_ Other(s) \_\_\_\_\_ Mechanic rating: \_\_\_\_\_ Aircraft  
 \_\_\_\_\_ CFI \_\_\_\_\_ Power Plant \_\_\_\_\_
5. Total logged Civilian Pilot hours: Pilot in Command: \_\_\_\_\_ Co-Pilot \_\_\_\_\_  
 Total logged Military Pilot hours: Pilot in Command: \_\_\_\_\_ Co-Pilot \_\_\_\_\_  
 Initial pilot training obtained from? \_\_\_\_\_ Where? \_\_\_\_\_

Please provide a complete breakdown of logged Pilot in Command hours (Civilian & Military Combined)

	HOURS		HOURS
Single engine fixed gear _____		Cross-country _____	Last 90 days _____
Single engine retractable gear _____		Night Flying _____	Last 12 months _____
Multi engine less than 12,500 lbs. _____		Instrument Flying _____	a. Actual Inst. _____
Multi engine more than 12,500 lbs. _____		Single Engine Sea _____	b. Simulator _____
Turboprop _____		Turbojet _____	
Helicopter Turbine _____		Helicopter Piston _____	

6. Make & Model Aircraft for which approval is sought: \_\_\_\_\_  
 Total Logged Pilot In Command Hours in this Aircraft: \_\_\_\_\_
7. Has the Applicant attended Factory School in this make & model?  Yes  No If Yes, provide location and dates of training \_\_\_\_\_ Is recurrent training scheduled? Date: \_\_\_\_\_
8. Are you flying under a waiver?  Yes  No If Yes, explain \_\_\_\_\_
9. Has your FAA or DOT license ever been suspended or revoked?  Yes  No If Yes, explain \_\_\_\_\_
10. Have you ever had an accident, incident or violation?  Yes  No If Yes, explain \_\_\_\_\_
11. Have you ever had an application for Aircraft Insurance declined by an Insurance company?  Yes  No If Yes, explain \_\_\_\_\_
12. Have you ever been convicted of or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs?  Yes  No If Yes, explain: \_\_\_\_\_

**IF ADDITIONAL SPACE IS NEEDED TO FULLY ANSWER ABOVE QUESTIONS, USE BACK OF THIS PAGE.**

I certify that the statements in this form are true and that no material information has been withheld or suppressed. I also certify that all flight hours and training reported above have occurred in the same aircraft category and class as the aircraft for which approval is sought. For the purpose of this section, the terms "category" and "class" are as defined in the Code of Federal Regulations, Title 14, Chapter I, Part 1, Section 1.1 (14CFR1.1). **FRAUD WARNING:** 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 and subjects such person to criminal and civil penalties.

**Pilot's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**STATE FRAUD WARNINGS  
PLEASE READ CAREFULLY**

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for 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.

**NOTICE TO CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

**NOTICE TO COLORADO APPLICANTS:** 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 or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO D.C. APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: 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.

**NOTICE TO OREGON APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.