

PILOT EXPERIENCE QUESTIONNAIRE

IMPORTANT: THIS PILOT HISTORY FORM BECOMES A LEGAL PART OF YOUR POLICY, AND THEREFORE IT IS MANDATORY THAT EACH QUESTION BE ANSWERED AS FULLY AND TRUTHFULLY AS POSSIBLE; ANY MISSTATEMENT, MISREPRESENTATION OR OMISSION MAY MAKE THE POLICY INVALID. EACH PILOT FLYING THE AIRCRAFT TO BE INSURED MUST COMPLETE. PILOT TO COMPLETE THIS FORM USING BALL POINT OR TYPEWRITER. (ADD ADDITIONAL SHEETS AS NECESSARY)

NAMED INSURED:

POLICY NUMBER

☐ OWNER PILOT ☐ CORPORATE PILOT ☐ FLIGHT INSTRUCTOR ☐ CHARTER PILOT ☐ SALES / DEMO PILOT ☐ OTHER

NAME Marianne Fox

BIRTH DATE 12 ☐ EMPLOYEE ☐ CONTRACTOR

ADDRESS [REDACTED] CITY Corvallis STATE OR ZIP 97330

CERTIFICATE # [REDACTED] DATE OF FAA MEDICAL 6/24/2021 DATE OF BFR 11/22/2019

LICENSE: ☐ STUDENT ☐ SPORT ☐ RECREATIONAL ☒ PRIVATE ☐ COMMERCIAL ☐ AIRLINE TRANSPORT ☐ MECHANIC A&P

RATINGS: ☒ SE LAND ☐ ME LAND ☐ INSTRUMENT ☐ CFI ☐ GUDER ☐ SE SEA ☐ ME SEA ☐ RW

☐ TYPE RATINGS:

FLYING EXPERIENCE DATA:

TOTAL TIME	<u>337</u> HOURS	TOTAL HOURS LAST 90 DAYS	<u>64</u> HOURS	CROSS COUNTRY	<u>77</u> HOURS
INSTRUMENT	<u>3</u> HOURS	TOTAL HOURS PAST YEAR	<u>130</u> HOURS	TOTAL TURBINE	<u>0</u> HOURS
TAIL WHEEL	<u>210</u> HOURS	RETRACTABLE GEAR	<u>0</u> HOURS	TURBO PROP	<u>0</u> HOURS
NIGHT	<u>3</u> HOURS	MULTI-ENGINE	<u>0</u> HOURS	JET	<u>0</u> HOURS
CHARTER	<u>0</u> HOURS	SEA PLANE	<u>0</u> HOURS	ROTORWING	<u>0</u> HOURS

HOURS BY TYPE OF AIRCRAFT (FOR ALL AIRCRAFT BEING FLOWN INSURED ON THIS POLICY AND / OR OTHER SIMILAR AIRCRAFT):

MAKE & MODEL	TOTAL HOURS THIS AIRCRAFT	HOURS PAST 12 MONTHS IN THIS AIRCRAFT	TRAINING IN THIS AIRCRAFT	TRAINING DATE	PLACE OF TRAINING
Cessna 150	<u>104</u> HOURS	<u>0</u> HOURS	☒ YES ☐ NO	<u>2019</u>	<u>Corvallis, OR</u>
Cessna 172	<u>22</u> HOURS	<u>0</u> HOURS	☒ YES ☐ NO	<u>2019</u>	<u>Corvallis, OR</u>
Interstate Cadet	<u>4</u> HOURS	<u>0</u> HOURS	☒ YES ☐ NO	<u>2020</u>	<u>Jeannette's Flight</u>
Decathlon	<u>200</u> HOURS	<u>119</u> HOURS	☒ YES ☐ NO	<u>2020</u>	<u>Jim Bourke</u>
Extra	<u>11</u> HOURS	<u>11</u> HOURS	☒ YES ☐ NO	<u>2021</u>	<u>Patricia Wiggall</u>

IF ANY OF THE FOLLOWING ANSWERS ARE "YES" PLEASE GIVE FULL DETAILS:

- 1) ARE YOU FLYING UNDER A WAIVER?
- 2) HAVE YOU EVER BEEN PENALIZED, DISCIPLINED OR FINED FOR VIOLATION OF FEDERAL AVIATION REGULATIONS?
- 3) HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A FELONY?
- 4) HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY OF DRUNKEN DRIVING?
- 5) HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A DRUG CHARGE?
- 6) HAVE YOU TAKEN OR ARE YOU PRESENTLY TAKING ANTIDEPRESSANT DRUGS OR TRANQUILIZERS?
- 7) LIST ALL VIOLATIONS, SUSPENSIONS, ACCIDENTS, INCIDENTS, WHETHER OR NOT INVOLVING AN INSURANCE PAYMENT

IF NONE, STATE NONE, DO NOT LEAVE BLANK (CONTINUE FULL DETAILS ON SEPARATE SHEET IF NECESSARY).

DATE _____ DESCRIPTION _____

AMOUNT PAID _____

I AFFIRM THAT THE STATEMENTS IN THE APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, ARE MADE IN GOOD FAITH, AND NO INFORMATION HAS BEEN WITHHOLD OR SUPPRESSED WHICH WOULD ADVERSELY AFFECT MY PILOT RATING(S) OR APPROVAL BY THE INSURER(S). SUCH STATEMENTS AND ANSWERS WILL BE THE BASIS OF ANY CONTRACT BETWEEN ME, THE INSURED AND THE INSURER(S) AND SHALL BE EFFECTIVE ONLY IF ALL STATEMENTS AND ANSWERS REFERRED TO ABOVE ARE FULL, COMPLETE AND TRUE ON THE DATE SET FORTH HEREIN. I HEREBY AUTHORIZE THE INSURER(S) OR THEIR AGENTS TO INVESTIGATE ANY OR ALL STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT THIS APPLICATION DOES NOT COMMIT THE INSURER(S) TO ANY LIABILITY WHATSOEVER UNTIL THE INSURER(S) AGREES TO AFFECT SUCH INSURANCE COVERAGES AS HAVE BEEN APPLIED FOR BY THIS APPLICATION.

11/2/2021

(DATE)

(SIGNATURE)