



**RETURN TO:**

W. BROWN & ASSOCIATES INSURANCE SERVICES  
Aviation Managers for Endurance Insurance Companies  
19000 MacArthur Blvd., Suite 600  
Irvine, CA 92612

**PRODUCER:**

Company Name  
Address  
City State Zip  
Telephone Facsimile

**REQUIREMENTS:** The *Addendum (Pilot Experience)* must be completed and signed by each pilot if the Applicant is applying for:

(Check Which Applies)

**Aircraft Hull & Liability** coverage and requires more than one pilot to be included on the policy.

**Non-Owned Aircraft Liability** coverage and uses non-owned aircraft operated by non-professional pilots and/or employee pilots.

**Aviation General Liability** coverage and provides pilot services, aircraft instruction, pick-up/delivery of aircraft, maintenance test flights or any other flight-related exposures.

**APPLICANT INFORMATION**

Applicant  
Address  
City State Zip

**PILOT INFORMATION**

Pilot Name Date of Birth  
Address  
City State Zip  
Occupation Employer (if not Applicant) How Long? Years

**LICENSES, CERTIFICATES & RATINGS**

Driver's License No.  
Airman's Certificate No.  
Medical Certificate  
Date  
Class  
Are any physical impairments, waivers, limitations or conditions attached? Yes No  
If "YES", explain

Biennial Flight Review  
Date  
For what Make/Model?

Instrument Proficiency Check Ride  
Date  
For what Make/Model?

Certificate or Rating Type (Check all that apply)	Student Private Commercial Airline Transport Pilot	Single Engine Land Multi-Engine Land Instrument	Rotorwing Seaplane Floats
--	---	---	---------------------------------

For student pilots, provide name of instructor and flight school giving instruction

Aircraft Type & Rating

**LICENSES, CERTIFICATES & RATINGS (CONT.)**

Mechanic Rating?	Aircraft	Yes	No
	Power Plant	Yes	No

**LOGGED PILOT HOURS**

Total logged civilian pilot hours	Pilot In Command	Co-Pilot
-----------------------------------	------------------	----------

Total logged military pilot hours	Pilot In Command	Co-Pilot
-----------------------------------	------------------	----------

Please provide a complete breakdown of logged Pilot In Command hours (civilian and military combined):

Makes/Models (In Application)	Retractable Gear	Seaplane
Rotorwing (Turbine)	Turboprop	Floats
Rotorwing (Piston)	Turbine Jet	Last 90 days
Multi-engine (Less Than 12,500 lbs.)	Instrument Flight	Last 12 months
Multi-engine (More Than 12,500 lbs.)	Tail Wheel	

**POLICY-SPECIFIC AIRCRAFT**

Make & model Aircraft for which approval is sought

Total logged Pilot In Command hours in this Aircraft

Has the pilot attended Factory School in this make & model?	Yes	No
---	-----	----

If "YES", name & location of training

Date of training

Is recurrent training scheduled?

Yes	No
-----	----

If "YES", date of training

**EXCEPTIONS**

Has your FAA for DOT license ever been suspended or revoked?	Yes	No
--	-----	----

If "YES", explain

Have you ever had an accident, incident or violation?	Yes	No
---	-----	----

If "YES", explain

Have you ever had an application for Aircraft Insurance declined by an Insurance Company?	Yes	No
---	-----	----

If "YES", explain

Have you ever been convicted or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs?	Yes	No
--	-----	----

If "YES", explain

Pilot gives consent to contact pilot training facilities which Pilot has attended for information relating to Pilot's training and hereby expressly authorizes any such pilot training facilities to release information about Pilot. Pilot certifies that the statements in this form are true to the best of his/her knowledge and belief, and Pilot has not knowingly or intentionally concealed any pertinent information. The Pilot acknowledges that this Addendum is subject to all of the same terms and conditions of the application to which is attached.

**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 Name (Please Print)

Pilot's Signature

Date