AIRCRAFT LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY	LOSS DATE	LOSS TIME	☐ AM ☐ PM
	CARRIER		NAIC CODE
	POLICY NUMBER:		
CONTACT NAME:	POLICY TYPE	☐ AIRCRAFT - INDUSTRIAL AID	☐ AIRCRAFT - PLEASURE & BUSINESS
PHONE (A/C, No, Ext):		☐ AIRCRAFT - NON-OWNED	☐ AIRCRAFT - COMMERCIAL
FAX (A/C, No):			
E-MAIL ADDRESS:	CARRIER CLAIM NUMBER		AGENCY CLAIM NUMBER
CODE: SUBCODE:			
AGENCY CUSTOMER ID:	ATTACHMENTS: ☐	WITNESS SCHEDULE ☐	INJURED SCHEDULE

INSURED

FIRST NAMED INSURED		INSURED'S MAILING ADDRESS
FEIN	OWNERSHIP %	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY E-MAIL ADDRESS:
		SECONDARY E-MAIL ADDRESS:

CONTACT

☐ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last)		CONTACT'S MAILING ADDRESS
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	
WHEN TO CONTACT		PRIMARY E-MAIL ADDRESS:
		SECONDARY E-MAIL ADDRESS:

LOSS

LOCATION OF LOSS	AIRPORT ID:	LOCATION DESCRIPTION	
NAME:			
STREET:			
CITY:	COUNTY:		
STATE / PROVINCE:	POSTAL CODE:	POLICE OR FIRE DEPARTMENT CONTACTED	REPORT NUMBER
COUNTRY:			

DESCRIPTION OF ACCIDENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

INSURED AIRCRAFT

AIRCRAFT #	REGISTRATION NUMBER	BASE AIRPORT ID	YEAR	MAKE:	AIRCRAFT TYPE:
				MODEL:	AIRCRAFT USE
				SERIAL #:	

OWNER'S NAME AND ADDRESS ☐ (Check if same as insured)	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	
PILOT'S NAME AND ADDRESS ☐ (Check if same as owner)	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	

DESCRIBE DAMAGE

ESTIMATE AMOUNT	WHERE CAN AIRCRAFT BE SEEN?	WHEN CAN AIRCRAFT BE SEEN?
OTHER INSURANCE ON AIRCRAFT - CARRIER:		POLICY NUMBER:

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OTHER AIRCRAFT / PROPERTY DAMAGED ☐ NON-AIRCRAFT?

AGENCY CUSTOMER ID: _____

AIRCRAFT #	REGISTRATION NUMBER	BASE AIRPORT ID	YEAR	MAKE:	AIRCRAFT TYPE:
				MODEL:	AIRCRAFT USE
				SERIAL #:	

DESCRIBE PROPERTY (Other Than Aircraft)	INSURED? (Y/N)

CARRIER OR AGENCY NAME	NAIC CODE	POLICY NUMBER

OWNER'S NAME AND ADDRESS	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	

PILOT'S NAME AND ADDRESS ☐ (Check if same as owner)	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	

DESCRIBE DAMAGE

ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?

INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)

#	NAME AND ADDRESS	PHONE (A/C, No.)		INJURED LOCATION	AGE	EXTENT OF INJURY
		HOME:		INSURED AIRCRAFT		
		BUS:		OTHER AIRCRAFT		
		CELL:				
		HOME:		INSURED AIRCRAFT		
		BUS:		OTHER AIRCRAFT		
		CELL:				
		HOME:		INSURED AIRCRAFT		
		BUS:		OTHER AIRCRAFT		
		CELL:				
		HOME:		INSURED AIRCRAFT		
		BUS:		OTHER AIRCRAFT		
		CELL:				

WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)

#	NAME AND ADDRESS	PHONE (A/C, No.)		WITNESS LOCATION	OTHER LOCATION DETAILS
		HOME:		INSURED AIRCRAFT	
		BUS:		OTHER AIRCRAFT	
		CELL:		OTHER	
		HOME:		INSURED AIRCRAFT	
		BUS:		OTHER AIRCRAFT	
		CELL:		OTHER	
		HOME:		INSURED AIRCRAFT	
		BUS:		OTHER AIRCRAFT	
		CELL:		OTHER	
		HOME:		INSURED AIRCRAFT	
		BUS:		OTHER AIRCRAFT	
		CELL:		OTHER	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REPORTED BY	REPORTED TO

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

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.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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.

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

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.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MARYLAND

Any person who knowingly and [or]* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and [or]* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. * [or] effective 01-01-2013

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN OKLAHOMA

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.

APPLICABLE IN WASHINGTON

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.