



**FIRST REPORT OF LOSS FOR AIRCRAFT AND AIRPORT LIABILITY**

Report Date\_\_\_\_\_

Named insured\_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone Home\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_

Insuring Company \_\_\_\_\_

Policy Number and effective date \_\_\_\_\_

Aircraft year, make, model and N#\_\_\_\_\_

Date of loss\_\_\_\_\_

Location of loss\_\_\_\_\_

Lienholder\_\_\_\_\_

Leaseback owner\_\_\_\_\_

Pilot at time of loss\_\_\_\_\_

Injuries\_\_\_\_\_

Pilot qualifications\_\_\_\_\_

Facts of loss\_\_\_\_\_

\_\_\_\_\_

Claimants/Injuries\_\_\_\_\_

\_\_\_\_\_

Property Damage\_\_\_\_\_

\_\_\_\_\_

Aircraft Damage and current location of aircraft\_\_\_\_\_

\_\_\_\_\_

Additional Information\_\_\_\_\_

\_\_\_\_\_

Person submitting loss information\_\_\_\_\_