

DATE OF LOSS

ACCIDENT OR OCCURRENCE TYPE

REPORTED DATE

Aircraft

Airport

Section 1. Policyholder and Policy Information

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	COMPANY
NAMED INSURED			
ADDRESS OF INSURED			
INSURED CONTACT NAME	TELEPHONE NO. (Mobile)	TELEPHONE NO. (W)	TELEPHONE NO. (H)

Section 2. Aircraft Loss Information

AIRCRAFT MANUFACTURER & MODEL SERIES	FAA REGISTRATION NO.	AGREED VALUE
LOCATION OF LOSS (INCLUDE AIRPORT ID IF APPLICABLE)	CITY	STATE TIME
LOCATION OF AIRCRAFT (IF DIFFERENT FROM ABOVE)	DISTANCE FROM AIRPORT	DIRECTION FROM AIRPORT
BRIEF NARRATIVE STATEMENT OF FACTS, CONDITIONS PERTINENT TO LOSS OR ACCIDENT (Use Additional Sheets if Necessary):		
PILOT/OPERATOR NAME & ADDRESS (Use Additional Sheets if Necessary)	INJURIES SUSTAINED IN ACCIDENT (Please Attach Contact Information) Minor/None <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> CONTACT NUMBER	
PASSENGER INFORMATION (Use Additional Sheets if Necessary)	INJURIES SUSTAINED IN ACCIDENT (Please Attach Contact Information) Minor/None <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> CONTACT NUMBER	
	INJURIES SUSTAINED IN ACCIDENT Minor/None <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> CONTACT NUMBER	
	INJURIES SUSTAINED IN ACCIDENT Minor/None <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> CONTACT NUMBER	
GROUND BI CASUALTIES (Name, Address & Contact Information)	INJURIES SUSTAINED IN ACCIDENT Minor/None <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Minor/None <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> GENERAL DESCRIPTION OF PROPERTY DAMAGE SUSTAINED	
PROPERTY DAMAGE CLAIMANTS (Use Additional Sheets if Necessary):	CONTACT NUMBER	

Section 3. Airport General Liability Loss Information

Type Claim	PREMISES	PRODUCTS & COMPLETED OPS	HANGARKEEPERS	OTHER (Specify):
CLAIMANT NAME, ADDRESS & CONTACT INFORMATION		TELEPHONE NO.	TELEPHONE NO.	
AIRCRAFT MANUFACTURER & MODEL [if applicable]		FAA REGISTRATION NO.	INJURIES or FATALITIES <input type="checkbox"/> Yes <input type="checkbox"/> No	
BRIEF NARRATIVE STATEMENT OF FACTS, CONDITIONS PERTINENT TO LOSS OR ACCIDENT (Use Additional Sheets if Necessary):				

ATTACH COPIES OF ANY SUMMONS, LETTERS OR DEMANDS RECEIVED OR SERVED AND DATE RECEIVED

Section 4. Producer Information

NAME OF AGENCY/ PRODUCER	PRODUCER CODE
AGENCY CONTACT FOR CLAIM	CONTACT NO.

Send to: AEROSPACE CLAIMS MANAGEMENT GROUP at fax: (972) 852-1213 or email: aimclaims@aerospaceim.com

Important Fraud Warnings

Notice to Arkansas Residents: “Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for either of said purposes, under this chapter shall be guilty of a Class D felony”

Notice to Colorado Residents: “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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 District of Columbia Residents: “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 Kentucky Residents: “Any person who knowingly and with intent to defraud any insurance company or other 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.”

Notice to Maine Residents: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.”

Notice to Minnesota Residents: “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 Hampshire Residents: “Any person who with a 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 R.S.A. §638.20.”

Notice to New Jersey Residents: “Any person who knowingly files a statement of claim containing any false or misleading information is subject to civil and criminal penalties.”

Notice to New Mexico Residents: “Any person who knowingly presents a false or fraudulent claim for payment of a loss 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 Residents: “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 material fact thereto, 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 stated value of the claim for each violation.”

Notice to Ohio Residents: “Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurance company, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.”

Notice to Pennsylvania Residents: “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 Tennessee Residents: “It is a crime to knowing 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.”