AEROSPACE INSURANCE MANAGERS

AVIATION INSURANCE

FIRST NOTICE OF LOSS

POLICY INFORMATION

Policy #:

GENERAL INFORMATION

Date Report Taken:

CALLER INFORMATION (REPORTED BY)

Relation to Insured:

Name:

Phone #:

Cell Phone #:

INSURED INFORMATION

Name:

Address:

Phone #:

Cell Phone #:

LOSS INFORMATION

Loss Date:

Loss Time:

Loss Address:

Loss Description:

Property Damage?

Was the Aircraft: ☐ In Motion ☐ Not in Motion ☐ Storage

INSURED AIRCRAFT INFORMATION

Year / Make / Model:

Aircraft N#:

Description / Damage:

Where is the aircraft located now?

** If reporting multiple aircraft, see Page 3 for additional aircraft sections.*

INSURED PILOT INFORMATION

Name:

Address:

Phone #:

Cell Phone #:

Email:

Date of Birth:

Injured? ☐ Yes ☐ No **What are the injuries?**

CLAIMANT / PASSENGER INFORMATION

Name:

Address:

Phone #:

Cell Phone #:

Email:

Date of Birth:

ADDITIONAL AIRCRAFT INFORMATION
Complete a section below for each additional aircraft involved in this loss.

Aircraft #2

Year / Make / Model:

Aircraft N#:

Description / Damage:

Where is the aircraft located now?

Was the Aircraft: ☐ In Motion ☐ Not in Motion ☐ Storage

Aircraft #3

Year / Make / Model:

Aircraft N#:

Description / Damage:

Where is the aircraft located now?

Was the Aircraft: ☐ In Motion ☐ Not in Motion ☐ Storage

Aircraft #4

Year / Make / Model:

Aircraft N#:

Description / Damage:

Where is the aircraft located now?

Was the Aircraft: ☐ In Motion ☐ Not in Motion ☐ Storage