



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 _____

Agent Recording loss information _____