**FIRST REPORT OF LOSS**

**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:**