

UAS HULL LOSS REPORT

Complete at once and return to USAIG (select office):

OR Email to:

Insured: _____ Policy No.: _____

Address:

--

Telephone: _____ Cellular: _____ Email: _____

AIRCRAFT:

FAA REGISTRATION NO.	MANUFACTURER	MODEL	SERIAL NO.	YEAR

OPERATOR:

Name: _____ Age: _____ Address:

--

WEATHER CONDITIONS:

Clear Cloudy Rain Snow Sleet Hail Fog Wind Speed _____

DATE AND LOCATION OF ACCIDENT:

Date: _____ Time: _____ City: _____ State: _____

Exact Location of Accident: _____

Description of Damage:

--

Estimated cost to repair: _____

Where may UAS be inspected: _____

STATEMENT: (describe accident in detail – Use reverse side if additional space is needed.)

FRAUD WARNING (Required by Applicable State Regulation or Other Law)

Notice to Residents of all states except Colorado, New York, and Pennsylvania:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

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 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Pennsylvania Residents:

Any person who knowingly, and with the 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Signature: _____